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The Case Studies of Using HR Practices for Improving SQ from Various Service Typologies

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1. Introduction

In developed countries, service industry production values exceed those of their manufacturing industry. In a report on the service industry production values of various countries, released by the Taiwan Directorate-General of Budget, Accounting and Statistics in June 2011, the United States service industry production value was 73.6% of GDP in 2009. In the same year, Germany, Japan, and Taiwan were contributed to by the service industry at 75.6%, 72%, and 69.3%, respectively. These figures demonstrate the importance of the service industry to the economies of industrialized countries.

In whichever form they may be, they must transmit services to customers through service personnel. For this reason, human resources (HR) are important to the service industry, especially service typologies with high levels of contact between service personnel and customers. However, for different high-level contact services, customers have different expectations of the content and competency levels of the service personnel. For instance, patients in hospitals need professional medical care. In leisure and entertainment, customers expect the service personnel to be able to create an enjoyable and fun atmosphere, with the emphasis being put on the emotional side of service.

When it comes to quality management (QM) in the service industry, the most fundamental component is service quality (SQ), since the basis of service lies in physical equipment and personal interaction (Thomas, 1978). Thus, in order to upgrade SQ, the approach may be either through the system or through HR practices. However, in the past, studies in QM focused on the system factors, thus causing a gap on the topic of HR management (Soltani, Van, & Williams, 2004).

HR practices are a significant issue in QM. Studies have found that when employees have better skills and higher motivation, they are able to offer a better service, leading to greater customer satisfaction (Hennig-Thurau, 2004). All these point to the fact that HR practices are potent tools for improving SQ. In fact, HR practices are “the other side of quality” (Wilkinson, 2004).

Two companies and one clinic have been selected from various service typologies. This paper concerns the function of HR practices in QM, and describes how to improve the competencies of service personnel through HR practices and, in turn, advance their SQ.

2. Literature review

The service provider can improve SQ from the service system and through the competencies of service personnel (Li et al., 2008). Li et al. (2009) argued that the competency of service personnel is divided into three important elements: knowledge and technical skills, social skills and service attitude.

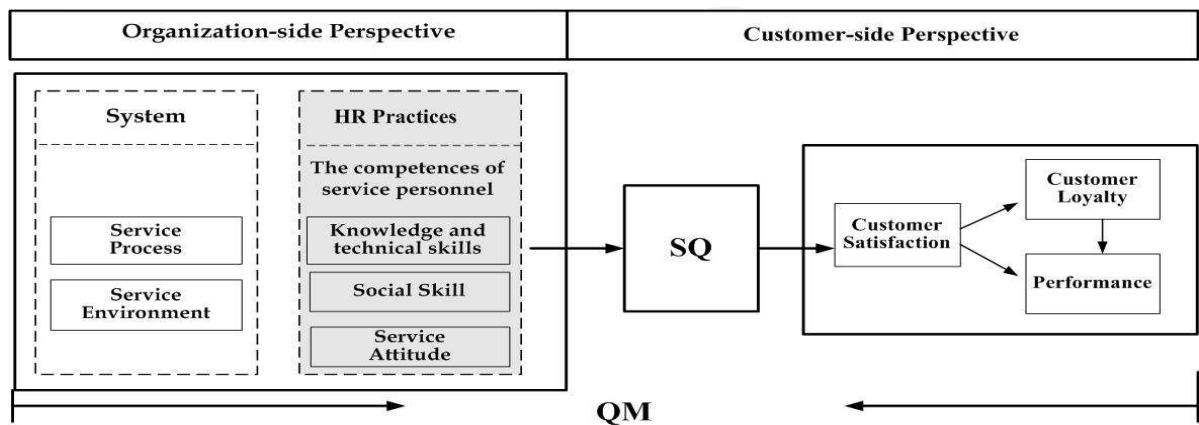


Fig. 1. Relationship between HR practices and QM

2.1 Knowledge and technical skills

These refer to the professional abilities of service personnel in providing services, i.e., the tacit knowledge they must possess to complete their tasks and solve problems (Spencer & Spencer, 1993). For instance, a surgeon must possess knowledge of human physiology and anatomy, as well as the various principles of medical therapy. Moreover, service personnel must, likewise, possess the technical skills needed for carrying out their tasks (Spencer & Spencer, 1993). For example, surgeons must be able to actually operate on patients and teachers must be able to transmit knowledge to their students. It is only after becoming acquainted with the components of hair, the features of hair products and having been equipped with the skills of hair cutting and hair dyeing that hair stylists manage to complete the task of hairstyling.

2.2 Social skills

Some services require a high level of interaction between service personnel and customers in order to determine the latter’s needs, thus allowing the former to complete the service. At this time, service personnel possess the communicative abilities of listening and expressing themselves, which lead to sound interaction with customers, the understanding of the customers’ needs and an explanation of ideas (Arthur & Bennett, 1995). Social skills are defined in this way: service personnel, well-oriented to their tasks, may use linguistic communicative competencies on customers to help solve individual demands, explain the service process or answer questions, and maintain a good relationship with their customers (Li et al.,2009).

2.3 Service attitude

This includes inherent work motivation (Arthur & Bennett, 1995) and enthusiasm (Spencer & Spencer, 1993). Service attitude is defined as the internal passion for a job. In

the process of providing services, personnel use words of concern or facial expressions, a smile and other such non-linguistic expressions to serve customers with an affective attitude (Li et al., 2009).

