MEDIATING ROLE OF EMPOWERMENT BETWEEN TOTAL QUALITY MANAGEMENT (TQM) AND SERVICE RECOVERY PERFORMANCE IN THE HOTEL INDUSTRY

Mukhles M. Al-Ababneh[1]
Samer M. Al-Sabi[2]
Firas J. Al-Shakhsheer[3]
Ma'moun A. Habiballah[4]

ABSTRACT

The purpose of this research was to examine the mediating effect of empowerment on the linkage between Total Quality Management (TQM) and service recovery performance in the hotel industry. Although much has been written about TQM, empowerment and service recovery performance, but the role of empowerment as a mediator in the relationship between TQM and service recovery performance has remained a relatively unexplored research area. A 93-item questionnaire is designed to measure TQM, empowerment and service recovery amongst employees in five-star hotels in Jordan, and 254 usable questionnaires were used in this study. Principal components analysis determined the factor structure and regression analysis determined the relationships between the study's variables. The results revealed that the TQM implementations have positive effects on empowerment and service recovery performance. Moreover, the study found the full mediating effect of empowerment in the relationship between TQM and service recovery performance. Implications, limitations and future research are discussed at the end. This study proposes model of influence of TQM in service recovery performance, whereby empowerment fully mediates this relationship.

Keywords: TQM, Empowerment, Service Recovery.

JEL Classification: M10

1. INTRODUCTION

Many scholars in the field of TQM have mainly focused on the relationship between TQM and service quality. The impact of TQM on service recovery in the hotel industry has been ignored in the literature. The concept of TQM appeared during 1980s (Pavlic, Vrdoljak Raguž, & Svilikos, 2004), and many organisations due to globalisation and competition started to adopt TQM as an essential management philosophy used for improving quality and productivity (Thiagaragan, Zairi, & Dale, 2001; Motwani, 2001; Kaynak, 2003; Karia & Asaari, 2006), improving organisational performance and efficiency (Yusof & Aspinwall, 2000; Joiner, 2007), solving organisational problems (Joiner, 2007), and achieving competitiveness (Samson & Terziovski, 1999; Pavlic et al., 2004). Thus, TQM rapidly

[1] Department of Hotel and Tourism Management, Petra College for Tourism and Archaeology, Al-Hussein Bin Talal University, Jordan (mukhles.ababneh@gmail.com)
[2] Department of Hotel and Tourism Management, Petra College for Tourism and Archaeology, Al-Hussein Bin Talal University, Jordan (sa.alsabi@gmail.com)
[3] Department of Hotel and Tourism Management, Petra College for Tourism and Archaeology, Al-Hussein Bin Talal University, Jordan (alshakhsheer.f.j@gmail.com)
[4] Department of Hotel and Tourism Management, Petra College for Tourism and Archaeology, Al-Hussein Bin Talal University, Jordan (mamounh@yahoo.com)

became the preferred management philosophy among organisations (Samson & Terziovski, 1999).

Implementing successful TQM practices in an appropriate way provides several benefits for organisations in different contexts such as: improved quality, increased productivity, more efficient and effective use of resources, eliminated defects, reduced scrap and rework, reduced wage and costs of poor quality, fewer complaints, improved employee involvement and commitment, employee motivation and morale, improved communication, increased customer satisfaction and retention, and improved competitive advantage (Walsh, Hughes & Maddox, 2002; Antony, Leung, Knowles & Gosh, 2002; Kaynak, 2003; 2006).

Today, service organisations are under pressure to provide customers services with the best quality at the lowest cost and exceed their expectations (Irfan, Ijaz, Kee, & Awan, 2012). In the service context, employees can make mistakes, and service systems maybe breakdown at any time because there is not perfect service system and that may cause service failure and problems for customers. Thus, the service process may not achieve good results for customers and service quality may not meet customers' expectations (Bell & Zemke, 1987). However, service recovery can be an effective response to service failures when they do occur, it is an important method that is required as employees' actions in solving customer problems (Maxham, 2001). On the other hand, service organisations using empowerment as a tool for handling customers' demands by improving service quality (Ginnodo, 1997; Cho, Laschinger, & Wong, 2006). Empowerment can be seen as a way to improve operations and increase profit (Lashley, 1995). It could be used in organisations as a way to improve workplace environments, reduce employee turnover, and achieve more effective functions (Erstad, 1997). Even though, the concept of empowerment has received much attention in previous research, but the role that empowerment plays in particular contexts is still under-researched. How empowerment mediates the relationship between TQM and service recovery remains a relatively unexplored research area. There is therefore a need to examine, from the employees' perspective, the levels of empowerment that are evident in the hotel industry and the mediating role between TQM and service recovery in five-star hotels in Jordan.

The objectives of research are to: (1) study the relationship between TQM and service recovery; (2) examine the relationship between empowerment and service recovery; and (3) determine the mediating effect of empowerment on the relationship between TQM and service recovery.

2. THEORETICAL FRAMEWORK

2.1 Total Quality Management (TQM)

The philosophy of TQM was initially developed in Japan by quality gurus (Vouzas & Psychogios, 2007). It consists of three main principles customer focus, continuous improvement, and teamwork (Ho, Duffy & Shih, 1999). While, Hellsten and Klefsjo (2000) viewed that TQM consists of a set of three components, namely: the core values, techniques, and tools. TQM can be defined in different ways, it means different things to different people, and therefore many definitions of TQM have been given by quality scholars based on their perceptions (Eriksson & Hansson, 2003; Boon, Arumugam, Safa, & Abu Bakar, 2007). For example, Antony and colleagues (2002: 551) defined TQM as "*an integrative management philosophy aimed at continuously improving the performance of products, processes and services to achieve and exceed customer expectations*". Whereas, Oakland (2003: 41), who regarded TQM as "*a comprehensive approach to improving competitiveness, effectiveness, and flexibility through planning, organizing, and understanding each activity, and involving each individual at each level. It*

is useful in all types of organisation". A comprehensive definition was presented by Al-Ababneh (2011: 34), who defined TQM as "*a management philosophy which involves a set of principles, techniques, and tools that are used for continuously improving the quality of processes, products, services and people by involving all employees to achieve superior customer satisfaction*". Recently, Dubey (2015) defined TQM as an approach used to improve the effectiveness of firm and fulfill expectations for both internal and external customer.

TQM has been evolving in the hotel industry since quality assurance was introduced in the 1980s (Hall, 1990). The American hospitality industry implemented quality assurance systems in 1982 to achieved excellence outcomes (Walker & Salameh, 1990). More specifically, Ritz-Carlton Hotel was the first hotel in the world awarded a quality award from the Malcolm Baldrige National Quality Awards (MBNQA) in 1992 and in 1999 (Camison, Flor, Cruz, & Kuster, 1996). The best TQM implementation are known as the Critical Success Factors (CSFs) of TQM (Thiagarajan & Zairi, 1998; Sila, 2005), and these factors are defined as a quality factors that are critical and absolutely essential to the success of TQM implementation (Thiagarajan & Zairi, 1998). It is important to understand that the CSFs are responsible for achieving business excellence (Talib & Rahman, 2010). Although there is some agreement about which critical factors constitute TQM, many studies still provided various sets of TQM factors. Each researcher emphasises a selection of quality factors based on their judgement and experience in working with various organisations (Thiagaragan et al., 2001; Tari, 2005).

