The role of memorable experience and emotional intelligence in senior customer loyalty to geriatric hotels

Catherine Prentice [a,b,*], Sergio Dominique-Ferreira [c], Andreia Ferreira [d], Xuequn (Alex) Wang [e]

[a] *Griffith Business School, Griffith Institute for Tourism Studies, Griffith University, Australia*
[b] *Stanfordshire Business School, Staffordshire University, UK*
[c] *UNIAG (Unidade de Investigação Aplicada em Gestão), School of Hospitality and Tourism, Polytechnic Institute of Cavado and Ave | RUN Regional University Network. EU, Portugal*
[d] *School of Hospitality and Tourism, Polytechnic Institute of Cavado and Ave, Portugal*
[e] *School of Business and Law, Edith Cowan University, Australia*

ARTICLE INFO

ABSTRACT

Drawing on service encounters and experiential marketing theories, this study examined the relationship between geriatric service, memorable experience, emotional intelligence, and senior customers' attitudinal and behavioural responses. The research was conducted at geriatric hotels in Portugal. The results showed that, compared to impersonal encounters, employee service has a significantly greater effect on customer satisfaction, memorable experience, and customer loyalty. In addition, customers' memorable experiences mediated the relationship between different service encounters and organisational outcomes. However, customers' emotional intelligence had minimal effects on these relationships. The discussion and implications of these findings are offered to researchers and practitioners.

1. Introduction

An increase in the ageing population drives the demand for retirement accommodations of senior citizens, which generally include retirement villages/homes and aged care homes (Cheek et al., 2007). While being different in terms of care options (self-care vs nursing care) (Yeung et al., 2017), facilities, and funding (self-funding vs government subsidised), retirement villages and aged care homes are often integrated with facilities catering to all senior citizens, who can opt for short- and/or long-term stay in some countries (e.g., Portugal). This integrated entity or accommodation is referred to as a *geriatric hotel* for this study. Recently, more geriatric hotels have sprung along with the increase in the aged population, which provides more options for senior citizens; simultaneously, it has driven competition among the hotels. Like in any other business, the key strategy to gain competitive advantage for a service provider or organisation is to attain customer satisfaction and loyalty (Prentice, 2014), which has become a performance metric for most service organisations and is referred to as *organisational service performance* (see Prentice, 2019a).

The antecedents of customer satisfaction and loyalty have been extensively discussed across industries and contexts in the relevant literature. From the perspective of service organisation, providing quality service is one of the most effective initiatives used to satisfy customers and generate customer loyalty and retention. Numerous studies have provided empirical evidence of a chain relationship between service quality, customer satisfaction, and loyalty (e.g., Olorunniwo et al., 2006; Prentice, 2013a, 2014; Shi et al., 2014). However, service quality is not necessarily directly related to customer satisfaction, as the level of overall quality service is expected unless some service elements (tangible or intangible) exceed customer expectations and are transferred into memorable experiences (Prentice, 2013a, 2014). Consumers opt to purchase and consume the service to acquire such experiences (Sandström et al., 2008). These memorable events that occur during service encounters affect their attitudes (e.g., satisfaction) and behaviours (e.g., purchase, loyalty behaviours) toward the service provider (Williams et al., 2020). Therefore, customers' memorable experiences likely play a role in the relationship chain of service quality, customer satisfaction, and loyalty. However, research to date has mainly approached the service organisation's perspective to address this chain. Incorporating customers' perspectives provides a more holistic

---

perspective on chain relationships. Hence, the second research aim is to examine the paths between service quality and customer loyalty through customer satisfaction and memorable experiences, respectively.

Most service research considers the provider's perspective to elucidate how customers evaluate the services and what services can be offered to generate customers' positive attitudes and behaviours. Very limited research has attempted to investigate whether customers' personal traits and attributes contribute to their service experience and attitudes towards the provider. Despite the motto 'the customer is always right' that is to exhort service employees to prioritise customers to execute successful business transactions, the reality is that the customer is not always right, and they can sometimes be emotional, demanding, abusive, and bullying (Grandey et al., 2004). Although frontline employees are supposed to perform emotional labour, and their emotional intelligence (EI) can be exhibited to manage emotional encounters with customers (Prentice, 2020), such performance has detrimental effects on employees who are equally subject to emotional vulnerability (Prentice et al., 2013).

Based on service co-production and value co-creation principles, customers must endeavour to co-produce the service to create positive memorable experiences and achieve desirable value for themselves (Etgar, 2008; Ordanini and Pasini, 2008; Voorberg et al., 2015), which subsequently leads to customer satisfaction and loyalty (Auh et al., 2007). Such endeavours can include their abilities and efforts to understand and manage their own emotions and those of others. These emotional abilities are referred to as EI. However, this concept has rarely been employed to explain organisational performance, such as customer satisfaction and loyalty. A few studies have examined how the level of EI exhibited by frontline employees may affect customer satisfaction (Kernbach and Schutte, 2005), service encounter (Prentice, 2019b, 2020), and emotional labour performance (Prentice et al., 2014). To date, to the best of our knowledge, no study has attempted to understand from customers' perspective how customers' EI may affect their perceptions, attitudes, and behaviours towards the service provider. This discussion leads to the third research aim, which is to examine the relationship between EI, memorable experience, customer satisfaction, and loyalty. This aim offers a fresh perspective on how organisational outcomes can be achieved even when financial resources are absent and by utilising customers' personal abilities.

The following section discusses the relevant literature and presents the hypotheses to address the research aims. The methodology of testing these hypotheses is outlined, followed by a presentation of the research results and discussion on these findings. Finally, theoretical contributions are highlighted, and practical implications are suggested in conclusion to this paper.

2. Literature review

2.1. Geriatric service quality

The relationship between service quality, customer satisfaction, and loyalty has been discussed and tested in various contexts and industries (e.g., Chang et al., 2009; Kasiri et al., 2017; Prentice and Kadan, 2019; Shi et al., 2014). However, most studies have examined the impact of overall service quality on customer satisfaction with and loyalty to the service provider. Some researchers (e.g., Ji and Prentice, 2021; Prentice, 2013b, 2014) have argued that overall service quality is not reflective of customer experience with different service encounters, with some (e.g., interpersonal encounters with empathetic employees) being impactful and others (impersonal encounters with tangible facilities) not so on customers' assessment of the firm's service quality (Prentice, 2013b). In the context of geriatric hotels, *interpersonal encounters* refer to interactions between service providers (e.g., hotel employees, nurses, doctors) and geriatric customers, whereas *impersonal encounters* refer to customer experience with the service environment and other tangible settings. Some customers may patronise the hotel to enjoy the facilities;

hence, the tangible elements (impersonal encounter) would have more impact on them. Furthermore, some may be motivated by social interactions to minimise loneliness, depression, and boredom resulting from living alone (Brownie and Horstmanshof, 2011; Elias et al., 2015). In this case, the intangible service performed by service employees would be more effective in predicting customer satisfaction and loyalty. Others may specifically need aged-care services and facilities, which have a greater impact on their attitudes and behaviours. This discussion leads to the following hypotheses:

H1. Service quality dimensions from different encounter experiences have different effects on satisfaction and loyalty of geriatric customers.