In addition, Li et al. (2009) proposed that perceived risks influence the level of competencies needed by service personnel. Based on three different levels of perceived risk, this chapter selected a department store, a chain of hair-salons, and an ophthalmologist clinic that all offer excellent SQ to describe how HR practices can improve SQ, and the differences in HR practices among these industries.

3. Case I- Department store industry

The department store industry falls under the low risk service type. Case I is the second-largest department store in central Taiwan. It was once ranked No.1 for the level of customer satisfaction among all the department stores in Taiwan (opinion poll conducted by China Productivity Center in 1995). In 2001, customers assessed it as the department store with the best image in central Taiwan. Also, in 2006, it was ranked as No.3 in the 'best brand' category for department stores in Management magazine in Taiwan. It was also ranked number 3 in a service industry survey conducted by Global Views Monthly magazine in 2009.

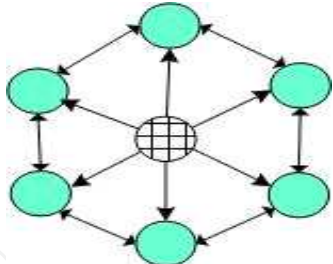
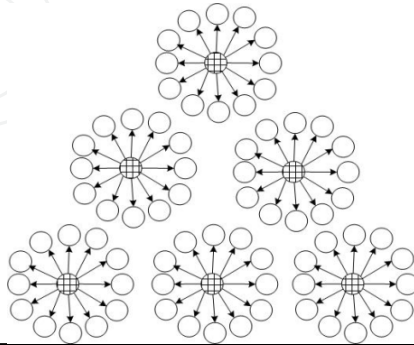
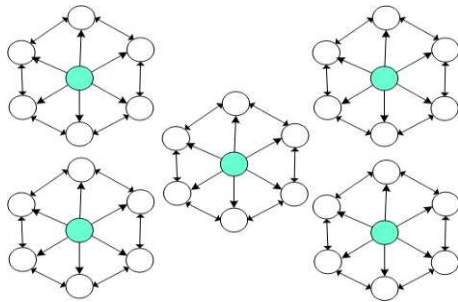
3.1 Data collection

Data collection involved interviews, observation, document analysis, and surveys to proceed with triangulation.

The first observation method involved Consensus Camp and reading and discussion circles. Second, interviews were conducted with the trainees and organizers. Third, document analysis includes the information released by the Securities and Exchange Commission (including financial data, company regulations, and announcements), magazine reports, news, institutional reports, and academic theses related to the company. Internal data includes teaching materials, standards and recorded activities in the reading and discussion circles, Consensus Camp proposals, PowerPoint slides and records of meetings, organizational charts, and other related materials. Finally, surveys on SQ in 2005, 2006 and 2011 were adapted. The research used Retail Service Quality Scale (RSQS) (Dabholkar et al., 1996), which is designed mainly for retail. 700 questionnaires were distributed and collected at the entrance to the company in 2005 with 629 valid questionnaires returned. A further 300 questionnaires were given out and collected in 2006 with 287 valid questionnaires. In 2011, 211 questionnaires were issued and collected with 201 valid questionnaires returned. All items were measured with a 5-point Likert scale. The Cronbach's α values are 0.91, 0.93 and 0.94 in 2005, 2006 and 2011, respectively.

3.2 HR practices

The retail department store industry belongs to a type of low-risk service mode, where service providers place more emphasis on social skills and service attitude. The three practices adopted in case I are as follows.

Reading and Discussion Circle	1. Trainee : All managers	
	2. Period : From October, 2001 until now	
	3. Process: CEO and lecturers within HRM department lead trainees of every class to repeatedly read and understand texts as well as guides managers in every level to strengthen their Chinese philosophy.	
Common Consensus camp	1. Trainee : employees within the company and salesperson of factories in 2005-2006	
	2. Period : From March, 2003 until now Held between November and December every year	
	3. Process : A two-day event takes place outside the company. CEO and internal lecturers teach Chinese philosophy to all staff to enhance interaction and understanding.	
Departmental Reading and Discussion Circle	1. Trainee : Employees in every department	
	2. Period : From December, 2007 until now	
	3. Process : Employees should spread what has been learnt in Reading and Discussion Circle when working in their departments. In every department, employees can read texts and articles and watch films with others so that what each has learnt and experienced can be shared with others.	

Note:

- ⊞ Stands for CEO and HRM Department
- Stands for managers
- Stands for employees

Table 1. Three Training Methods

3.2.1 Knowledge and technical skills

- Objects: Managers
- Process: shared learning
- Activity: Reading and Discussion Circle
- Location: in the company
- Frequency: Once a week

3.2.2 Social skill

- Objects: Employee, Managers, Sales of Factory
- Activity: Reading and Discussion Circle,Common Consensus Camp
- Process: Sharing personal experiences and ideas, features a host
- Location: Company headquarters, off-site
- Frequency: Once a week, Once a year.

3.2.3 Service attitude

- Objects: Employee, Managers
- Activity: Reading and Discussion Circle, Common Consensus Camp
- Process: Sharing personal experiences and ideas, features a host
- Frequency: Once a week, Once a year.