Saraph and colleagues (1989) conducted the first study on CSFs of TQM in service and manufacturing sectors, they introduced eight CSFs of TQM practices, namely, the role of top management leadership, the role of quality department, training, product/service design, supplier quality management, process management, quality data and reporting, and employee relations. Few studies have been conducted to indicate the CSFs of TQM in the hotel industry. For instance, Breiter and Kline (1995) identified a set of the CSFs of TQM for hotels, and they are: leadership, customer focus, and vision and values, training, communications, empowerment, alignment of organisational systems, and implementation. While, Cheung (2006) measured TQM by four CSFs, namely: top management commitment and leadership, customer focus, employee involvement and continuous improvement. Shahbazipour (2007) investigated the CSFs of successful TQM implementation in the hotel industry, these factors were: leadership, policy and strategy, information and analysis, customer focus, human resource management, supplier and partnership management, and process management. Claver-Cortes and colleagues (2008) confirmed the common CSFs of TQM practices in hotels, namely: people management, quality planning, leadership, customer focus, supplier management, process management and continuous improvement. Mohsen (2009) identified the CSFs of TQM culture in five-star hotels, and they are: staff empowerment, teams, staff suggestion and reward schemes, training, leadership, communication and customer focus. Similarly, Wang and colleagues (2012) confirmed that TQM-adopting hotels focus on seven CSFs of TQM, namely: leadership, employee fulfilment, internal/external cooperation, customer focus, process management, learning and continuous improvement. However, the researchers selected eight CSFs of TQM implementation based on a huge number of literature on CSFs of TQM, namely: top management commitment, leadership support, the role of quality department, supplier quality management, quality data and reporting, education and training, customer focus, and quality planning.

1. Top management commitment to quality is essential to implement TQM successfully in an organisation, and therefore top managers must be committed to TQM implementation that including quality planning, quality policy, quality schedule, evaluation quality and quality improvement (Saraph, Benson, & Schroeder, 1989; Goh & Ridgway, 1994; Ahire, Golhar, & Waller,1996; Tsang & Antony, 2001). Those

managers who are committed to TQM, they will be involved in TQM implementation as well as encouraging employee involvement in it too (Zhang, Waszink, & Wijngaard, 2000).

2. Leadership support creates quality goals, values and systems for quality management implementation, and therefore leadership support for TQM implementation is a key factor in quality improvement (Zhang et al., 2000). It maintaining and practicing an organisation's vision with respect to customer requirements (Sadikoglu & Zehir, 2010).
3. The role of the quality department in an organisation supports the effectiveness of quality that fosters coordination and collaboration between the quality department and other departments by participating in cross-functional quality improvement teams regarding quality (Saraph et al., 1989; Ho et al., 1999). It plays an important role in facilitating quality management practices through set up a quality control system, a quality information system, a supplier-rating scheme and a quality information system (Ho et al., 1999).
4. Supplier quality management includes supplier quality control, suppliers participating in product development, and purchasing policy emphasising quality (Saraph et al., 1989). Supplier quality management is considered an essential factor of TQM implementation through focusing on good supplier quality management that allows organisations to establish long-term cooperative relations with their suppliers, to be concerned with supplier performance, conduct supplier quality audits, and participate in suppliers' quality activities (Zhang et al., 2000).
5. Quality data can improves the level of quality, and help employees and managers to solve problems through feedback of quality data. Quality reporting provides timely quality measurement, and evaluates managers and employees based on quality performance (Saraph et al., 1989; Motwani, Mahmoud, & Rice, 1994). More specifically an efficient quality reporting system enables organisations to maintain data on error rates, vendors, warranty reports, customer complaints, scrap, defect or failures, cost of appraisal and cost of prevention (Motwani et al., 1994). Most organisations realised that education and training are an important part of TQM implementation, and therefore all employees should receive quality education and training (Zhang et al., 2000).
6. Quality training can help to improve the level of quality (Motwani et al., 1994), it includes statistical training, quality-related training for all employees, and trade training (Saraph et al., 1989). Training in a TQM setting involves technical skills; statistical process/quality control methods, and design tools; communication; supervision skills; new work procedures; and customer relations (Flynn, Schroeder, & Sakakibara, 1994; Goetsch & Davis, 2006).
7. Customer focus maintains a close relationship with customers in order to determine their needs, taking customers' feedback on the current perceived product/service and how their needs are being met (Flynn et al., 1994). Customer focus includes different tools such as customer satisfaction surveys and trials, customer complaints and compliments, competitor analysis, trade surveys and trials, working closely with key customers and market investigations (Goh & Ridgway, 1994; Zhang et al., 2000).
8. Quality planning focuses on setting goals, identifying customer and their needs, and developing products/services and processes (Juran, 1989). It uses in the TQM methods to make improvements and support quality programmes though quality mission/vision, quality policy, quality goals, business plan, communication strategies, strategy development and deployment, control and improve of plans (Claver, Tari & Molina, 2003; Tari, 2005; Sila, 2007).

2.2 Service Recovery

One of the main challenges and difficult issues in the service industry is achieving zero defects in the service encounter, and therefore mistakes are an unavoidable challenge in service. In service organisations, it is difficult for those organisations to eliminate all service failures, but service recovery is an effective response to service failures when they do occur. Thus, service recovery is one of the main methods for recovering mistakes that happen in the service encounter, and therefore implementing service recovery in appropriate methods that can help organisations in changing a customer's negative attitude toward services to a positive one (Maxham, 2001). Service failures still occur in the service industry despite the best of intentions, policies, training and procedure that have been taken in service organisations (Cranage, Sujan, & Godbey, 2005), and therefore it may reduce the perceived value by customers for service providers and that lead to a damaged relationship between service providers and their customers (Albus & Ro, 2017). Service recovery refers to the corrective actions by service providers to reduce the damage to customers and that can be taken after service failures (Wong, Newton, & Newton, 2016).However, once a service failure occurs, service recovery is needed to make it up for the customer and avoid potential short long lasting damage to the business.

Service recovery has been addressed in previous research from different perceptions by using several research methodologies (Lewis & McCann, 2004). It can be defined as attempts by an organisation to rectify some customers' perceived service failure (Maxham, 2001). Tax and Brown (1998) clarified that service recovery can be seen as a process of indentifying service failure, effectively resolving customer problems, classifying their root causes and yielding data that can be integrated with the other measures of performance to assess and improve the service system. While, Lewis and McCann (2004) presented a more specific definition; they defined service recovery as the actions of the employees in solving customer problems and changing the negative attitude of dissatisfied customers and retaining these customers. A comprehensive definition was presented by Al-Sabi (2011: 45), who defined service recovery as *"an organisationally owned process that is performed by all the employees in the organisation with the aim of identifying service failures, resolving customer problems, changing the negative attitude of dissatisfied customer to a state of satisfaction and retaining these customers"*. Consequently, service recovery is considered as a subsystem operating under an overall organisational system, and the joints and bolts of this system are the service employees themselves, the doctrine that governs it is the organisational values and policies, and the hoped for final product is a happy customer.

Previous literature identified a multitude of different methods of service recovery, these methods can be divided into two types, namely: psychological service recovery that includes, acknowledgement, apology, empathy, managerial intervention, customer input, explanation, provide assurance, and own the problem; and tangible service recovery that includes, compensation, free gratis, up-grade, refund, discount, coupon, free ancillary, symbol atonement (value added atonement), correcting, replacement, and urgent reinstatement (Bell & Zemke, 1987; Bitner, Booms, & Tetreault, 1990; Kelley, Hoffman, & Davis, 1993; Boshoff, 1997; Bowen & Johnston, 1999; Sparks, 2001; Dutta, Venkatesh, & Parsa, 2007; Johnston & Michel, 2008).

Psychological service recovery refers to the attempts of employees to resolve service failure by expressing concern for customers and their needs. The service failure can be solved by acknowledging that a problem had occurred; apologising; showing empathy by listening to the customer; and/or providing assurance that the problem had been/will be solved and should not occur again. In addition, expressing concern by apologising and showing empathy for the customer's needs as psychological techniques are critical and recommended in the service recovery process, and therefore one of the fundamental parts of service recovery

procedures is expressing empathy that is usually associated with delivering an apology to customers (Bell & Zemke, 1987; Johnston & Fern, 1999; Miller, Craighead, & Karwan, 2000). Expressing empathy for customers means that the service providers show their care about the problem, about fixing the problem, and diminishing customer inconvenience (Boshoff, 1999). Seawright and colleagues (2008) confirmed that psychological elements are enough in some circumstance in the service failure with the minor –errors in general, but customers usually expect other efforts besides an empathetic apology to rectify service failure situations, and therefore if nothing is offered from the service provider, customers seem to be dissatisfied and believe that the apology was not sincere. On the other side, tangible service recovery defined as the attempt to resolve service failure by completing the primary service, re- performing the service and exchanging the product or refunding the cost (Miller et al., 2000; Lewis & McCann, 2004; Al-Sabi, 2011). Tangible elements are considered to be more supported and important in resolving most service failures. It also include compensation of dissatisfied customers, including free gratis, coupon, refund, discount, upgrade, free ancillary and symbol atonement (Lewis & McCann, 2004). Hence, tangible elements can illustrate either the commitment of the service provider to carrying out their initial obligation to customers or to provide fair restitution for the failure.

