

Critical Service Encounter Models and Dentistry

By Melissa G. Hartman

Service consists of both an *outcome* and a *process*, the former being what the customer receives as a result of the service experience, and the latter being the systems in which the service is delivered. Satisfaction or dissatisfaction with the process has been shown to have a definite influence on satisfaction or dissatisfaction with the service outcome.

Perhaps the most comprehensive model on the critical service encounter was developed by Mary J. Bitner, Bernard H. Booms, Mary S. Tetreault, and, later, Lois A. Mohr. In classifying the pivotal incidents that result in either a satisfactory or dissatisfactory service encounter, they devised four categories, at least three of which turn on human contact between an employee and the customer:

- Employee response to service delivery system failures.
- Employee responses to customer needs and requests.
- Unprompted and unsolicited employee actions.
- Problem customer behavior.

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ENCOUNTER MODELS

Research involving customer groups as diverse as airline travelers and dental patients has provided a useful framework for assessing service encounter satisfaction and dissatisfaction. The common thread in such research is the importance of human contact in service encounters.

Service delivery failures can have favorable outcomes if handled properly by employees. The ability to meet perceived

special requests also can result in greater satisfaction. Simply giving the customer information may sometimes be sufficient to mitigate dissatisfactory experiences. These biases would result in different views of sources of service dissatisfaction.

For example, airline service delays can provoke feelings of anger and uncertainty, with the intensity of those feelings increasing with the length of the wait. Passengers left waiting because of unexplained delays are much more likely to experience feelings of uncertainty than if they are told about the reasons for the delay.

Feelings of anger over delays are more profoundly experienced when people believe the airline has control over the delay (baggage handling problems, missed departure windows, etc.).

In terms of dental service, an ongoing relationship with the same dentist has been shown to contribute significantly to overall dental satisfaction, even when high bills and long waiting times occur. Both continuity of care and personality influence patient satisfaction with dental care. Likewise, hospital patients' degree of satisfaction has been attributed to the level of personal interaction experienced by the patients.

TRANSACTION DIFFERENCES

The studies that yielded these models were based on customers and employees in the hotel, restaurant, and airline industries. Transactions in those service industries are relatively routine,

but can the same models be applied to businesses in which the transaction is less

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routine, such as health care in general and dentistry in particular?

Dentistry can be described as highly customized, discrete transactions provided as part of an ongoing relationship between the customer and the service provider. As a human service, dentistry also differs from airlines, hotels, and restaurants because the customer is an integral part of the service delivery process. Dentistry also differs from other health care areas such as radiology and family-practice medicine because of the large percentage of private funds spent on care and the high level of manual skill required of dental care providers. This suggests two research questions:

- Can critical service incidents reported in the dental industry be classified in the existing framework?
- Are new categories necessary to categorize

fully all critical service incidents reported in dentistry?

Three categories of contact employees should be considered in dentistry: dentists, clinical employees (hygienists and dental assistants), and administrative staff. The contact each of these groups has with customers should be studied to assess the effectiveness of the existing models. For example, do dental employees report the same types of critical service incidents as hotel, airline, and restaurant employees do? Do dentists report the same types of critical service incidents as hygienists do? Do dentists report the same types of critical service incidents as dental assistants do? And so on.

A second worthwhile study would use dental patients to replicate earlier studies involving hotel, restaurant, and airline employees. Additional questions can be added to the earlier questionnaire to determine the primary method of payment for each respondent. Two additional

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research questions are proposed for this second study: Do dental patients report the same types of critical service incidents as hotel, airline, and restaurant customers do, and are the descriptions of critical service incidents influenced by the method of payment for dental care?

Although these research proposals focus on a single industry, they would provide insight into the service encounter classification scheme in dentistry and similar industries as well. If the model is determined to be appropriate and meaningful, it could be a valuable training and relationship marketing tool for the competitive dental industry.

These studies would add to the empirical offerings in management research in the \$45 billion dental industry and, perhaps, open doorways for future patient satisfaction research and strategy development. ■

ADDITIONAL READING

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