3.3 Effects of QM

The most fundamental component is SQ when it comes to QM in the service industry. The mean of SQ started from 3.69 in 2005, rose to 3.80 in 2006 and to 3.93 in 2011, which means that SQ has significantly improved with a F value of 24.71 (p value= 0.000***), as shown in Table 2. The company expected to enhance the employees’ work spirituality through the training and the SQ increased. Regarding personal interaction in SQ, its improvement has surpassed all other aspects with significant growth each year. The means of personal interaction are 3.58 in 2005, 3.78 in 2006 and 3.95 in 2011 (F=24.71, p= 0.000***), indicating that spiritualization training can change employees’ service attitudes and, subsequently, lead to improvements in SQ.

		SQ		Personal Interaction		Physical Aspects		Reliability		Problem Solving		Policy	
Year	N	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
2011	201	3.93	0.46	3.95	0.57	3.98	0.51	3.93	0.55	3.86	0.56	3.86	0.54
2006	287	3.80	0.44	3.78	0.53	3.88	0.51	3.85	0.51	3.71	0.59	3.75	0.56
2005	629	3.69	0.43	3.58	0.59	3.80	0.46	3.69	0.50	3.56	0.56	3.72	0.53

Table 2. The Statistical Description of Each Aspect of SQ

By featuring HR practices, Case I places the emphasis on increasing employees' flexibility in order to enhance their service attitudes and SQ rather than their knowledge and technical skills. The service attitudes of frontline employees’ (FLEs) are of great importance, but it requires a long time to cultivate and is not quite as effective in the short term. Therefore, few enterprises are willing to put it into practice. Case I is endowed with the features that can increase employees' flexibility to promote their service attitudes.

4. Case II- Hair-salon industry

The hair-salon industry is of medium risk. Service personnel for the hair-salon industry must be equipped with relatively medium-skilled techniques and high socialization skills (Li et al., 2009). This case study delineates how the hair salon chain integrates HR practices, to help improve employees’ competencies.

4.1 Data collection

Data were obtained through secondary data and interviews. Secondary data included the following: the founder’s biography, company website, salon management manuals, journals from the HR department, handbook of hairdressing lessons, films used for internal training,

magazine reports, etc. The target of the interviews was a manager who worked in the company's HR, administration and business expansion departments. The author's familiarity with this executive not only made the acquisition of data and their verification easier, but also led to greater accuracy in the information obtained from the interviews. Seven interviews were conducted over a period of eight months, each one tape recorded and transcribed verbatim into written versions.

4.2 HR practices

Before we discuss the HR practices adopted, it is necessary to first study how the company classified their trainees. They are classified into three levels: (1) Apprenticeship; all hair designers have to start at this level in which they work on service steps requiring lower techniques. (2) Hair designers, who handle the core service process, and (3) Managers, who take charge of the daily operation of the salons. HR practices for these three types of trainees are shown in Figure 2.

4.2.1 Knowledge and technical skills

Four training approaches are used for the three types of service personnel, as follows:

1. Apprentices

1. Apprenticeship

- Content: Technical skills.
- Trainers: A multi-mentor approach is adopted through which apprentices take turns to learn from various hair designers.
- Process: Observation, imitation and learning by doing.

2. Programmed instruction:

Content: Basic-technique teaching materials are prepared by the HR department at the company headquarters, covering professional knowledge and actual techniques.

Trainers: Internal instructors in all salons and from the company headquarters.

Process: Each level is assigned a fixed number of hours and adopts the "learning passport" approach that allows the completion of the prescribed training hours in different locations.

2. Hair designers

1. Theme Training:

- Content: Transmission of latest trends, new techniques and marketing concepts, etc.
- Trainers: Experts from outside the organization. Foreign techniques are adopted to maintain market leader legitimacy.
- Process: Newly promoted hair designers are required to complete a "wandering leave" in which they work in other salons for three months. Training is done in three ways. First, external instructors give lessons on the latest trends and customization. Second, instructors assigned by suppliers teach about new products and techniques. Third, overseas study tours are organized for attendance at exhibitions and competitions held in Japan, Europe and the US, as well as engage in technique exchange.