2.2. The role of memorable experience

Although the chain relationships between service quality, customer satisfaction, and loyalty have been unanimously acknowledged, experiential marketing theory indicates that customers' memorable experiences have more consequential effects on customer attitudes and behaviours (Schmitt, 1999). Numerous studies have examined how such experiences influence customer satisfaction and loyalty (e.g., Mascarenhas et al., 2006; Nobar and Rostamzadeh, 2018; Williams et al., 2020). The antecedents of a memorable experience vary greatly, depending on the study settings and how this construct is measured and operationalised (Chandralal and Valenzuela, 2013; Coudounaris and Sthapit, 2017; Kim, 2014; Sthapit and Coudounaris, 2018). Kim (2010) proposed a seven-factor model of memorable experience, which includes hedonism, novelty, knowledge, meaningfulness, involvement, local culture, and refreshment. In a later study, Kim (2014) identified a 10-dimensional memorable tourism experience framework. Furthermore, Tung and Ritchie (2011) identified the following three dimensions that are applicable to the hospitality industry and represent aspects of intensely memorable experiences: (1) affect (positive emotions and feelings, such as happiness or excitement, are associated with the traveller's experiences); (2) expectations (reflecting the accomplishment of the original intention to travel); and (3) consequentiality (refers to the personal perceived importance of the travel). Consequentiality includes the following four main sub-dimensions: (a) enhancing social relationships (developing new friendships or strengthening family ties); (b) intellectual development (the achievement of new knowledge); (c) self-discovery (permanent changes in the respondent's state of mind); and (d) overcoming physical challenges (physical stimulation) and recollection (telling stories) (Tung and Ritchie, 2011). In addition, Chandralal and Valenzuela's (2013) qualitative study found the following eight antecedents of memorable tourism experience: perceived meaningfulness, opportunities to encounter authentic local experience, perceived significance, novelty, opportunities for social interactions, local hospitality, serendipity and surprises, and professionalism of local guides.

The antecedents from extant studies appear to be anecdotal and lack universality. A *memorable experience* refers to the customer experience remembered and recalled after the event (Vada et al., 2020). For the events to be memorable, they must be novel and able to elicit affective feelings through cognitive processing (Kim et al., 2010). Service quality is a customer's subjective evaluation of every service encounter experience through their cognitive process, which results in positive or negative assessments. An encounter that involves emotional content and out-of-ordinary events tends to be memorised and influence customers' attitudes and subsequent purchase/consumption behaviours (Kim et al., 2010; Prentice, 2020). In the case of geriatric hotels, for instance, such an encounter could be a frontline employee demonstrating empathy (a well-recognised service quality dimension) and initiating an extended caring and pleasant chat with perceived lonely geriatric customers who have no contact with their own family. This interaction likely forms a positive evaluation of the hotel service quality and affects the customer satisfaction level with the hotel and bonding with the employee, leading

to customer loyalty. Consequently, we propose the following two hypotheses:

H2. Memorable experience has a significant mediation effect on the relationship between service quality dimensions and customer satisfaction.

H3. Memorable experience has a significant mediation effect on the relationship between service quality dimensions and customer loyalty.

2.3. The moderation of emotional intelligence

EI can be defined as an individual's ability to identify, perceive, understand, manage, and regulate emotions of oneself and others (Mayer et al., 1997). These skills are further classified into four hierarchical subdivisions, with emotional perception at the bottom and managing emotions at the top (Prentice et al., 2013). EI was introduced into the literature in the early 1990s as a type of social intelligence claimed to explain the residual variance in individual performance left by traditional or cognitive intelligence (Prentice, 2019a). As an intelligence, EI ought to predict cognitive performance, such as academic achievement, and be measured by objective indicators. Some researchers (Bar-On, 1997; Goleman, 1995) extended the intelligence domain and conceptualised it as a mixed model involving intelligence and personality traits. In addition, they adopted self-rating measurement. The different conceptualisations lead to the reclassification of this concept as an ability or trait EI (see Petrides, 2010). The basic distinction between ability and trait EI is the measurement approach and not the theory underpinning the model (Prentice, 2019a). For instance, trait EI can be based on the ability model, but it is measured by self-reporting.

EI has been utilised to explain a broad range of personal outcomes, such as life satisfaction, wellbeing, mental distress, and social relationships (e.g., Palmer et al., 2002; Wang and Kong, 2014); and work-related constructs, such as job performance (e.g., Prentice et al., 2020; Prentice and King, 2011) and job satisfaction and organisational commitment (e. g., Anari, 2012). Although EI has received limited attention in the service encounter context, the emotional content associated with the encounter requires emotional abilities from the parties involved. The customer perception of service quality is formed during the service encounter, where the transaction is undertaken or where the service is delivered. A happy encounter often results in a happy customer, positive service evaluation (customer satisfaction), successful purchase/-consumption, and re-patronage or loyalty behaviours (Prentice, 2019b). Some encounters involve emotional events attributable to the service performance itself (e.g., magic shows; tattooing); employee attitudes, behaviours, or emotions; or customers themselves (see Prentice, 2016).

From the service provider's perspective, EI is important in managing emotional encounters for successful business outcomes (Prentice, 2016, 2019b, 2020; Prentice and King, 2012). Similarly, customers' EI is equally important to ensure a happy encounter. This can be construed as a value co-creation principle. The S–D logic dictates that service organisations and customers participate in the service production and delivery processes to co-produce a desirable service and achieve values for the parties involved (Grönroos, 2008; Vargo and Lusch, 2008). Therefore, to co-produce a successful encounter that contains emotional events, customers must demonstrate emotional competence to manage their own emotions and avoid conflicts with peer customers or service employees. This leads to their overall satisfaction with the provider and subsequent loyalty behaviours.

H4a. Customers' EI plays a significant moderating role in the relationship between service quality and customer satisfaction.

H4b. Customers' EI plays a significant moderating role in the relationship between customer satisfaction and customer loyalty.