2.3 Empowerment

Empowerment means employee participation that requires less direct supervision by eliminating the multiple levels of hierarchy (Randolph, 1995), it can be effective in improving productivity and performance when it is applied properly (Sashkin, 1984). Early use of empowerment refers to power and control where empowerment was considered a management technique by delegating power with employees (Kanter, 1983). Empowerment is considered as a set of procedures that may empower employees (Conger & Kanungo, 1988), it was focus on empowering management practices (Bowen & Lawler, 1992). There are many definitions for empowerment. Some scholars (e.g., Randolph, 1995, 2000; Blanchard, Carlos, & Randolph, 1999) defined empowerment in a general definition as a collection of practices that combine information sharing, delegation of authority, and increased employee autonomy (Randolph, 1995, 2000; Blanchard, Carlos, & Randolph, 1999) with an increased reliance on teams (Randolph, 1995; Hon & Chan, 2012). Other scholars (e.g, Conger & Kanungo, 1988; Thomas & Velthouse, 1990; Zimmerman, 1990) have defined empowerment as intrinsic task motivation, or motivation reflecting the person-environment fit. However, most scholars agree that the core element of empowerment involves giving employee discretion over certain task related activities without neglecting the responsibilities that come along with it (Conger & Kanungo, 1988; Schlessinger & Heskett, 1991; Bowen & Lawler, 1992).

Empowerment has two distinct types, namely: psychological empowerment and structural empowerment (Eylon & Bamberger, 2000; Greasley, Bryman, Dainty, Price, Naismith, & Soetanto, 2008). The first type of empowerment, psychological empowerment, , is defined as a motivational concept of self-efficacy and that considered as a unidimensional construct (Conger & Kanungo, 1988). While, an inclusive definition presented by Lee and Koh (2001: 686), they defined psychological empowerment as "the psychological state of a subordinate perceiving four dimensions of meaningfulness, competence, self-determination and impact, which is affected by the empowering behaviours of the supervisor". Psychological empowerment consists of four dimensions were developed by (Spreitzer, 1995), namely: meaning, competence, self-determination, and impact. Each dimension is necessary for a complete empowerment for an employee and that if one or more dimension is missing, this will reduce the overall feeling of empowerment (Thomas & Velthouse, 1990). The second

type of empowerment, structural empowerment, is defined as a management technique which entails the sharing and delegation of power and control between managers and their employees (Kanter, 1983). Structural empowerment can be seen as an organisational practice that devolves power through knowledge and skills development, access to information, support, resources and responsibility (Eylon & Bamberger, 2000). In the service sector, empowerment can provide employees with different experiences and benefits (Lashley, 2001), and therefore empowerment cab be seen as a way to improve operations and increase profit (Lashley, 1995). For example, empowered employees in the hospitality industry are more committed to improving service quality due to empowerment provides employees with the necessary discretion and autonomy that achieve successful service and customer satisfaction (Lashley, 1995). Thus, empowerment has developed increasing influence in the hospitality industry (Kruja, Ha, Drishti, & Oelfke, 2016). Empowerment can enhance employees to be able to deal and correct with job-related issues without referring to senior-level management (Klidas, 2001).

2.4 TQM and Service Recovery

Implementing service recovery methods effectively is critical and depends to a large extent on the implementations of TQM of customer contact employees who are forefront of the service recovery process. Despite this, this study has identified a number of gaps that previous studies have not investigated. First, while some studies have measured the implementations of TQM and its effect on service quality from the managerial and customer perspectives, this study is one of few studies have conceptualised and measured the implementations of TQM and its effect on service recovery and from employees' perspectives. Second, most studies have been conducted in western context with limited evidence from the hotel industry and there is evidence to suggest that other context both geographic and industrial can provide different interpretations of both TQM and service recovery constructs, this study was conducted in one of developing countries and more specifically in the hotel industry. Finally, past studies have tended to use the implementations of TQM as a method in improving customer contact employees' performance, while this study aims to explore the role of TQM as a strategy for supporting employees in the whole process of service recovery. However, TQM and service recovery have received considerable research attention especially in the developed countries in general, no studies could be found that consider the potential impact of TQM implementations on service recovery in the hotel industry and the developing countries in particular (Prajogo & McDermott, 2005). The hotel industry was chosen for this study, as this industry is perfectly convenient to measuring the implementations of TQM and its effect on service recovery for a number of reasons such as the nature of service and it is hard to be well achieved without the required attention from employees, many scholars agreed that this industry involves a high level of contact with customers, which allows for the occurrence of service failure (Lewis & McCann, 2004; Yoo, Shin, & Yang, 2006).

Most managers recognized that in the service systems employees can make mistakes and these systems may breakdown, and therefore many problems may occur in the service process for customers and that may not achieve good results for customers and service quality may not meet customers' expectations (Bell & Zemke, 1987). Consequently, once service failures occur, service recovery is needed to make it up to customers and avoid potential long lasting damage to the business. Furthermore, Cheung (2006) confirmed that the implementation of TQM improved service quality in hotels, who argued that TQM hotels achieved better organisational performance, customer satisfaction, employee relations, and operational and business performance than non TQM hotels, and he also found that TQM

explained 63 per cent of variance of service quality, and therefore TQM had a significant positive relationship with service quality. Claver-Cortes and colleagues (2008) supported the positive effects of TQM on performance in the hotel industry; they revealed that hotels with a high level of TQM commitment had higher performance levels such as managerial factors, gross operative profit, competitive performance and stakeholder satisfaction. Few studies were conducted on the relationship between TQM and service recovery performance. For example, Bagozzi (1992) explored the relationship between Management Commitment to Service Quality (MCSQ) factors, namely (training, empowerment, employee rewards, supportive management, servant leadership, and service technology) and service recovery performance in public sector service organization. The results showed that there is a significant relationship between MCSQ practices and service recovery performance. Another study was conducted by Rod and Ashill (2010), they measured the impacts of (MCSQ) practices, namely (employee rewards, customer service training, empowerment, and customer service orientation) and service recovery performance in public and private hospitals. The results of the study found a significant impact of (MCSQ) practices on the service recovery performance. Recently, Beirami (2012) investigated the impacts of TQM factors, namely (top management leadership, teamwork, empowerment, reward, and training) on service recovery performance in the hotel industry. The findings revealed that TQM factors have positive and statistically significant impact on service recovery performance. Similarly, Suk, Chung and Choi (2013) found that TQM factors, namely (top management leadership, employee involvement, education and training, information and analysis system, and process management) have positive influence on service recovery justice in restaurants. They accordingly, this study is considered as one of the first studies that measures the potential impact of TQM implementation on service recovery performance at the hotel industry in Jordan. In light of the preceding discussion and findings, it is proposed that:

Hypothesis 1: *TQM has a positive and significant effect on service recovery.*

2.5 Empowerment and Service Recovery

Empowerment plays an important role in service recovery by identifying and solving the problem through certain methods (Hart, Heskett, & Sasser, 1990), it is also the way that enables employees to reduce service failure (Tehrani, 1995). Thus, customers perceived fewer service failures when employees were fully empowered (Sparks, Bradley, & Callan, 1997). Empowered service providers have the flexibility and necessary resources to satisfy customers' needs, and they are obliged to ensure the high quality of service provision (Randolph, 1995; Spreitzer, 1996; Kashyap, 2001). Bowne and Lawler (1992) found that empowered employees responded to customer needs more quickly during service delivery and recovery and displayed more warmth and enthusiasm in their interactions with customers. Similarly, Carson and colleagues (1998) revealed that service providers who recognised a high level of empowerment tended to be more effective in service failure recovery. The important thing in service recovery efforts is not "who" responds, but "how immediate" is the response to service failure (Duffy, Miller, & Bexley, 2006), and therefore service recovery is a process-related procedure (Grönroos, 1988).