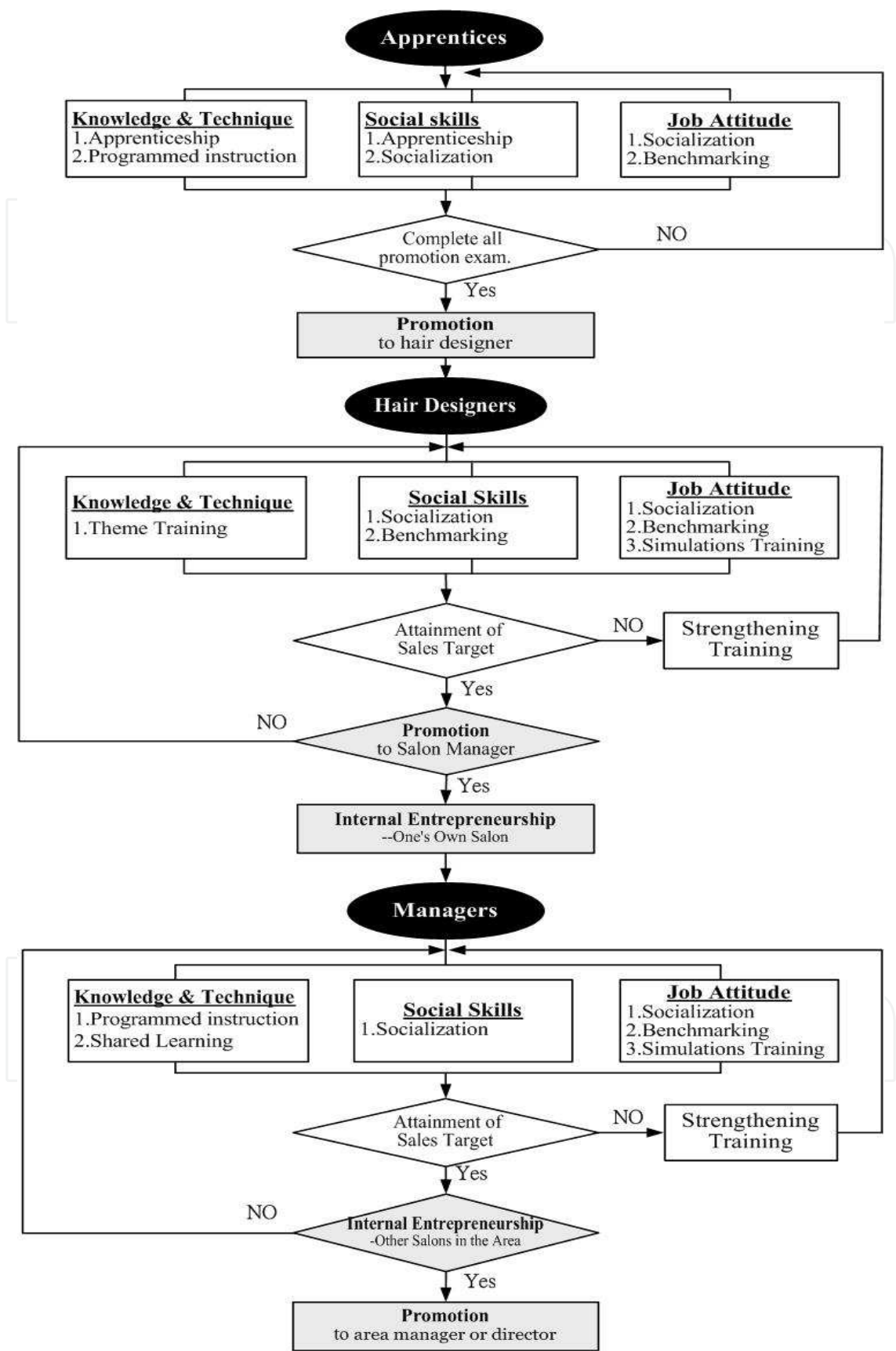


Fig. 2. The major content of HR practices

3. Managers

1. Programmed Instruction:

- Content: Salon operation issues and management concepts.
- Trainers: Documents, senior managers, external instructors or consultants.
- Process: For salon operation management, operating procedures are standardized and documented. For business management, concepts on leadership, motivation, team cohesiveness and marketing are taught in province-wide managers' meetings.

2. Shared Learning:

- Content: Actual operational experiences.
- Process: Periodic managers' meetings to discuss salon operation issues, sharing of experiences in operations techniques for use on customers and employees. Area managers and directors discuss the orientation of future operations and engage in exchanges.

4.2.2 Social skills

Five training approaches are used for the three types of service personnel, as follows:

1. Apprentices

1. Apprenticeship:

- Content: Technical and social skills.
 - Trainers: A multi-mentor approach is adopted through which apprentices take turns to learn from various hair designers.
 - Process: Observation, imitation and learning by doing.
- #### 2. Socialization: The goal of this method is to influence employee behavior through interaction between each other, such as singing, slogan chanting, and calisthenics at the start of the day, or the wearing of uniforms for creating a common language.

2. Hair designers

1. Socialization: The goal of this method is to influence employee behavior through interaction between each other, such as singing, slogan chanting, and calisthenics at the start of the day, or the wearing of uniforms for creating a common language.
2. Benchmarking: The goal of benchmarking is for the trainer to provide models for crucial behavior to be imitated by trainees. Senior personnel with excellent sales performance share their motivational ideas with hair designers, as well as their sense of identity with the organization, which serve as targets for imitation. For salon managers and area managers, excellent-sales performance managers are invited to talk about their service attitudes and experiences during meetings. Well-known public personalities are also invited to share their secrets for success.
3. Strengthening Training: Hair designers who fail to meet basic quotas receive extra training to help them improve performance. Lessons on marketing and communication skills, latest trends and service attitude are taught by internal instructors.

3. Managers

Training activities to improve service attitude are done in three ways, as follows:

1. Socialization: The goal of this method is to influence employee behavior through interaction between each other, such as singing, slogan chanting, and calisthenics at the start of the day, or the wearing of uniforms for creating a common language.
2. Strengthening Training: For managers of salons with poor sales performance, the reasons are subjected to analysis and the proper recommendations are made. The goal is to improve their sales performance.
 - Content: Leadership, customer relations, analysis of salon operation methods, etc.
 - Trainers: Managers with high sales performance.
 - Process: Holding meetings to analyze the reasons for failure. After trainees complete their reports, all managers participate in the analysis and make concrete recommendations.