In the case of employee attitudes and behaviours contributing to the emotional encounter, rather than complaining to the employee, an

emotionally intelligent customer could empathise with the employee, understanding the demanding and stressful nature of the frontline position and forgive their negatively connoted emotions and behaviours, and endeavouring to cooperate with the employee to facilitate service production and delivery. This initiative results in a memorable encounter experience. In the case of an emotional encounter resulting from customers' emotions (e.g., depression and loneliness experienced by geriatric customers), emotionally intelligent customers can regulate and manage their own emotions by understanding that one's predicament should not be resorted to blame shifting. Such an endeavour may be appreciated by the service employee who may make extra effort to create a memorable encounter experience for the customer. Based on reciprocity theory (Falk and Fischbacher, 2006), according to which people tend to reward the kind actions of others and punish for the unkind ones, the customer would continue to patronage and stay loyal to this service provider. The foregoing discussion leads to the following hypotheses:

H4c. Customers' EI plays a significant moderating role in the relationship between service quality and memorable experience.

H4d. Customers' EI plays a significant moderating role in the relationship between memorable experience and customer loyalty.

3. Method

3.1. Sample

The study was conducted at geriatric hotels located in different regions of Portugal (see Table 1). At the time of data collection, one of the authors was a senior executive of these hotels. The hotels are privatised organisations and provide short- or long-term accommodations to elderly people. They specialize in geriatric and gerontological services, including permanent medical and nursing care, rehabilitation and maintenance physiotherapy, individualised 24-h monitoring services, socio-cultural animation services, and catering and laundry services. The selected geriatric customers must be sufficiently fit and willing to participate in the survey. As most geriatric customers are over 70 years old, the researchers deliberately selected an appropriate time for the respondents to relax in a nice sitting room to conduct the survey. Data were collected at hotels where the directors authorised the data collection (face-to-face). Given the nature of the study and the population under investigation, simple random sampling was applied in line with Saunders et al. (2019). As a result, a total of 315 useable responses were generated (Table 2).

3.2. Measures

This study adapted existing scales to measure the study variables (Table 3) using a 7-point Likert scale, with 1 representing *strongly disagree* and 7 representing *strongly agree*. EI was measured using Petrides' (2009) TEIQue-SF (Trait Emotional Intelligence

Table 1
The locations of geriatric hotels.

Portugal	Location	Geriatric Customers
North Region	Arcos de Valdevez	20
	Viana do Castelo	35
	Póvoa de Varzim	15
	Porto	37
	Vila Nova de Gaia	25
Center Region	Coimbra	26
	Alcobaça	25
	Montemor-o-Velho	33
	Torres Vedras	28
	Oeiras	19
	Lisboa	24
Madeira Island	Funchal	28

Table 2

The survey response distribution.

Category	Percentage (N = 315)
Age	
56-65	1.9%
66-75	7.7%
76-85	36.1%
> 86	54.0%
Gender	
Male	32.3%
Female	67.7%
Education	
Basic education	47.6%
Secondary education	30.0%
University	22.45

Table 3

Results for confirmatory factor analysis.

Item	Mean	S.D.	Loading	Alpha	CR	AVE
Service quality						
Geriatric service				.63	.80	.57
The hotel						
has assisted bathrooms tailored to my specific needs.	6.04	1.65	.74			
has technical aids (e.g., wheelchairs, bath chairs, walkers) indispensable to my specific needs.	5.98	1.50	.77			
gives access to clinical, nursing and therapeutic services for all customers.	5.99	1.57	.76			
Employee service				.96	.96	.72
Employees						
do their work with integrity.	5.81	1.45	.76			
communicate positively with all people in the hotel.	5.98	1.28	.89			
treat me and all coworkers with courtesy.	5.76	1.28	.88			
do their work in a responsible way.	5.92	1.29	.90			
establish positive social relationships with all coworkers and customers.	5.55	1.40	.85			
have a positive attitude towards work.	5.26	1.78	.78			
do their work in a professionalism way.	5.88	1.29	.89			
are flexible in their work.	5.80	1.43	.86			
work as a team.	5.44	1.67	.78			
perform all their tasks with professional ethics.	5.91	1.34	.90			
Hotel service				.70	.84	.52
The hotel is reliable.	6.38	.93	.61			
I feel safe when I use the emergency call system because I know that employees will meet my needs immediately.	5.86	1.67	.64			
The hotel cleaning service doesn't respond properly to my specific needs (reverse worded).	2.09	1.74	.85			
The hotel restaurant service doesn't respond properly to my specific needs (reverse worded).	3.73	2.16	.73			
The hotel reception service doesn't respond properly to my specific needs	2.74	2.37	.76			
Memorable experience				.87	.88	.71
The hotel service is outstanding.	5.38	1.55	.89			
I feel very stimulated during my stay.	5.88	1.30	.77			
I feel very pleased during my stay.	4.90	1.68	.86			
Customer loyalty				.92	.92	.79
I wish to continue/stay at this hotel.	5.17	1.91	.84			
If for any reason (e.g., improved health) I leave this hotel, I will be returning in the future.	5.09	1.99	.89			
I will recommend this hotel to family and friends.	5.40	1.85	.93			
Customer satisfaction				.88	.90	.75
Overall, I feel satisfied with the hotel.	5.40	1.68	.69			
The hotel performance exceeds my expectations.	3.82	2.13	.95			
The hotel performance exceeds my ideal for hotel service.	3.47	2.20	.93			

Questionnaire-Short Form). The short form was used to minimise fatigue bias in geriatric customers. This measure assessed the following four emotional traits: wellbeing, self-control, emotionality, and sociability. The items, for instance, included, 'I usually find it difficult to regulate my emotions' and 'Generally, I'm able to adapt to new environments'.

The scale used to measure the service quality of geriatric hotels was adapted from multiple studies, including Parasuraman et al. (1988), Wagner et al. (2017), and Kargari (2018). The aim was to capture a wide range of geriatric services provided by these hotels. Memorable experiences (ME) were measured by adapting Kim (2014) and Chandralal and Valenzuela (2015) to reflect the geriatric context. This scale reflects customer experience with informative knowledge, social skills of the employees, and affective emotions of geriatric customers, including three items, such as 'I feel very stimulated during my stay'. A 3-item customer satisfaction scale was adapted from Anderson et al. (1997) to measure overall satisfaction, confirmation of expectations, and ideal performance based on the perceived satisfaction of needs and demands in geriatric hotels and senior residences. Customer loyalty was measured by adapting Wibowo et al. (2019), including items such as customers' intention to return, not to switch, and to recommend.

3.3. Data collection and procedure

The researchers contacted the management of 13 geriatric hotels for permission to conduct the survey. With their approval, the researcher approached customers in the selected hotels and provided a detailed explanation of the research purpose and the specificities of the questionnaire. There were different types of customers, and some were short-term or weekend holidaymakers who visited the hotel for resort facilities, whereas others were mid- or long-term guests who needed geriatric facilities and nursing services. The survey was undertaken at different times of the day and on different days of the week to capture different types of customers. Before the survey, the researchers consulted the hotels regarding the suitability and appropriateness of the questions in the questionnaire. Each question was individually explained to the geriatric customers. The researchers stood by and offered support during the survey if the respondents had any questions or concerns. The participants were assured of an anonymous survey and allowed to end the survey at their own discretion.