The more organised the service encounter the less likelihood of service failure, and controllable variables such as employees' explanation, offers to compensate, and the appearance of the physical environment can influence the customers' perceptions toward to the cause of service failure (Bitner, 1990). A similar study was conducted by Employees who have the power to deliver service quality, who are outgoing, agreeable and responsive to the customer's needs and requests, are able to recover and prevent service failures (Cranage,

2004), and therefore when employees faced service failures, they would be more likely to adopt active and tangible recovery methods (Lin, 2009).

Several studies have been conducted on the relationship between empowerment and service recovery. The previous studies introduced evidence that confirmed the effective role of empowerment on service recovery performance by indicating empowerment as an effective strategy in supporting service recovery performance (Conger & Kanungo, 1988; Hart et al., 1990; Bowen & Lawler, 1992, 1995; Carson, Carson, Eden, & Roe, 1998; Enz & Siguaw, 2000). This is a strategy that can contribute towards the speedy solving of customer problems (Magnini & Ford, 2004). Other studies (Babakus, Yavas, Karatepe, & Avci, 2003; Yavas, Karatepe, Avci, & Tekinkus, 2003) reported a strong relationship between empowerment and service recovery performance.

Recently, some studies were conducted in the hotel industry (i.e., Yavas, Karatepe, & Babakus, 2010; Crawford & Riscinto-Kozub, 2010; Schumacher & Komppula, 2016) found that empowerment has a positive relationship with service recovery performance.

Therefore, the following hypothesis is advanced:

Hypothesis 2: *Empowerment has a positive and significant effect on service recovery.*

2.6 TQM and Empowerment

The literature indicated that TQM can help to promote empowerment amongst employees in two different ways, namely: TQM as unequivocally good and that leading to empowered employees (Grant, Shani & Krishnan, 1994), and empowerment meaning essentially intensification of work, tighter managerial control, and increased surveillance (Delbridge, Turnbull, & Wilkinson, 1992; Parker & Slaughter, 1993). Furthermore, the environment of TQM develops empowerment through social atmosphere, working conditions, recognition, safety and other elements (Howard & Foster, 1999), and therefore the TQM system based on employee involvement by increasing training on quality and problem-solving, top-down communication, and bottom-up communication of suggestions for improvements; and creating task-based work teams; and setting up of cross-functional teams to handle particular problems (Wilkinson, Godfrey, & Marchington, 1997).

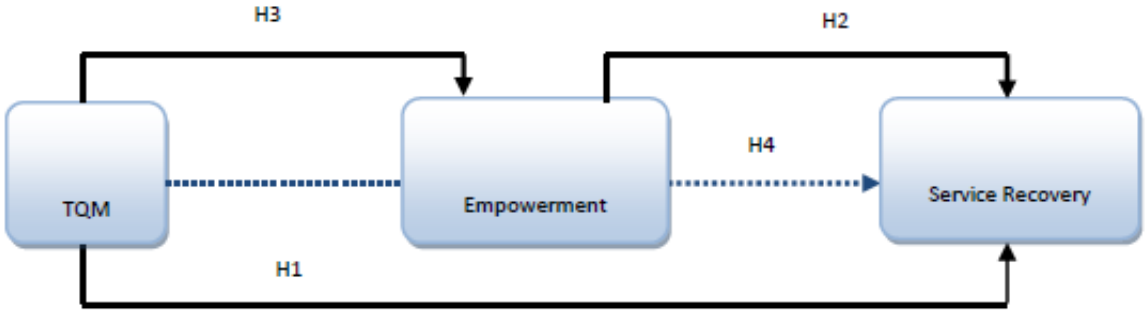
The implementation of TQM requires systemic changes in management practice that including the reorientation of organisational objectives, the learning of new skills by employees at all levels, the redefinition of managerial roles, and the redesign of work and its organisational structure, thus TQM is empowering employees in organisations in a democratic way (Grant et al., 1994). Furthermore, TQM can empower employees in a way that they can control their daily decisions and affecting that on their own work by assuming more responsibility, which resulting in enhanced skills, and improved work environment. The TQM system including a deep involvement of cultural changes that characterised by involving employees in the decision-making process, monitoring and taking responsibility for the quality of their own tasks, and involving in continuous improvement (Mendes, 2012). However, empowerment can be used for maintaining the support of top management commitment to quality by encouraging the participation of employees in quality activities. Thus, the following hypotheses are proposed:

Hypothesis 3: *TQM has a positive and significant effect on empowerment.*

Hypothesis 4: *Empowerment mediates the relationship between TQM and service recovery.*

Figure 1 illustrates the theoretical framework for this study. The independent variable was TQM, empowerment as the mediator variable, while the dependent variable was service recovery.

Figure 1. Proposed Model



Source: Own Elaboration

3. RESEARCH METHODOLOGY

3.1 Sampling Procedure

The target population of the survey was employees in five-star hotels in Jordan during the summer of 2016. A total of 400 questionnaires were distributed in 12 five-star hotels were selected from Jordan Hotels Association, after hotel managers agreed to participate in the study. Human Resources (HR) managers were asked to administer the questionnaires to their employees, and to collect them after completion. Number of questionnaires was different form one hotel to another and that based on how many those hotels can take questionnaires. The study using the convenience sampling method for selecting subjects in hotels because of their convenient accessibility and proximity by the researchers, and therefore questionnaires were distributed to the employees in each hotel. Of 268 returned questionnaires, 14 were not included in the analysis because of incompleteness. Thus, data analysis is based on a sample of 254 valid questionnaires. The response rate was 63.5 per cent. Data analysis included descriptive analysis, exploratory factor analysis, and multiple regression analysis. All tests were performed using SPSS.

3.2 Measures

The questionnaire of this study was designed on the basis of multi-dimension measurement to measure TQM, empowerment and service recovery from employees' perspectives. The questionnaire consisted of four parts. The first part measured employees' perceptions of TQM including eight dimensions: the role of quality department (5 items), and quality data and reporting (8 items) selected from Saraph et al.'s (1989) scale; supplier quality management (4 items) selected from Flynn et al.'s (1994) scale; top management commitment (6 items), and customer focus (4 items) selected from Ahire et al.'s (1996) scale; education and training (6 items) selected from Zhang et al.'s (2000) scale; leadership support (4 items), and quality planning (5 items) selected from Claver et al.'s (2003) scale. The second part measured employees' empowerment including two dimensions: psychological empowerment (12 items) selected from Spreitzer's (1995) scale; and structural empowerment (14 items) selected from Hayes' (1994) scale. The third part measured service recovery including two dimensions: tangible service recovery (5 items) selected from Boshoff and Allen's (2000)

scale; and psychological service recovery (20 items) selected from Al-Sabi's (2011) scale. The four part was designed to capture respondents' demographic characteristics, which included age, gender, education, working department and work experience. Two different likert scales were used for this study because of the nature of variables were different. More specifically, TQM items were measured on a six-point Likert-type scale ranging from 1 'not at all' to 6 'very large extent', while empowerment and service recovery items were measured on a five-point Likert-type scale ranging from 1 'strongly disagree' to 5 'strongly agree'.

4. RESEARCH RESULTS

4.1 Profile of Hotel Employees

Data were analysed by using descriptive analysis in order to describe the study's sample. Table 1 presents the demographic profile of the sample.