4.2.3 Service attitude

The contents of the service attitude training can be classified as policy level and training activities. The concrete ways of implementation in the company are explained as follows:

1. Policy Level

Regarding policies, service attitude is improved in two ways: promotion and internal entrepreneurship.

1. Promotion: Promotion is adopted to solve work boredom brought about by specialization and standardization. It is carried out in the following ways: (1) More promotions in the more boring jobs. (2) The promotion of technical personnel follows a fair and clear evaluation system. (3) Promotion is fused with the reward system. (4) Promotion proceeds this way: apprentice → hair designer → manager.
2. Internal entrepreneurship: Internal entrepreneurship is an approach in which employees invest money to join the salon chain and manage a salon themselves. The goal is to retain personnel with great sales performance abilities while at the same time solving managerial shortage problems and basic sales volume issues. This approach is targeted towards managers only.

2. Training activities

Training activities to improve service attitude are undertaken in three ways, as follows:

1. Socialization: The goal of this method is to influence employee behavior through interaction between each other, such that it is oriented towards company rules, procedures or culture. Through informal rites, personnel motivation is enhanced.
2. Benchmarking: The goal of benchmarking is for the trainer to provide models for crucial behavior to be imitated by trainees. Senior personnel with excellent sales performance share their motivational thoughts with hair designers. For salon managers and area managers, excellent-sales performance managers are invited to talk about their service attitudes and experiences during meetings.
3. Simulation training: The goal in this approach is to strengthen personnel motivation and work values. This involves attending classes for realizing potential through inspiration sharing and group fun activities with the goals of stimulating positive feelings, motivation, the need for self-improvement, dynamism, setback management, etc.

4.3 Effects of QM

Case II has more than 350 branches employing more than 3,000 people. Every year, they have an annual sales income of more than US\$107 million derived from nearly 4 million customer visits. The company enjoys the largest market share in Taiwan's hair-salon industry. The sample company was awarded with *Taiwan Top Brands in Service and Trade* award in 2010, issued by the Division of Commerce, Ministry of Economic Affairs. After analysis, in terms of market share and awards, the subject has a better SQ as far as customers are concerned.

5. Case III- medical care industry

The third case looked at in this study was the medical care industry, which, compared to the retail department store or the hair-salon industry, is of high risk.

5.1 Data collection

The data was mainly acquired through interview and document analysis; the former was achieved by interviewing the Dean of an ophthalmology clinic in Taiwan. He was also the chief director of the Teaching and Research department at a teaching hospital, executive director of a relevant regional union, (being responsible for the review of physicians at the Bureau of National Health Insurance), and was familiar with clinical medicine and the medical environment in Taiwan. A total of three interviews were conducted, each lasting 90 minutes.

Sources of data acquired through the research method of document analysis included: National Taiwan University School of Medicine, Taiwan Joint Commission on Hospital Accreditation, and the Academic Report of Medical Treatment, etc.

5.2 The cultivation process of doctors

For the applicants who expect to provide services in medical treatment, doctors in particular, they need, at the very least, to be educated to bachelor degree level, as issued by national government. The path to becoming a doctor shall be covered from students majoring in medicine, clerk, intern, Resident(R), Chief resident (CR), Fellow (F), and visiting staff (VS)(see figure 3). The following section describes the process of cultivation for doctors.

5.2.1 Knowledge and technical skills

1. Medical students

At this stage, the main goal for students is to study the fundamental theories in medicine. In Taiwan, a major in medicine is very popular with applicants and top students can be recruited into a department of medical science. Basic medical knowledge is passed in the first four years.

- Content: Basics in medicine, such as Pathology, Epidemiology, and Pharmacology.
- Process: Programmed instructions are adopted. The courses at this stage are well designed by course committees and are also ratified by the administrative office of the department and the university. In addition, these curricula have to be thoroughly examined by the Evaluation Committee of the Ministry of Education every three years.