3.4. Common method bias

Several ex-ante approaches (Podsakoff et al., 2003) have been used to alleviate the common method bias (CMB), such as using previously validated scales with both positive and negative wordings, protecting participants' anonymity, and distributing questions from the same variables throughout the survey. Two statistical tests were also performed to assess the CMB (Podsakoff et al., 2003). Firstly, Harman's single-factor test showed 16 factors, with the first factor explaining 14.42 of variance. Secondly, we performed a single test through factor analysis, where all items loaded on the same factor representing the

method effect. The results showed substantial misfit compared with confirmatory factor analysis (CFA) ($\Delta\chi^2$ (15) = 745.11, $p < .001$). Therefore, the CMB was not an issue in our study.

4. Analysis and results

4.1. Factor analysis

Given that the items used to measure service quality were adapted from multiple studies to reflect different service encounter experiences in the selected geriatric hotels, exploratory factor analysis was conducted to identify the factor structure and dimensionality of this measure. The analysis results revealed the following three factors, accounting for 53.19% of the total variance, deemed acceptable (Merenda, 1997): service performance by the hotel employees, geriatric service, and facilities of the resort hotel. They were labelled as employee service, geriatric service, and hotel service, respectively, for this study. Subsequently, the CFA was conducted to validate these items. The three-factor factor structure showed acceptable model fit indices (χ^2 (132) = 478.78, CFI = 0.91, TLI = 0.90, RMSEA = 0.06). Further, all loadings were acceptable; the composite reliabilities (CRs) were greater than 0.70, and the average variance extracted (AVE) was greater than 0.50, supporting convergent validity (Table 2). These factors were used for further CFA in conjunction with other study variables, namely, memorable experience, customer loyalty, and customer satisfaction. The model had acceptable fit indices (χ^2 (309) = 1146.75, CFI = 0.91, TLI = 0.90, RMSEA = 0.06). These items also showed good convergent validity. The square root of the average variance extracted for each variable exceeded the correlation between variables, thus supporting discriminant validity (Table 4).

4.2. Hypotheses testing

H1 examines the relationship between service quality dimensions, geriatric customer satisfaction, and loyalty. Firstly, we assessed the effect of overall service quality on the outcomes of interest. The results showed that all relationships were significant (see Fig. 1). We then examined the effects of the individual dimensions of service quality. The dimensions of service quality, except for geriatric services, had positive effects on memorable experience. All three dimensions had positive and different effects on customer satisfaction, supporting H1 (Table 5). In particular, the influence of employee service was the strongest among the three dimensions.

The mediating effects of memorable experience were examined by bootstrapping using the process macro from Hayes (2017). When zero is not in 95% confidence intervals, the indirect effects (i.e., the mediating effects) are significant. The results presented in Table 6 show that memorable experience mediates the relationship between service quality dimensions, customer satisfaction, and customer loyalty, supporting both H2 and H3.

The moderating effects of EI were examined as well. However, none of them were significant: thus, EI did not significantly moderate the relationship between geriatric service and memorable experience (β = .16, $p > .05$), employee service and memorable experience (β = 0.03, p

> .05), responsiveness and memorable experience (β = 0.05, $p > .05$), geriatric service and customer satisfaction (β = 0.02, $p > .05$), employee service and customer satisfaction (β = 0.02, $p > .05$), responsiveness and customer satisfaction (β = -0.13, $p > .05$), memorable experience and customer loyalty (β = -0.01, $p > .05$), and customer satisfaction and customer loyalty (β = -0.05, $p > .05$). Therefore, H4 was not supported. Finally, the moderated mediating effect was tested. The results presented in Table 7 show that, overall, the strength of the memorable experience mediating effect increases with the level of EI.

5. Discussion

Drawing on service encounters and experiential marketing theories, this study examined how services over personal and impersonal encounters affect customer satisfaction and loyalty, which are referred to as *organisational outcomes*. It opted for geriatric hotels as the study context and examined the mediating role of memorable experiences and the moderating effect of EI. The service over personal encounters between geriatric customers and hotel employees, including healthcare and non-healthcare staff, is referred to as employee service; in addition, the service over impersonal encounters including customers' experiences with geriatric and hotel tangible facilities is referred to as *geriatric service* and *hotel service* in the current study, respectively. The results showed that, compared to impersonal encounters, employee service had a significantly larger effect on customer satisfaction, memorable experience, and customer loyalty. Customers' memorable experiences mediated the relationship between different service encounters and organisational outcomes. However, customers' EI had minimal effects on these relationships. The following sections discuss these findings in detail.

5.1. Service encounter and related organisational outcomes

The study found that both personal and impersonal service encounter experiences had significant effects on customer satisfaction and loyalty. However, the influence of employee service on personal encounters was substantially greater than that of non-employee services. This finding is plausible. Geriatric customers in this study included those who opted for geriatric hotels for socialisation and those who needed special nursing care. Although these customers could socialise with peer senior citizens in the hotel, it is the employee service over the personal encounter that differentiated their social life in their own residential homes. Service employees are well-trained to provide personal and professional care to these customers. These employees are remunerated for performing emotional labour manifested in their strategies for empathising and pleasing customers (Prentice et al., 2014). For customers who need nursing care, employee service is more critical for their wellbeing and happiness at the hotel, as shown in this study, indicating employee empathy, reliability, responsiveness, and professionalism. This finding is consistent with that of Prentice (2013b, 2014, 2016, 2019b), Prentice and Wong (2015), and Prentice et al. (2020). Furthermore, these studies indicate that intangible services performed by frontline employees are imperative in people-intensive industries to attract customers' positive attitudes (e.g., satisfaction) and purchase behaviours.

Nevertheless, tangible services such as physical facilities are also important for elderly customers, as shown in this study, as the effect of hotel facilities is slightly greater, although the effect is significantly smaller than that of intangible services or personal encounter experiences. On the one hand, the significant effect indicates that some tangible elements provided by geriatric hotels differ from those of other hotels or from what the customer's residential home could be equipped with (e.g., therapeutic premises and wheelchair facilities throughout all accessible touchpoints). On the other hand, the lesser effect exerted by these tangible facilities or impersonal encounter experience reveals that these geriatric customers desire or prefer 'people' service. Human care

Table 4
Correlations and the Square Root of AVE (on diagonal).