Table 1. Profile of Hotel Employees

Variables	Sample (N=254)	Percentage (%)	Variables	Sample (N=254)	Percentage (%)
Gender:			Age:		
Male	200	79%	25 or under	68	27%
Female	54	21%	26-35	86	34%
Education:			36-45	84	33%
Secondary School or less	160	63%	46-55	13	5%
Undergraduate	89	35%	56 and more	3	1%
Postgraduate	5	2%	Experience:		
Working department:			Less than one year	18	7%
Front of the house	147	58%	2-4 years	79	31%
Back of the house	107	42%	5-7 years	76	30%
			8 year and more	81	32%

Source: Own Elaboration

Table 1 shows that 79% of respondents were male and only 21% were female. A 27 % of respondents were 25 years of age and under, 34 % were between 26 and 35, 33% were between 36 and 45, and only 6 % were 46 or over. The education reported by respondents showed that 63 % had secondary school or less, 35 % had undergraduate degree and only 2% had a postgraduate degree. For working department, the majority of employees 58% were working in the front of the house and the other 42 % were working in the back of the house. Finally, 7% percent of the respondents reported working in five-star hotels in Jordan for less than 1 year, 31% between 2 and 4 years, 30 % between 5 and 7 years, 32 % reported working longer than 8 years. All aspects of this demographic profile reflect the known composition of the workforce in the Jordanian hospitality industry.

4.2 Validity and Reliability of the Scales

All the scales used in this study were originally developed in a western culture and successfully showed good validity and reliability results through different working contexts. However, as this study was conducted in a non-western culture, it was important to purify these scales and examine their validity and reliability. To do so, an exploratory factor analysis was conducted to establish the construct validity and Cronbach's alpha was used to assess the construct reliability. A principal component analysis with Varimax rotation was used to show the significant factor loadings for this study. The following Tables present the final outcomes of the factor analysis after rotation.

Table 2. Output of Factor Analysis for TQM

Items	Factor loading			
	quality policy (QP) α = .939	quality commitment (QC) α = .917	quality education & training (QET) α = .910	*Communality*
TQM4: A quality department is visible in our hotel.	.783			.764
TQM5: Cost of quality data is available in our hotel.	.751			.748
TQM12: Quality department in our hotel has access to departmental management.	.812			.749
TQM20: Quality department in our hotel is independent.	.758			.746
TQM21: Quality data in our hotel are always up to date.	.555			.553
TQM28: This hotel supports coordination between the quality department and other departments.	.751			.801
TQM35: Quality department in our hotel is effective in improving quality.	.612			.723
TQM41: This hotel measures and recognises employees' performance in order to support quality programmes.	.569			.656
TQM17: This hotel considers quality as the number one criterion in selecting suppliers.		.593		.727
TQM18: Top-level management in our hotel evaluates hotel performance heavily dependent on quality.		.591		.708
TQM23: Managers and supervisors in our hotel allow employees to make their own decisions.		.687		.530
TQM25: This hotel relies on a small number of high quality suppliers.		.698		.580
TQM26: Top-level managers in our hotel allocate adequate resources for improving quality.		.666		.759
TQM33: This hotel has clear quality goals identified by top-level managers.		.651		.775
TQM37: Top-level managers in our hotel often discuss the importance of quality at hotel-wide meetings.		.657		.707
TQM3: This hotel encourages employees to participate in education and training.			.737	.749
TQM6: Managers in our hotel are aware of the results of customer satisfaction surveys.			.743	.754
TQM11: Resources are available for employee education and training in our hotel.			.587	.696
TQM14: Customer complaints in our hotel are given to managers regularly.			.834	.729
TQM22: This hotel actively seeks ways to improve our primary product/service in order to achieve greater customer satisfaction.			.750	.737
TQM30: This hotel has been customer focused for the past two years.			.598	.655
Eigen-value	12.432	1.409	1.005	
Percentage of variance explained	59.202	6.710	4.788	
Cumulative (Total explained)	59.202	6.710	4.788	70.699

Source: Own Elaboration

As shown in Table 2, the factor analysis presented three dimensions structure for TQM. The extracted dimensions are however not consistent with other studies that measured TQM scale in the hospitality industry. The reason is that many studies still provided various sets of TQM factors and each researcher emphasises a selection of quality factors based on their judgement and experience in working with various organisations (Thiagaragan et al., 2001; Tari, 2005). The first dimension is named, '*quality policy*' and made up of three

dimensions. These include: quality planning, role of quality department and quality data reporting. Item loadings on this dimension ranged from 0.57 to 0.81. The study found that the top management commitment, leadership support and supplier relationship dimensions also emerged to a single factor. The combined factor was named '*quality commitment*'. Item loadings were all above 0.59. The last dimension is named, '*quality education and training*' resulted of education and training as well as customer focus. Item loadings on this dimension ranged from 0.59 to 0.83. The obtained Cronbach alpha show that '*quality policy*', '*quality commitment*', and '*quality education and training*' and "quality education and training dimensions have clearly exceeded the minimum recommended value (α = 0.70). Following from this, these three dimensions are maintained.

Table 3. Output of Factor Analysis for Service Recovery Performance

Items	Factor loading		
	psychological service recovery (PSR) α = .931	tangible service recovery (TSR) α = .871	*Communality*
PSR1: I apologised for the inconvenience that the problem had brought to the customer	.849		.730
PSR2: I listened to the customer and I got the point of the complaint	.894		.827
PSR3: I admitted responsibility for the mistake	.777		.656
PSR4: I expressed regret for the mistake that the hotel had made	.861		.753
PSR5: I listened to the customer and I repeated what they wanted	.769		.613
PSR6: Once the customer had the problem, I provided him or her with individual attention	.795		.652
PSR8: I asked my managers to contribute to solving the customer problem	.673		.509
PSR9: I told the customer what I had done to solve the problem	.524		.336
PS17: Considering all the things I do, I handled this dissatisfied customers quite well	.750		.692
PSR18: I do not mind dealing with complaining customers	.681		.604
TSR2: I gave compensation for a future stay in the hotel		.839	.704
TSR3: I offered an upgrade to a higher room category		.769	.707
TSR4: I gave compensation for the current stay in the hotel (e.g. discount, upgrade, F&B, ect)		.793	.716
TSR5: I offered a discount for a higher room category		.873	.800
Eigen-value	7.291	2.008	
Percentage of variance explained	52.079	14.340	
Cumulative (Total explained)	*52.079*	*14.340*	66.418

Source: Own Elaboration

As shown in Table 3, the result of the factor analysis reveals dual-dimensional structure for service recovery performance with an Eigenvalue exceeding 1. The two dimension solution is consistent with previous studies which considered service recovery performance as dual-dimensional variable (Miller et al., 2000; Al-Sabi, 2011). The only difference between this study and the previous studies was based on the number of the items that have been used to measure service recovery performance. The first dimension is named in the previous studies '*psychological service recovery*'. Item loadings on this component ranged from 0.52 to 0.89. The second dimension is also named in the previous studies '*tangible service recovery*'. Item loadings on this component were 0.76. The obtained Cronbach alpha shows that the

extracted dimensions have clearly exceeded the minimum recommended value (α = 0.70). Following from this, these three dimensions are maintained.

Table 4. Output of Factor Analysis for Empowerment

Items	Factor loading		
	psychological empowerment (PE) α = 892	structural empowerment (SE) α = 861	*Communality*
PE24: My impact on what happens in my department is large	.818		.687
PE23: I have considerable opportunity for independence in how I do my job	.774		.605
PE22: I can decide on my own how to go about doing my work	.771		.615
PE04: I am self-assured about my capability to perform my work activities	.692		.630
PE05: I have mastered the skills necessary for my job	.687		.555
PE25: I am confident about my ability to do my job	.685		.581
PE09: My job activities are personally meaningful to me	.658		.524
PE08: I have a great deal of control over what happens in my department	.636		.531
SE01: I am allowed to do almost anything to do a high quality job		.776	.639
SE16: I am encouraged to use initiative when dealing with job-related problems		.752	.606
SE13(r): I have to follow rules and regulations closely in my job		-.705	.510
SE03: I have authority to correct problems when they occur		.682	.595
SE15: I have a lot of responsibility in my job		.646	.539
SE20(r): I wish management would give me more authority in my job		-.590	.378
SE19: I am encouraged to handle job-related problems		.545	.425
SE12: I have complete freedom to perform job-related tasks		.527	.452
SE18(r): I do not need management approval before I handle job-related problems		-.518	.275
Eigen-value	7.402	1.746	
Percentage of variance explained	43.541	10.269	
Cumulative (Total explained)	*43.541*	*10.269*	53.810

Source: Own Elaboration

As shown in Table 4, the result of the factor analysis reveals dual-dimensional structure for empowerment with an Eigenvalue exceeding 1. The two dimension solution, '*psychological*' and '*structural*', is consistent with previous studies which considered empowerment as dual-dimensional variable (Eylon & Bamberger, 2000; Greasley et al., 2008). Item loadings on this component ranged from 0.518 to 0.818. The obtained Cronbach alpha shows that the extracted dimensions have clearly exceeded the minimum recommended value (α = 0.70). Following from this, these two dimensions are maintained.