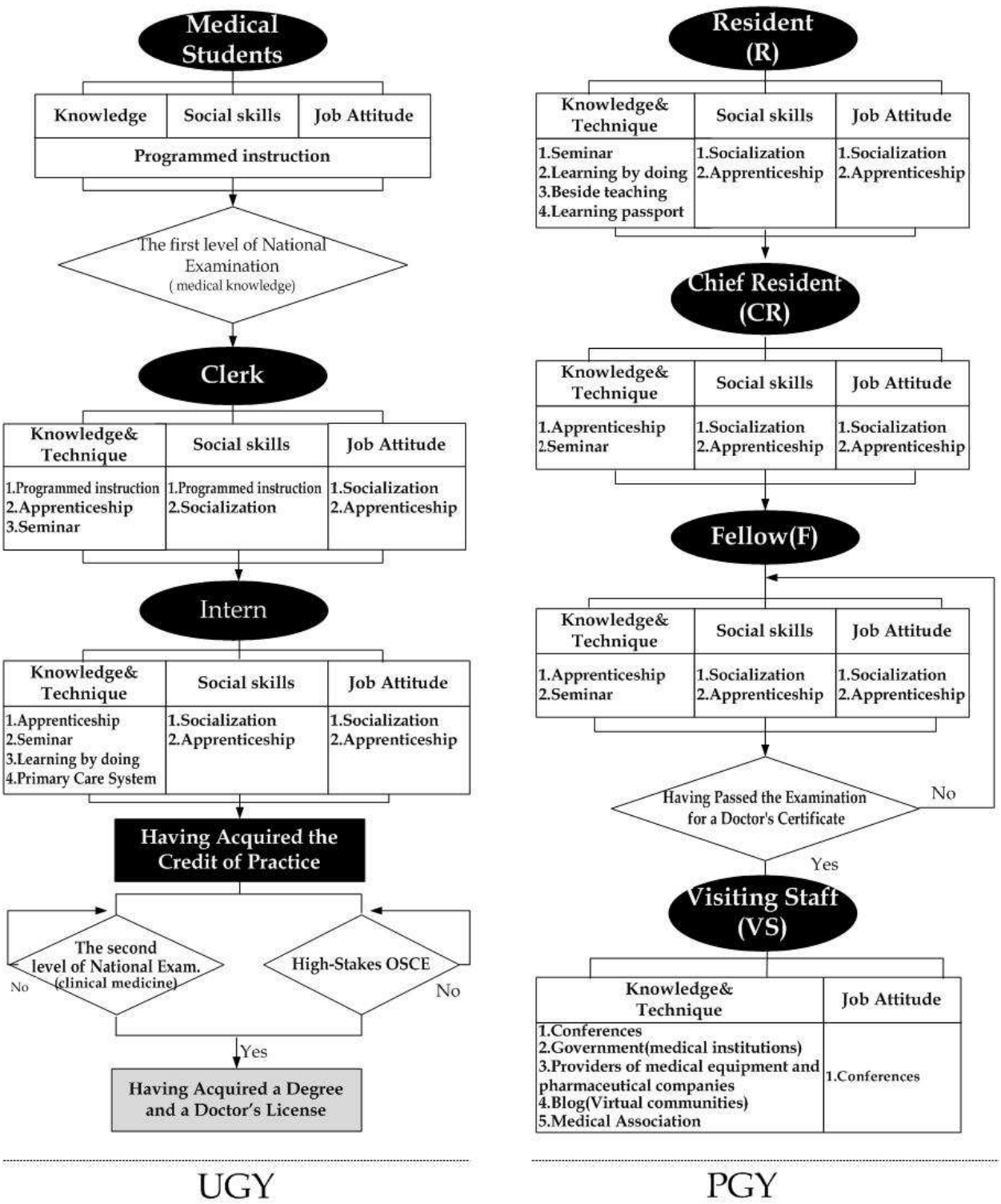


Fig. 3. Process of cultivation for doctors
Note: OSCE stands for Objective Structured Clinical Examination
UGY stands for Under-Graduated Year
PGY stands for Post-Graduate Year

2. Clerk

After having passed the National Basic Medical Subjects Examination, students majoring in medicine can join the clinical training of a Clerk. During this time, fifth and sixth grade medical students not only receive clinical knowledge in school, but also attend a clerkship training program of internal medicine, surgery, ambulatory medicine and pediatrics in teaching hospitals.

- Content: Inquiry, physical examination, logical thinking and basic clinical practice training, such as treatment decision-making, and the concept of clinical skills (diagnosis, treatment procedures, medical writing, aseptic technique, scrubbing, dressing).
- Process: Apprenticeship, programmed instruction, seminar.

3. Intern

After about 1 or 2 years of clerk training, sixth grade or seventh grade students majoring in medicine then become Interns. They attend clerkships in different divisions of the hospital to acquire practical clinical skills through the guidance of physicians. Although they have not yet acquired a doctor's license, they can do some simple medical practices as long as they have the presence of guiding physicians. These practices may include inquiry and examination after the admission of patients, injections, medication, intravenous fluids, inserting a nasogastric tube, inserting catheter, and the suture of a small wound, etc. This training will last a further 1 or 2 years.

- Content: Practice of clinical techniques (implementation of diagnostic procedures, treatment procedures, medical writing, aseptic technique, scrubbing, dressing)
- Process: Apprenticeship, seminar, learning by doing, Primary Care System

4. Resident (R1-R3)

Resident Physicians are professional trainees in the hospital who have already acquired a Bachelor's Degree and have passed the physician licensing examination. A Resident Physician in the first year is called R1, the second year, R2, and the third year, R3.

- Content: PGY basic training courses, practical training in general medicine, physical examination, community medicine (including outpatient, emergency or fever screening stations), basic medicine (internal medicine, surgery), and relevant elective courses and holistic medical training.
- Process: Seminar, learning by doing, bedside teaching, learning passport.

5. Chief resident (CR)

A CR position is usually taken by a fourth year senior resident (R4) who is responsible for the administration of the Branch, arranging residency, internship programs and work-shift rotas, and chairing the teaching-purpose morning conference etc.

- Content: Clinical medicine
- Process: Apprenticeship, seminar.

6. Fellow(F)

This is the second phase of resident physician. After having received three years of professional training in the traditional four divisions (internal medicine, surgery,

gynecology and pediatrics) and having obtained a specialist's license, Fellows must receive further training as sub-specialists and at this stage they are called research physician. The majority of their work at this stage is to study the sub-specialist expertise and techniques. In addition, they must also be responsible for sub-specialty consultation and clinic teaching. Any patient who needs a consultation in this sub-specialty will usually be first visited by a Fellow. After this training phase, the Fellow can take the sub-specialist license exam.