Variables	1	2	3	4	5	6	
1.Geriatric service	**.75**						
2.Employee service	.46**	**.85**					
3.Hotel service	.43**	.50**	**.72**				
4.Memorable experience	.44**	.75**	.51**	**.84**			
5.Customer loyalty	.45**	.72**	.57**	.70**	**.89**		
6.Customer satisfaction	.46**	.71**	.51**	.72**	.75**	**.87**	
7.Emotional intelligence	-.00	-.01	-.03	.08	.02	.10	-

**Correlation is significant at the 0.01 level (2-tailed).
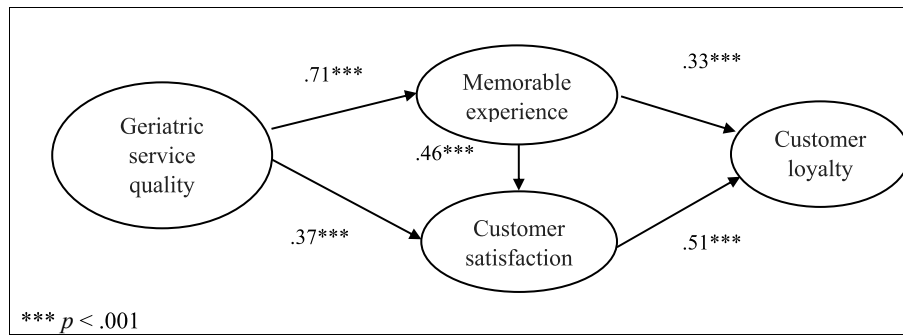
Fig. 1. Model testing.

Table 5
The effects of dimensions of service quality.

	Memorable experience	Customer satisfaction
Geriatric service	.08	.10*
Employee service	.64***	.32***
Hotel service	.16***	.11**
Memorable experience		.39***
R^2	.60	.60

*$p < .05$, **$p < .01$, ***$p < .001$.

differentiates their perceptions and experiences from other hotels or their residential homes, which leads to their satisfaction and intention to stay with the hotel. This finding is reflected in Prentice and Nguyen (2020) and Prentice (2019b). The authors argued that different groups of customers respond differently to service offerings, and different services have different effects on customers' attitudes and behaviours.

5.2. The mediation of memorable experience

While the link between service quality, customer satisfaction, and loyalty has been well established in the relevant literature, including this study, our study proposed a different path between service quality and organisational outcomes by including customers' memorable experiences as intervening customer-related outcomes. It showed that customers' memorable experience is indeed significantly mediated between service quality consisting of service encounter experiences and customer satisfaction, and between service quality and customer loyalty. The establishment of this mediation reveals a customer's mental journey from service quality perception, cognitive processing, emotional reaction, and behavioural response: service performance by the geriatric hotel enters customers' cognitive processing. Furthermore, a memorable service experience elicits customers' emotional reaction (satisfied or dissatisfied), which influences their behavioural intentions. Partial mediation indicates that service encounter experience can directly affect customer satisfaction and retention. This direct relationship is largely attributable to the intangible service performed by frontline employees over personal encounters with customers, which manifests in the more prominent effect exerted by such encounter performance.

In this mediation testing, the study showed that both overall service

quality and encounter performance had greater effects on memorable experience than on customer satisfaction, whereas memorable experience had significant direct and indirect effects on customer retention. These findings indicated that customer attitudes and behaviours not only result from their service quality perception but also from the service that can be memorised. Service performed by employees is more memorable. Such experiences can directly influence their behavioural intentions or be affected by their emotional reactions (i.e. customer satisfaction). For geriatric customers, care from both nursing staff and/or hotel employees is bound to make them happy because most of them lived alone and were lonely before moving to the hotel. Having someone to talk to or being cared for can elicit positive feelings toward these frontline staff, which leads to an increase in attachment to them.

Table 7
The moderated mediating effect of memorable experience.

Independent variable	Mediator	Level of moderator	Bootstrap analysis for CS/CL		
			Indirect effect	Percentile confidence	
				Lower	Upper
Geriatric service	ME	Low	.37/.36	.23/ .22	.51/ .50
		Medium	.42/.40	.31/ .29	.53/ .51
		High	.53/.46	.34/ .32	.59/ .58
Employee service	ME	Low	.47/.40	.34/ .26	.61/ .55
		Medium	.48/.41	.35/ .26	.61/ .55
		High	.48/.41	.35/ .26	.63/ .57
Hotel service	ME	Low	.43/.38	.30/ .25	.59/ .51
		Medium	.46/.40	.36/ .30	.57/ .50
		High	.49/.43	.35/ .30	.62/ .55

Note: ME = memorable experience, CS = customer satisfaction, CL = customer loyalty.

Table 6
The mediating effect of memorable experience (customer satisfaction as the dependent variable).

Variable	Mediator	Bootstrap analysis for CS			Bootstrap analysis for CL		
		Indirect effect	Percentile confidence		Indirect effect	Percentile confidence	
			Lower	Upper		Lower	Uppper
Geriatric service	ME	.43	.32	.54	.40	.30	.52
Employee service	ME	.49	.37	.63	.41	.27	.55
Hotel service	ME	.46	.36	.58	.40	.31	.50

Note: ME = memorable experience, CS = customer satisfaction, CL = customer loyalty.

Geriatric customers opted to stay at the hotel to maintain this connection. In addition, their positive feelings can be reinforced by extraordinary (memorable) experiences with hotel employees, which makes them happy to stay at the hotel. This finding is consistent with that of Mende and Bolton (2011) and Prentice (2016, 2019b), showing that customer loyalty to the service firm/organisation is manifested in their attachment to the service employee.

Customers' experience with geriatric facilities provided by the hotel is also important for their attitudes and behaviours. The cost of staying at such hotels can be substantial for senior citizens. These citizens have the option of staying at their residential homes, visiting healthcare services when in need, or receiving home visits under the government's aged-care program. They opt for expensive geriatric hotels for better equipment and facilities and more immediate care. Therefore, their impersonal encounters with these tangible elements are significantly related to their satisfaction and behavioural intentions. Every hotel may provide different facilities that suit some customers but not others. Hence, those impersonal experiences that become memorable may differentiate their attitudes and subsequent behavioural intentions.

5.3. The moderation of emotional intelligence

As a personal intelligence or trait, EI has been widely discussed as a predictor of individual wellbeing and success. Some studies have approached the construct from an employee perspective and modelled it as a moderator of employee and organisational outcomes, resulting in a significant moderating effect (see Prentice et al., 2013). This study considered the customer's perspective and examined its moderating effect on their personal experience and organisational outcomes. Contrary to the hypotheses, EI did not exhibit any significant moderating effect on the proposed relationships and outcomes of interest.