4.3 Descriptive Statistics of the Study's Variables

Having established the validity and the reliability of the scales, descriptive analysis is another statistical test that was performed for the extracted dimensions and overall scales.

Table 5. Output of the Descriptive Analysis

Scale	Extracted dimensions	Midpoint scale	Mean	S.D
TQM	quality policy	3.5	4.28	0.768
	quality commitment	3.5	4.43	0.853
	quality training and education	3.5	4.84	0.827
	Overall	3.5	*4.48*	*0.768*
Service recovery	psychological service recovery	3	3.79	0.826
	tangible service recovery	3	3.37	0.931
	Overall	3	*3.67*	*0.757*
Empowerment	psychological empowerment	3	3.86	.814
	structural empowerment	3	3.21	.461
	Overall	3	*3.51*	*.554*

Source: Own Elaboration

From Table 5, it is necessary to note that all the scales of this research were computed by the means' scores of its sub-scales. Therefore, TQM scale as three-dimensional was computed by summing up its 21 items. The mean score for an overall scale is 4.48 with standard deviation (S.D) at 0.768. This means employees perceived that their hotels have implemented TQM moderately. Thus, employees were moderately convinced of the implementations of TQM in hotels. At the dimensional level the findings indicated that employees believe moderately that their hotels have implemented quality policy and quality commitment, and therefore the level of quality policy and commitment (mean= 4.28, 4.43) was moderate in hotels. While, employees believe highly that they had quality training and education mean=4.84) effectively in hotels. Thus, employees perceived that their hotels focus more on quality training and education for employees rather than quality policy and commitment, and this means employees were not involved in quality policy and commitment. Service recovery scale as two-dimensional was computed by summing up its 14 items, the results revealed that the mean score for an overall is 3.67 with S.D at 0.757. At the dimensional level the findings indicated that employees perceived that they are performing psychological service recovery with mean 3.79 (S.D=0.826) more than tangible service recovery with mean score 3.37 (S.D=0.931). This means employees perceived that recovering service failure start by psychological service recovery and then followed by tangible service recovery. This illustrates that employees were able to perform the process of service recovery, to identify the problems, to resolve customer problems and to change customer dissatisfaction to a state of satisfaction and to retain these customers. While, empowerment scale as two-dimensional was computed by summing up its 17 items. The mean score for an overall scale is 3.551 with standard deviation (S.D) at 0.554. This means that employees perceived that they are empowered at work, at the dimensional level the findings indicated that employees perceived that they are more psychological empowered with mean 3.86 (S.D=0.814) than structural empowerment with mean score 3.21 (S.D=0.461). This means employees believe highly that they were given the autonomy and the authority to act independently which illustrates in other words that employees were highly psychologically empowered. This shows that employees hold all the cognitions of psychological empowerment effectively. In other words, employees perceived that they are empowered psychologically more than officially.

4.4 Correlation Analysis among Variables

For further analysis of the relationships among the variables of the study, correlation analysis is performed. All the variables were subjected for this analysis. Correlation at this stage of

the research gives an initial indicator of the relationships among the variables of the study. Table 6, shows the correlation output among the variables of the study.

Table 6. Output of the Correlations Between Variables

		TQM	service recovery	empowerment
TQM	Pearson Correlation Sig. (2-tailed)	1	.480** .000	.598** .000
service recovery	Pearson Correlation Sig. (2-tailed)	.480** .000	1	.697** .000
empowerment	Pearson Correlation Sig. (2-tailed)	.598** .000	.697** .000	1

**Correlation is significant at the 0.01 level (2-tailed)

Source: Own Elaboration

As shown in Table 6, medium correlations appears between TQM and service recovery (r = 0.480), as well as between TQM and empowerment (r = 0.598). The strongest correlation was between empowerment and service recovery (r = 0.697). These findings mean that TQM was implemented effectively, which in return means that incidents of service failure followed by service recovery is effectively reduced. Empowerment is strongly related to service recovery and this means that empowerment is a necessary issue in recovering service failure. The correlation coefficients for the relationship between the independent variable (i.e., TQM), the mediating variable (i.e., empowerment), and the dependent variable (i.e., service recovery) were less than 0.90, indicating that the data were not affected by serious collinearity problem (Hair, Black, Babin, Anderson, & Tatham, 2010).

4.5 Testing Hypotheses

To test the hypotheses of this research, a multiple regression technique is performed. Multiple regression analysis is a statistical technique that can be used to analyse and measure the relationship between a single dependent variable and several independent variables (Hair, et al., 2010). In other words, this measure provides an idea about how well the independent variable will contribute to the overall prediction. In this research, all the variables are metric and therefore divided into dependent, mediator, and independent. TQM worked as the independent variable, empowerment worked as the mediating variable, and service recovery worked as the dependent variable. Testing hypotheses is presented as follows:

H1: *TQM has a positive and significant effect on service recovery.*

In this study, TQM is proposed to have a positive influence on service recovery. Table 7 shows the statistical results of the regression analysis.

Table 7. Regression Model Statistics Dependent Variable: Service Recovery

Independent	*Dependent*				
	service recovery				
TQM	R	*t*	*p* Value	R^2	*F Ratio*
	.480	8.032	.000	.230	64.513

Source: Own Elaboration

As shown in Table 7, the result of the regression analysis reveals that TQM is a significant predictor of service recovery. Statistically, it can be seen from the above Table that the value between TQM and service recovery is (β = 0.480 and P value <0.01). Finally, the overall model statistic in Table 7, (R^2 = 0.230, p = 0.000), supported the view that TQM has a weak positive influence on service recovery, and therefore TQM leads to low level of service recovery and that means those employees who are working in hotels with TQM implementation had less number of service recovery in their work. Hence, the hypothesis one (H1) is supported.

H2: *Empowerment has a positive and significant effect on service recovery.*

Empowerment is proposed to have a positive influence on service recovery. Table 8 shows the statistical results of the regression analysis.

Table 8. Regression Model Statistics Dependent Variable: Service Recovery

Independent	*Dependent*				
	service recovery				
empowerment	R	*t*	*p* Value	R^2	*F Ratio*
	.697	15.425	.000	.486	237.937

Source: Own Elaboration

As shown in Table 8, the result of the regression analysis reveals that empowerment is a significant predictor of service recovery. Statistically, it can be seen from the above Table that empowerment is highly significant to service recovery. However, the strong influence between empowerment and service recovery (β = 0.697 and p <0.01). Finally, the overall model statistic in Table 8 (R^2 = 0.486, p = 0.000) supported the view that empowerment has a strong positive influence on service recovery, and that means employees who are full empowered had high level of service recovery performance in their work. Hence, the hypothesis two (H2) is supported.

H3: *TQM has a positive and significant effect on empowerment.*

TQM is proposed to have a positive influence on empowerment. Table 9 shows the statistical results of the regression analysis.

Table 9. Regression Model Statistics Dependent Variable: Empowerment

Independent	*Dependent*				
	empowerment				
TQM	R	*t*	*p* Value	R^2	*F Ratio*
	0.598	11.780	0.000	.358	138.768

Source: Own Elaboration

As shown in Table 9, the result of the regression analysis reveals that TQM is a significant predictor of empowerment. Statistically, it can be seen from the above Table that the value between TQM and empowerment is (β = 0.598 and p value <0.01). Finally, the overall model statistic in Table 9, (R^2 = 0.358, p = 0.000), supported the view that TQM has a

moderate positive influence on empowerment, and that means employees perceived more empowerment when TQM was implemented at the work. Hence, the hypothesis three (H3) is supported.