- Content: Sub-specialty knowledge and technique, sub-specialty clinical practice
- Process: Apprenticeship, seminar.

5.2.2 Social skills

A physician's social skills include ascertaining the patient's symptoms, explaining the state of an illness, pacifying patients' emotions and building trust between doctors and patients.

1. Medical Students

- Content: Communication and Expression, Teamwork
- Process: Programmed instruction

2. Clerk

In the phase of Clerk, the studying sites of clerks cover both universities and hospitals. In addition consistent training of communication and expression skills is undertaken with students learning how to interact with patients and team mates in hospitals.

- Content: Communication and Expression, Teamwork
- Process: Programmed instruction, socialization
- Location: University or Hospital

3. Intern

At this stage, most of the time will be spent in hospital practice. Interns learn practical social skills and the skills to write medical records from the mentoring relationship and the process of socialization.

- Content: Communication and Expression
- Process: Apprenticeship, socialization
- Location: Universities or Hospitals

4. Resident

With the guidance of mentoring physicians, Resident physicians learn how to interact with patients, establish doctor-patient relationships, inquire about the medical history of patients, explain the state of an illness, and independently write medical records.

- Content: Communication, listening attentively and expression (including literal expression); establishing good relationships between doctors and patients.
- Process: Socialization, apprenticeship

5. Chief Resident

A CR is mainly responsible for the teaching programs and work-shift rotas of Resident and interns together with the chairing of seminars.

- Content: Interpersonal interaction, expression competencies
- Process: Socialization, apprenticeship

6. Fellow

- Content: Expression abilities
- Process: Socialization, apprenticeship

5.2.3 Service attitude

The cultivation of job attitude is mainly about focusing on the issues of professionalism and ethics.

1. Students in Medicine

- Content: Clinical Ethics
- Process: Programmed instruction

2. Clerk

- Content: Clinical Ethics and Law
- Process: Programmed instruction; apprenticeship

3. Intern

- Content: Clinical Ethics and Law
- Process: Apprenticeship, socialization

4. Resident

- Content: Clinical Ethics and Law
- Process: Apprenticeship

The HR Practices of Case III

After having become VS, a physician shall be equipped with the knowledge and technical skills that will include: specialist professional knowledge and new techniques, medical regulations and national health policy, national health insurance payment norms. A license renewal requires attendance at 180 hours of classes over a period of six years, of which 90 per cent are on specialized medical courses. Therefore, this case mainly introduces new professional knowledge. The methods adopted in Case III are acquired through medical seminars, the introduction of new products from medical instrument companies or drug manufacturers, medical associations and blogs, etc.

Social skills refer to patient relationship management. Case III is a typical one in which people learn from each other in a social network that includes blogs, communities, and Medical Associations.

Service attitude refers to the physicians' work motivation towards their medical career and their enthusiasm with patients. Case III indicates that after the accomplishment of physician training courses, the relevance between a doctor's personality and their service attitude is relatively high after independent medical practice.

Here we should note that the above mentioned blog is a online community where doctors in Tawan can exchange messages. The content of messages exchanged includes medical regulations and policies, the review system for national health insurance, medical malpractice, discussion of medical news, tax information, education information, introduction of deceased physicians' biographies, and mutual encouragement (for example, a clinic a clinic burns down or express their support to event figures) etc. Blog members are classified into different levels based on their anticipation level in this online community, ranging from medical students to VS. In addition, in the regional Medical Association, those physicians who are enthusiastic and have a good performance are more likely to be elected as leaders. Case III actively interacts with the virtual blog in which he actually plays the role of a VS and has also been elected as an executive member in the regional union.

5.3 Effects of QM

The respondents include a large number of patients. Based on the data provided by the Bureau of Health and Department of Health in Taiwan, each doctor in Taiwan has a caseload of 546 patients in a typical month. Every month, the ophthalmologist attends to 2500-3200 patients in this clinic.

This clinic was rated as a top clinic by the District Public Health Department. The Public Health Department occasionally invites university professors and health officials to evaluate the clinics in this area. The evaluation results for Case III are excellent. Therefore, from the number of patients and the government evaluation results, the clinic (the ophthalmologist) offers a high standard of medical treatment.

6. Discussion

This paper, from an organizational perspective, depicts three different types of HR practices undertaken by three different services. The following sections discuss further the similarities and differences between the present study and the study of Li et al. (2009) and the sources of the differences.

6.1 Knowledge and technical skills

Li et al. (2009) pointed out that among the three types of services, the knowledge and technical skills of FLEs in the medical industry are the most valued by customers. This fact is consistent with the study result of this paper. Why? From the perspective of organizations, it is the complexity of the tasks. However, from the customers' point of view, it is the perceived risk to the customer. Medical practices are the most complicated among the three industries: Physicians must acquire the basic concepts of structure and functions of the human body, pathology, pharmacology, and also receive long-term practical training in order to provide medical services. Case III shows that in order to acquire a doctor's certificate, the applicants shall pass a written test in basic medicine and clinical medicine

held by the national government, together with six to seven years of clinical and sub-specialty training, before being able to conduct medical practice.