Although insignificant, this finding indicates that EI is a less influential factor affecting elderly people's attitudes, behaviours, and social life. Thus, research has shown that EI changes with age. The older one gets, the higher the level of EI; however, it decreases after middle age (Atkins and Stough, 2005; Cabello et al., 2016). Some emotional abilities such as emotional regulation and management decline across the life span (Atkins and Stough, 2005), although some younger individuals demonstrate high levels of EI (Fariselli et al., 2008). In addition, geriatric customers tend to suffer from loneliness, depression, and boredom (Tiikkainen and Heikkinen, 2005). These symptoms may be due to a decline in EI, or these senior citizens are less likely to display or utilise their emotional abilities to facilitate their life and behaviours. Nevertheless, the post-hoc analysis shows that EI has a significant direct effect on memorable experience, albeit relatively small. Given that memorising experiences is a mental process, EI as a cognitive ability can influence this process. This result is consistent with the findings by Mikolajczak et al. (2009), who showed that EI helps memory and attention in certain stressful conditions.

6. Implications

The study conceptualised service quality as customers' perceptions and assessment of personal and impersonal service encounter experiences, and it tested how different service encounters affect customers' attitudes and behaviours in the geriatric hotel setting. This study also drew on experiential marketing and co-production theories and tested the mediation of memorable experiences and moderation of EI in these relationships. Consequently, it contributes to service quality research by conceptualising this construct from the service delivery perspective, to customer loyalty research by including memorable experience as an intervening variable, and to EI research by extending its application to customer- and organisation-related outcomes. These findings present practical implications for service marketers, healthcare practitioners, and caregivers for geriatric citizens.

6.1. Theoretical implications

Service quality is generally conceptualised as an overall assessment of an organisation's service excellence, including functional quality (the service production process) and technical quality (the service delivery process). Our study argued that this conceptualisation is not generalizable across the service settings, proposing that each service encounter in the geriatric hotel context is more reflective of service quality evaluation. The encounter in this study refers to both customers' personal encounters with frontline employees and their impersonal encounters with tangible service components. This study provides a fresh perspective on how service quality should be conceptualised and assessed by considering the context of the study. The significant difference in the effects of personal and impersonal encounter services on customers' memorable experiences and organisational outcomes indicates that this approach is sensible sufficiently to assess service quality based on different service components and the moment of truth for customers' evaluation. Furthermore, this approach enhances service quality applications in achieving organisational outcomes and enriches service research. The study cautions service researchers to revisit their use of the overall evaluation approach and the limited information for future service research.

The inclusion of customers' memorable experiences is a valuable input into the well-established service profit chain of service quality, customer satisfaction, and loyalty. This chain is primarily approached from an organisational perspective to understand how the service is evaluated and how such an evaluation affects the organisational outcomes manifested in customer satisfaction and loyalty. This study added customer experience as a personal outcome resulting from their service encounter perceptions and evaluations and linked this personal mental process to organisational outcomes. The significant partial mediation effect exerted by customers' memorable experience reinforces the importance of experiential marketing, as proposed by Schmitt (1999), without dismissing the traditional role of customer satisfaction. The greater variance in memorable experience explained by employee service over personal encounters adds a new dimension to services and experiential marketing research by focusing on the moment of truth, particularly personal interactions. The establishment of the two paths, namely, (1) service quality–customer satisfaction–customer loyalty, and (2) service quality–memorable experience–customer loyalty, provides a new perspective on achieving customer loyalty by adopting either or both an emotional journal (the former: emotional reaction) and/or a mental journey (the latter: cognitive process).

Although the moderating effect of the customer's EI is not significant, this finding provides insights into EI research. Firstly, the claim that EI increases with age needs to be reassessed, as previous research shows a positive relationship between the two (e.g., Cabello et al., 2016; Fariselli et al., 2008). Secondly, EI has been treated as a panacea for personal-related outcomes (personal relationships, life satisfaction, career success, and advancement). These relationships have been empirically established in the relevant literature (see Amdurer et al., 2014; Urquijo et al., 2019). Thus, it is plausible to propose its influence on individual attitudes and behaviours in the service context. If positively related to one's social relationship, EI should enhance a person's interactions with anyone, including their service provider (e.g., hotel employees and nursing staff in this study), thereby affecting their satisfaction with the provider and enhancing their experience. However, the absence of a significant effect in this study counters this assumption. This finding cautions emotional researchers not to overextend the applicability of this construct and reassess its conceptualisation and predictive validity.

6.2. Practical implications

The findings of this study have practical implications for geriatric hotels and other people-intensive service organisations. The

substantially greater effect exerted by employee service over personal encounters with customers in customer experience, satisfaction, and loyalty indicates that the organisation should put more weight on the service provided by frontline employees to achieve organisational outcomes. As employee services that influence these outcomes consist of employee social skills, relevant training should be provided to these employees to improve their interactions with customers, particularly with vulnerable senior citizens. The finding that hotel facilities have a larger effect than geriatric equipment on memorable experience and customer satisfaction and loyalty indicates that customers probably do not want to be reminded of being associated with nursing homes and opt to stay at the hotel for hotel services. Hence, management should investigate how to improve hotel services rather than geriatric facilities to enhance customer experience and improve organisational outcomes.

A significant mediation effect exerted by memorable experience highlights the importance of personal experience in achieving organisational outcomes. Service marketers should identify the services that can become memorable experiences to improve customer satisfaction and loyalty. In the case of a geriatric hotel, the people element has the largest effect on customers. Nevertheless, marketers should not neglect improving tangible facilities, which also significantly influences the outcomes of interest. The partial mediation exhibited by memorable experience and customer satisfaction provides different paths for service organisations to improve their business performance.

Although EI did not moderate the proposed relationships, the significant direct effect on memorable experience from the post-hoc analysis has implications for frontline employees. When interacting with geriatric customers, employees should add emotional content to the service encounter and communicate with the customer on an emotional level to enhance their service experience. Numerous studies have shown that frontline staff, especially nursing staff, often suffer from burnout resulting from serving difficult customers or elderly patients. Emotionally intelligent customers may be more empathetic and tolerant of unintended service defects. The employee should be able to detect the customers' emotional ability to utilise it and initiate communications conducive to their service delivery. To be able to perceive and utilise emotions, employees must possess EI. Hence, emotional competence training should be incorporated into the employee training agenda for the well-being of both employees and customers.

6.3. Limitations and future research

This study has a few limitations to be acknowledged regarding its application and future research. Firstly, the study included only geriatric hotels in Portugal; thus, the generalizability of the findings may be limited. Geriatric hotels differ from traditional hotels or nursing homes, and this concept may be misconstrued. For example, in Australia, there are retirement villages and aged homes which have very different facilities and services. Hotels can be a combination of these two or different. For this reason, researchers must be cautious when citing the findings of this study. Conducting a similar study from different countries or two different elderly homes could provide better insights into the proposed relationships. The sample size of each hotel was rather small. A larger sample could enable comparative analysis by modelling each hotel separately to understand the differences in the service encounter experiences in explaining customer satisfaction and loyalty. The trait EI measure in this study may have influenced its relationships with other study constructs. Including an ability test or other traits, EI measures may provide different insights. Future research should examine these limitations and cross-validate this study's findings.