H4: *Empowerment mediates the relationship between TQM and service recovery.*

In order to test this mediating hypothesis, stepwise regression analysis was conducted to assess the magnitude of each independent variable, and to vary the relationship of the mediating variable between independent variables and one dependent variable (Baron & Kenny, 1986; Foster, Stine, & Waterman, 1998). According to Baron and Kenny (1986: 1176), the mediating variable can be considered when it meets three conditions: the independent variable must be correlated with the mediator variable in the first equation, the independent variable must be correlated with the dependent variable in the second equation, and the mediator variable must be correlated with the dependent variable in third equation. If all these conditions have not been violated, then the next step is to put the independent, the mediator and the dependent variables in one regression equation. The perfect mediation effect appears, if the relationship between the independent and the dependent variable disappeared but if the relationship between the independent and the dependent is reduced, then this means that this relationship is partially mediated when the mediator variable is added in the model.

According to the previous results, TQM is proposed to have a significant impact on service recovery through the mediating variable (empowerment). This relationship was tested by a multiple regression analysis, and the results are presented in Table 10.

Table 10. Mediating Test Of Empowerment Between TQM And Service Recovery

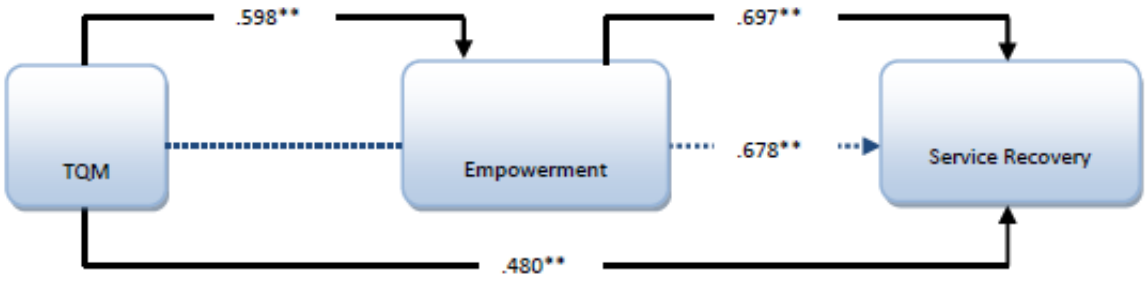
Independent variable	Mediating variable	*Dependent variable service recovery*					
		R	R^2	F	B	*t*	*Sig.*
TQM					.048	.987	*.325*
	empowerment				.697	15.425**	*.000*
Predictors: (Constant), TQM, empowerment		.698	.488	119.443	.678	13.822**	.000

Source: Own Elaboration

Table 10 shows the inclusion of empowerment in the process revealing that the relationship between empowerment and TQM is significantly correlated with service recovery (β =.678, p=0.000). The results also indicated that TQM became non-significant with service recovery (β =.048, p=0.325). The mediating variable (empowerment) had significant impacts on dependent variable (service recovery) when independent variable (TQM) is included in the model. This implies that the inclusion of empowerment in process had explained 48.8 percent of the variance in the dependent variable (i.e., service recovery). Therefore, this result meets the requirements of Baron and Kenny (1986) mediating model testing which states that a previously significant effect of predictor variables (i.e., TQM) is reduced to non-significance or reduced in terms of effect size after the inclusion of mediator variables (i.e., empowerment) into the analysis. Hence, the hypothesis (H4) was fully supported. The result of this study confirms that empowerment does act as a full mediating variable in the relationship between TQM and service recovery in five-star hotels. That means the indirect effects of TQM on service recovery are more higher when empowerment is a full mediator in that relationship, TQM becomes more efficient as a significant predictor of service recovery

through the full mediating variable (empowerment). Figure 2 presents the standardized path coefficients resulting from testing the proposed model.

Figure 2. Hypothesized Model



**Correlation is significant at the 0.01 level (2-tailed)

Source: Own Elaboration

5. DISCUSSION

This study developed an instrument based on an extensive literature review for measuring TQM, empowerment and service recovery performance for the hotel industry. It was empirically tested and validated using data from five-star hotels in Jordan. The TQM instrument consisting of three scales (21 items), service recovery instrument consisting of two scales (14), and empowerment instrument consisting of two scales (17 items) are reliable and valid. This study was the first one that measured the mediating role of empowerment in the relationship between TQM and service recovery in general, and in the hotel industry in particular. The findings provide a support for the effect of empowerment as a full mediator in the relationship between TQM and service recovery. Statistically, the results indicated that empowerment is consider a strong and full mediator in the relationship between TQM and service recovery since TQM had a weak direct effect on service recovery. These results revealed that TQM is significantly and positively correlated with empowerment and service recovery. Hence, successful TQM implementation increases the level of empowerment and service recovery at the end. Moreover, the results showed that empowerment has a significant and positive effect on service recovery. In other words, empowering employees within TQM environment in hotels improves service recovery performance.

Furthermore, this study also revealed that the TQM improves service recovery performance indirectly through empowerment. These results supported the positive arguments that claim TQM can create an appropriate environment for empowerment, which in turns improves the service recovery performance at work. The explanation of the previous findings that service failure was effectively recovering by empowerment in TQM environment. Implementing TQM needs to consider empowerment as a crucial aspect of TQM implementations where increasing employees' empowerment in their jobs may strongly induce positive subsequent personal outcomes (e.g., performance, trust, commitment, satisfaction, competency, and positive moral values). These findings confirmed the results of previous studies that empowerment should be considered as one of the main aspects of TQM when measuring the impacts of TQM on service recovery performance (i.e., Bagozzi, 1992; Rod & Ashill, 2010; Beirami, 2012). This study confirmed that TQM can develop empowerment as found by Howard and Foster (1999). Therefore, these positive outcomes may motivate employees to improve service recovery performance. Also, empowerment is indeed for increasing the

performance of service recovery. Increasing empowerment will lead to a high effectiveness in service recovery performance.

The current findings revealed that TQM had positive effects on service recovery were consistent with previous studies on TQM and service recovery performance (Bagozzi, 1992; Rod & Ashill, 2010; Beirami, 2012, Suk et al., 2013). The study's results were also supported by other previous studies on TQM and service quality. For example, Cheung (2006) found that the implementation of TQM improved service quality in hotels, and TQM had a significant positive relationship with service quality. Claver-Cortes and colleagues (2008) revealed that hotels with a high TQM commitment level had higher levels of performance, and they supported the positive effects of TQM on performance in hotels. Irfan and Kee (2013) confirmed that TQM improves service quality in service organisations. The implementation of TQM can help to reduce the incidents of service failures, and then followed by service recovery. The current study revealed that some aspects of TQM practices as quality training and education, and top management commitment to quality were more related to service recovery than other aspects, and these findings were consistent with previous results (Bagozzi, 1992; Rod & Ashill, 2010; Beirami, 2012; Suk et al., 2013).

It was also found that empowerment improves service recovery performance, these results confirmed the previous studies. For example, Bowne and Lawler (1992) found that empowered employees responded to customer needs more quickly during service recovery. The previous studies introduced evidence that confirmed the effective role of empowerment on service recovery, which indicated a strong positive relationship between empowerment and service recovery (Conger & Kanungo, 1988; Hart et al., 1990; Bowen & Lawler, 1992, 1995; Carson et al., 1998; Enz & Siguaw, 2000; Babakus et al., 2003; Yavas et al., 2003; Yavas et al., 2010; Crawford & Riscinto-Kozub, 2010; Schumacher & Komppula, 2016). Other studies (Tehrani, 1995; Sparks et al., 1997; Carson et al., 1998; Cranage, 2004) revealed that empowered employees tended to be more effective in service recovery than those who are not empowered, and empowered employees have the power to deliver service quality. As a result, this study supported the four hypotheses, and accepted all of them.