From the customer's perspective, department store FLEs cannot explain clearly the product features or components, meaning that this type of service has the least damage to the money paid by customers or to their body. During hair cutting or hair-dyeing, hair stylists can redesign or expand the service time if they cannot satisfy their customers' demands. On the other hand, if a doctor did not give a correct diagnosis (such as failing to check a cancer) or fail to offer appropriate treatment (taking surgery as an example), the consequences could endanger the patient's life. Therefore, customers hold that the perceived risk in the medical industry is the highest among the above-mentioned three industries.

Among the three cases, when imparting knowledge, the medical industry is the most systematic, complete and has the longest history. Clinical technical skills training is the longest and most solid. As a result, the knowledge and technical skills competency of the medical staff is of great importance.

6.2 Social skills

Methods of curriculum planning, learning by doing and apprenticeship can be utilized to enhance social skills. Comparatively speaking, learning by doing and apprenticeship are much more useful and practical. The more complex the tasks, the more suitable the apprenticeship is. That is to say, learning by doing is much more appropriate.

Through social skills, FLEs in the department store industry can determine what customers want or need and thus introduce the right products to customers and describe product features. Case I can train and promote an employees' social skills of listening attentively and expression using the method of learning by doing.

Hairdressing services require hairstylists to make a reasonable judgment of the most appropriate hairstyle according to customers' verbal and physical behavior and after a full consultation with their customers. Therefore, their task complexity is at a moderate level. Case II, through apprenticeship, allows apprentices to observe the hairstylists for a long time and learn how to design and be flexible in line with the preferred hairstyles of their customers.

The medical industry is the highest in terms of task complexity. Physicians are expected to make a reasonable judgment of the possible illness of patients by observing their symptoms or their statements and make further enquiries in order to make a treatment decision. At the same time, physicians are required to interpret the disease and to remind patients. Only in this way can physicians establish a reliable doctor-patient relationship. Such an interactive process needs long-term support from the cultivation system of apprenticeship.

6.3 Service attitude

Service attitude is defined as an internal passion for a job. In the process of providing services, the FLE uses words of concern or facial expressions, a smile and other such non-linguistic expressions to serve customers with an affective attitude (Li et al.,2009).The service attitude of FLEs in services sector is therefore of great importance to SQ, although it is hard to improve. The present paper mentioned three processes in promoting service attitude, including programmed instruction, apprenticeship and socialization. Programmed

instruction occurs only in university education, such as a university curriculum for medical students. Apprenticeship is employed for industries that require skillful techniques, such as hairdressing and medical industries. Besides learning the techniques from a more experienced tutor, apprentices also learn their service attitudes from their mentors. Socialization is applicable to all industries.

From the prospective of organizations, hospitals or clinics, the lower the level of risk (the lower the complexity of the task), the more emphasis shall be made on enhancing service attitude, such as in case I of the department store industry. On the other hand, the higher the risk, the less attention given to service attitude, such as physicians. That is probably because physicians are self-driven and do not need training to enhance their service attitude.

7. Conclusions and managerial implications

The conclusions are summarized as follows: the higher the customer risk (the higher the task complexity), the more emphasis is placed on knowledge and technical skills. With regards to the aspect of enhancing social skills; the more complex the task, the more suitable it is for adaptation to an apprenticeship system. On the other hand, learning by doing is much more appropriate. Apprenticeship or socialization are mostly used to enhance service attitude, the former is suitable for knowledge or technical skills and the latter one for common work.

Theoretical implications include contributions to QM and HRM theory. In contributing to QM theory, this paper describes how service personnel from various service industries influence SQ. Furthermore, this paper explains how HR practices can improve a company's QM. In addition, HRM theoretical implications include providing a new perspective by comparing three different case studies and illustrating the differences in training design and performance evaluation among service types. Our illustration of the different competencies that service personnel in different service industries must possess highlights the differences and importance of service delivery in the area of service management. Finally, changing employees' attitude is a long-term task and the result is not always obvious (Li et al., 2009). Therefore, fewer companies are willing to conduct this form of training. Case I describes how employees workplace spirituality can be promoted, which can also improve service attitude and encourage SQ and Case I demonstrates an empirical study of accumulated workplace spirituality.

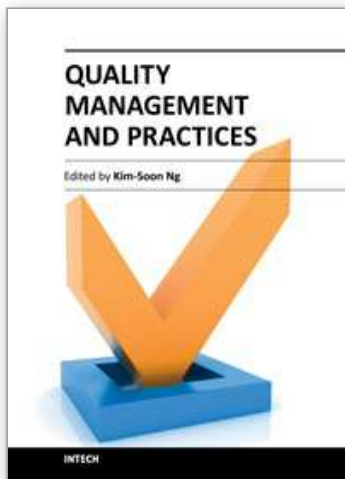
Practical implications for this study include providing best practices for different types of service industries. HRM managers could select similar industries to act as references for them. For practitioners of organizational development, the content and processes of the different industries provided by this study act as references for them in the areas of training design, quality management, and organizational development.

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This book is comprised of a collection of reviews and research works from international professionals from various parts of the world. A practical approach to quality management provides the reader with the understanding of basic to total quality practices in organizations, reflecting a systematic coverage of topics. Its main focus is on quality management practices in organization and dealing with specific total quality practices to quality management systems. It is intended for use as a reference at the universities, colleges, corporate organizations, and for individuals who want to know more about total quality practices. The works in this book will be a helpful and useful guide to practitioners seeking to understand and use the appropriate approaches to implement total quality.

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