Funding

References

Amdurer, E., Boyatzis, R.E., Saatcioglu, A., Smith, M.L., Taylor, S.N., 2014. Long term impact of emotional, social and cognitive intelligence competencies and GMAT on career and life satisfaction and career success. Front. Psychol. 5, 1447.

Anari, N.N., 2012. Teachers: emotional intelligence, job satisfaction, and organizational commitment. J. Workplace Learn. 24 (4), 256–269.

Anderson, E.W., Fornell, C., Rust, R.T., 1997. Customer satisfaction, productivity, and profitability: differences between goods and services. Mark. Sci. 16 (2), 97–111.

Atkins, P., Stough, C., 2005. Does emotional intelligence change with age. In: Society for Research in Adult Development Annual Conference, Atlanta, GA.

Auh, S., Bell, S.J., McLeod, C.S., Shih, E., 2007. Co-production and customer loyalty in financial services. J. Retailing 83 (3), 359–370.

Bar-On, R., 1997. *EQ*-I Bar-On Emotional Quotient Inventory. Multi-Health Systems, Toronto, ON.

Brownie, S., Horstmanshof, L., 2011. The management of loneliness in aged care residents: an important therapeutic target for gerontological nursing. Geriatr. Nurs. 32 (5), 318–325.

Cabello, R., Sorrel, M.A., Fernández-Pinto, I., Extremera, N., Fernández-Berrocal, P., 2016. Age and gender differences in ability emotional intelligence in adults: a cross-sectional study. Dev. Psychol. 52 (9), 1486–1492.

Chandralal, L., Valenzuela, F., 2013. Exploring memorable tourism experiences: antecedents and behavioural outcomes. J. Bus. Econ. Manag. 1 (2), 177–181.

Chandralal, L., Valenzuela, F., 2015. Memorable tourism experiences: scale development. Contemp. Manag. Res. 11 (3), 291–310.

Chang, H.H., Wang, Y.H., Yang, W.Y., 2009. The impact of e-service quality, customer satisfaction and loyalty on e-marketing: moderating effect of perceived value. Total Qual. Manag. Bus. Excel. 20 (4), 423–443.

Cheek, J., Ballantyne, A., Byers, L., Quan, J., 2007. From retirement village to residential aged care: what older people and their families say. Health Soc. Care Community 15 (1), 8–17.

Coudounaris, D.N., Sthapit, E., 2017. Antecedents of memorable tourism experience related to behavioral intentions. Psychol. Market. 34 (12), 1084–1093.

Elias, S.M.S., Neville, C., Scott, T., 2015. The effectiveness of group reminiscence therapy for loneliness, anxiety and depression in older adults in long-term care: a systematic review. Geriatr. Nurs. 36 (5), 372–380.

Etgar, M., 2008. A descriptive model of the consumer co-production process. J. Acad. Market. Sci. 36 (1), 97–108.

Falk, A., Fischbacher, U., 2006. A theory of reciprocity. Game. Econ. Behav. 54 (2), 293–315.

Fariselli, L., Ghini, M., Freedman, J., 2008. Age and Emotional Intelligence, vols. 1–10. Six Seconds: The Emotional Intelligence Network.

Goleman, D., 1995. Emotional Intelligence. Bantam Books, New York.

Grandey, A.A., Dickter, D.N., Sin, H.P., 2004. The customer is not always right: customer aggression and emotion regulation of service employees. J. Organ. Behav. 25 (3), 397–418.

Grönroos, C., 2008. Service logic revisited: who creates value? And who co-creates? Eur. Bus. Rev. 20 (4), 298–314.

Hayes, A.F., 2017. Introduction to Mediation, Moderation, and Conditional Process Analysis, second ed. The Guilford Press, New York, NY.

Ji, C., Prentice, C., 2021. Linking transaction-specific satisfaction and customer loyalty – the case of casino resorts. J. Retailing Con. Serv. 58, 102319.

Kargari, M., 2018. Ranking of performance assessment measures at Tehran hotel by combining DEMATEL, ANP, and SERVQUAL models under fuzzy condition. Math. Probl Eng. 1–11, 2018.

Kasiri, L.A., Guan Cheng, K.T.G., Sambasivan, M., Sidin, S.M., 2017. Integration of standardization and customization: impact on service quality, customer satisfaction, and loyalty. J. Retailing Con. Serv. 35, 91–97.

Kernbach, S., Schutte, N.S., 2005. The impact of service provider emotional intelligence on customer satisfaction. J. Serv. Market. 19 (7), 438–444.

Kim, J.H., 2010. Determining the factors affecting the memorable nature of travel experiences. J. Trav. Tourism Market. 27 (8), 780–796.

Kim, J.H., 2014. The antecedents of memorable tourism experiences: the development of a scale to measure the destination attributes associated with memorable experiences. Tourism Manag. 44, 34–45.

Kim, J.H., Ritchie, J.R.B., Tung, V.W.S., 2010. The effect of memorable experience on behavioral intentions in tourism: a structural equation modeling approach. Tourism Anal. 15 (6), 637–648.

Mascarenhas, O.A., Kesavan, R., Bernacchi, M., 2006. Lasting customer loyalty: a total customer experience approach. J. Con. Mark. 23 (7), 397–405.

Mayer, J.D., Salovey, P., Caruso, D.R., Cherkasskiy, L., 1997. Emotional intelligence. In: Sternberg, R.J., Kaufman, S.B. (Eds.), Cambridge Handbooks in Psychology. The Cambridge Handbook of Intelligence. Cambridge University Press, Cambridge, UK, pp. 528–549.

Mende, M., Bolton, R.N., 2011. Why attachment security matters: how customers' attachment styles influence their relationships with service firms and service employees. J. Serv. Res. 14 (3), 285–301.

Merenda, P.F., 1997. A guide to the proper use of factor analysis in the conduct and reporting of research: pitfalls to avoid. Meas. Eval. Counsel. Dev. 30 (3), 156–164.

Mikolajczak, M., Roy, E., Verstrynge, V., Luminet, O., 2009. An exploration of the moderating effect of trait emotional intelligence on memory and attention in neutral and stressful conditions. Br. J. Psychol. 100 (4), 699–715.

Nobar, H.B.K., Rostamzadeh, R., 2018. The impact of customer satisfaction, customer experience and customer loyalty on brand power: empirical evidence from hotel industry. J. Bus. Econ. Manag. 19 (2), 417–430.

Olorunniwo, F., Hsu, M.K., Udo, G.J., 2006. Service Quality, customer satisfaction, and behavioral intentions in the service factory. J. Serv. Market. 20 (1), 59–72.

Ordanini, A., Pasini, P., 2008. Service co-production and value co-creation: the case for a service-oriented architecture (SOA). Eur. Manag. J. 26 (5), 289–297.

Palmer, B., Donaldson, C., Stough, C., 2002. Emotional intelligence and life satisfaction. Pers. Indiv. Differ. 33 (7), 1091–1100.

Parasuraman, A., Zeithaml, A., Berry, L., 1988. SERVQUAL: a multiple-item scale for measuring consumer perceptions of quality service quality. J. Retailing 64 (1), 12–40.

Petrides, K.V., 2009. Psychometric properties of the trait emotional intelligence Questionnaire. In: Stough, C., Saklofske, D.H., Parker, J.D. (Eds.), Advances in the Assessment of Emotional Intelligence. Springer, New York, NY. https://doi.org/10.1007/978-0-387-88370-0_5.

Petrides, K.V., 2010. Trait emotional intelligence theory. Ind. Organ. Psychol. 3 (2), 136–139.

Podsakoff, P.M., MacKenzie, S.B., Lee, J.Y., Podsakoff, N.P., 2003. Common method biases in behavioral research: a critical review of the literature and recommended remedies. J. Appl. Psychol. 88 (5), 879–903.

Prentice, C., 2013a. Attitudinal and behavioral loyalty amongst casino players in Macau. Serv. Market. Q. 34 (4), 309–321.

Prentice, C., 2013b. Service Quality perceptions and customer loyalty in casinos. Int. J. Contemp. Hospit. Manag. 25 (1), 49–64.

Prentice, C., Chen, P.J., King, B., 2013. Employee performance outcomes and burnout following the presentation-of-self in customer-service contexts. Int. J. Hospit. Manag. 35, 225–236.

Prentice, C., 2014. Who stays, who walks, and why in high-intensity service contexts. J. Bus. Res. 67 (4), 608–614.

Prentice, C., 2016. Leveraging employee emotional intelligence in casino profitability. J. Retailing Con. Serv. 33, 127–134.

Prentice, C., 2019a. Emotional Intelligence and Marketing. World Scientific Publishing Co. Pte. Ltd.

Prentice, C., 2019b. Managing service encounters with emotional intelligence. J. Retailing Con. Serv. 51, 344–351.

Prentice, C., 2020. Enhancing the tourist experience with emotional intelligence. Tourism Rev. 75 (5), 733–744.

Prentice, C., Dominique Lopes, S., Wang, X., 2020. Emotional intelligence or artificial intelligence- an employee perspective. J. Hospit. Market. Manag. 29 (4), 377–403.

Prentice, C., Kadan, M., 2019. The role of airport service quality in airport and destination choice. J. Retailing Con. Serv. 47, 40–48.

Prentice, C., King, B., 2011. The influence of emotional intelligence on the service performance of casino frontline employees. Tourism Hospit. Res. 11 (1), 49–66.

Prentice, C., King, B.E.M., 2012. Emotional intelligence in a hierarchical relationship: evidence for frontline service personnel. Serv. Market. Q. 33 (1), 34–48.

Prentice, C., Nguyen, M., 2020. Engaging and retaining customers with AI and employee service. J. Retailing Con. Serv. 56, 102186.

Prentice, C., Wong, I.A., 2015. Casino marketing, problem gamblers or loyal customers? J. Bus. Res. 68 (10), 2084–2092.

Sandström, S., Edvardsson, B., Kristensson, P., Magnusson, P., 2008. Value in use through service experience. Managing Service Quality. *Managing Service, Quality: Int. J.* 18 (2), 112–126.

Saunders, M.N., Lewis, P., Thornhill, A., 2019. *Research Methods For Business Students*, eighth ed. Pearson, Harlow, UK.

Schmitt, B., 1999. Experiential marketing. J. Market. Manag. 15 (1–3), 53–67.

Shi, Y., Prentice, C., He, W., 2014. Linking service quality, customer satisfaction and loyalty in casinos, does membership matter? Int. J. Hospit. Manag. 40, 81–91.

Sthapit, E., Coudounaris, D.N., 2018. Memorable tourism experiences: antecedents and outcomes. Scand. J. Hospit. Tourism 18 (1), 72–94.

Tiikkainen, P., Heikkinen, R.L., 2005. Associations between loneliness, depressive symptoms and perceived togetherness in older people. Aging Ment. Health 9 (6), 526–534.

Tung, V.W.S., Ritchie, J.R.B., 2011. Exploring the essence of memorable tourism experiences. Ann. Tourism Res. 38 (4), 1367–1386.

Urquijo, I., Extremera, N., Azanza, G., 2019. The contribution of emotional intelligence to career success: beyond personality traits. Int. J. Environ. Res. Publ. Health 16 (23), 4809.

Vada, S., Prentice, C., Scott, N., Hsiao, A., 2020. Positive psychology and tourist well-being: a systematic literature review. Tourism Manag. Perspect. 33, 100631.

Vargo, S.L., Lusch, R.F., 2008. Service-dominant logic: continuing the evolution. J. Acad. Market. Sci. 36 (1), 1–10.

Voorberg, W.H., Bekkers, V.J.J.M., Tummers, L.G., 2015. A systematic review of co-creation and co-production: embarking on the social innovation journey. Publ. Manag. Rev. 17 (9), 1333–1357.

Wagner, A., Merino, E.A.D., Martinelli, M., Polacinski, É., Wegner, R.d.S., Godoy, L.P., 2017. The quality of services in a higher education institution: an evaluation for the integration of AHP. SERVQUAl and QFD Methods. https://doi.org/10.37778/sa.v13i1.2194.

Wang, Y., Kong, F., 2014. The role of emotional intelligence in the impact of mindfulness on life satisfaction and mental distress. Soc. Indicat. Res. 116 (3), 843–852.

Wibowo, E., Rahadhini, M., Juliana, J., 2019. Relationship management of café customers around universitas sebelas maret surakarta – Indonesia. Manag. Mark. *Review* 4 (1), 72–78.

Williams, L., Buoye, A., Keiningham, T.L., Aksoy, L., 2020. The practitioners' path to customer loyalty: memorable experiences or frictionless experiences? J. Retailing Con. Serv. 57, 102215.

Yeung, P., Good, G., O'Donoghue, K., Spence, S., Ros, B., 2017. What matters most to people in retirement villages and their transition to residential aged care. Aotearoa N. Z. Soc. Work 29 (4), 84–96.