5.1 Implications

This study provided the theoretical contributions to knowledge of TQM, empowerment and service recovery in the developing countries. The results indicated that the TQM scale with three dimensions, empowerment with two dimensions, and service recovery scale with two dimensions are valid and reliable among employees working in five-star hotels in Jordan. The study's instrument can be used directly in other studies for different populations. Managers will be able to use this instrument to evaluate the levels of TQM practices and empowerment, and identify service recovery performance in their hotels, as well as researchers will be able to use the study's instrument to develop the theories of TQM, empowerment and service recovery. The positive relationships between TQM, empowerment and service recovery, it could encourage practitioners to measure the impacts of TQM on various service performance measures.

Several practical implications for practitioners in the hotel industry have been presented in this study. Managers can use the current strong evidence that the TQM implementation could improve service recovery performance among hotels when they encourage empowered employees. Implementing TQM is very important for service recovery performance and especially when employees fell they are full empowered. Therefore, in order to achieve more effective impacts of TQM on service recovery performance, which requires empowerment as a crucial mediator. Logically, TQM had strong positive impacts on service quality due to TQM focused on quality as the main matter, but it is the opposite in the case of service recovery

performance that is needed to make up service failure when occurs. Thus, managers need to take in their considerations that TQM can't work well on service recovery performance without empowerment as main mediator.

5.2 Limitations and Future Research

This study has several limitations, for example, data were collected about the level of TQM, empowerment and service recovery based on employees' perspectives, but employees may not able to assess the current levels of TQM implementation correctly as the managers can do. Also, some respondents from the same hotel might have different perspectives of TQM, empowerment and service recovery. A future study can be conducted in the relationships between the CSFs of TQM and service recovery, and the relationships between each construct of TQM and various performance measures. Moreover, future research could include empowerment approach and its two dimensions; structural and psychological empowerment as a mediating variables between TQM and service recovery.

6. CONCLUSION

In conclusion, to date, there is no a study investigating the mediating role of empowerment on the relationship between TQM and service recovery in the hotel industry. A small number of studies has focused on the relationship between TQM and service quality rather than service recovery. The current study revealed that TQM has positive relationships with empowerment and service recovery, it was also found the full mediating effect of empowerment in the relationship between TQM and service recovery performance. The majority of the relevant literature supports the view that TQM has a positive relationship with service recovery. However, the results of this study highlights the importance of implementing TQM in the hotel industry by revealing the positive impacts of TQM practices on empowerment and service recovery. This study also confirms that empowerment does act as a full mediator in the relationship between TQM and service recovery. These findings bridged the gaps in the literature about the mediating role of empowerment in the relationship between the TQM and service recovery. Consequently, this study confirmed the positive arguments that a positive relationship between TQM and service recovery is based on TQM implementation that providing a suitable environment for service recovery through empowerment. Additionally, the current study was the first study that explored the mediating role of empowerment in the relationship between TQM and service recovery in hotels in general, in Jordanian five-star hotels in particular. Finally, the study's objectives have been achieved by finding a moderate relationship between TQM and service recovery, and a strong relationship between empowerment and service recovery. It was also found that empowerment plays as a full mediator in the relationship between TQM and service recovery, and that means empowered employees in the TQM environment tended to be more effective in service recovery performance than those who are not empowered.

REFERENCES

Ahire, S. L., Golhar, D. Y., & Waller, M. A. (1996). Development and validation of TQM implementation constructs. *Decision Sciences*, 27(1), 23-56.

Al-Ababneh, M. (2011). *An exploration of the effect of total quality management implementation on organisational creativity in Jordanian resort hotels*, Unpublished PhD thesis, University of Surrey.

Albus, H. & Ro, H. (2017). Corporate social responsibility the effect of green practices in a service recovery. *Journal of Hospitality& Tourism Research*. 41(1), 41-65.

Antony, J., Leung, K., Knowles, G., & Gosh, S. (2002). Critical success factors of TQM implementation in Hong Kong industries. *International Journal of Quality and Reliability Management*, 19(5), 551-566.

Al-Sabi, S. (2011). *The effect of empowerment on the service recovery performance of front office agents in five star hotels in Jordan*, Unpublished PhD thesis, University of Surrey.

Babakus, E., Yavas, U., Karatepe, O. M., & Avci. T. (2003). The effect of management commitment to service quality on employees' affective and performance outcomes. *Journal of the Academy of Marketing Science*, 31(3), 272-286.

Bagozzi, R. P. (1992). The self-regulation of attitudes, intentions, and behavior. *Social Psychology Quarterly,* 55(2), 178-204.

Baron, R. M. & Kenny, D. A (1986). This moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology,* 51(6), 1173-1182.

Beirami, E. (2012). *Total quality management commitment to service recovery performance: An empirical study of front-line hotel employees in the USA,* Unpublished Master Dissertation, Eastern Mediterranean University.

Bell, C. & Zemke, R. E. (1987). Service breakdown: The road to recovery. *Management Review,* 76(10), 32-35.

Bitner, M. (1990). Evaluating service encounters: The effects of physical surroundings and employee responses. *Journal of Marketing,* 54(April), 69-82.

Bitner, M. J., Booms, B. H., & Tetreault, M. S. (1990). The service encounter: Diagnosing favourable and unfavourable incidents. *Journal of Marketing,* 54(1), 71-84.

Blanchard, K. H. Carlos, J. P., & Randolph, W. A. (1999). *The 3 Keys to Empowerment*. San Francisco: Berrett-Koehler Publishers.

Boon, O. K., Arumugam, V., Safa, M. S., & Abu Bakar, N. (2007). HRM and TQM: Association with job involvement. *Personnel Review*, 36(6), 939-962.

Boshoff, C. (1997). An experimental study of service recovery options. *International Journal of Service Industry Management*, 8(2), 110-130.

Boshoff, C. (1999). Recovsat: An instrument to measure satisfaction with transaction-specific service recovery. *Journal of Service Research,* 1(3), 236-249.

Boshoff C. & Allen J. (2000). The influence of selected antecedents on frontline staff's perceptions of service recovery performance. *International Journal of Service Industry Management,* 11(1), 63-90.

Bowen, D. E. & Johnston, R. (1999). Internal service recovery: Developing a new construct. *International Journal of Service Industry Management,* 10(2), 118-131.

Bowen, D. E. & Lawler, E. E. (1992). The empowerment of service workers: What, why, how, and when. *Sloan Management Review,* 33(3), 31-39.

Bowen, D. E. & Lawler, E. E. (1995). Empowering service employees. S*loan Management Review,* 36, 73-84.

Breiter, D. & Kline, S. F. (1995). Benchmarking quality management in hotels. *FIU Hospitality Review,* 13(2), 45-52.

Camison, C., Flor, M., Cruz, S., & Kuster, I. (1996). Quality practices and perceptions of valencian hospitality enterprises: An empirical analysis. *International Journal of Quality and Reliability Management,* 13(7), 79-92.

Carson, P. P., Carson, K. D., Eden, W. & Roe, C. W. (1998). Does empowerment translate into action? An examination of service recovery initiatives. *Journal of Quality Management,* 3(1), 133-148.

Cheung, C. (2006). *The impact of employees' behaviour and the implementation of total quality management on service quality: A case study in the hotel industry*, Unpublished PhD Thesis, University of Strathclyde.

Cho, J., Laschinger, H. K. S., & Wong, C. (2006). Workplace empowerment, work engagement and organizational commitment of new graduate nurses. *Nursing Leadership,* 19(3), 43-60.

Claver, E., Tari, J. J., & Molina, J. F. (2003). Critical factors and results of quality management: An empirical study. *Total Quality Management,* 14(1), 91-118.

Claver-Cortes, E., Pereira-Moliner, J., Tari, J. J., & Molina-Azorin, J. F. (2008). TQM, managerial factors and performance in the Spanish hotel industry. *Industrial Management and Data Systems,* 108(2), 228-244.

Cranage, D. A. (2004). Conservative choice, service failure, and customer loyalty: Testing the limits of informed choice. *Journal of Hospitality and Tourism Research,* 28(3), 327-345.

Cranage, D. A., Sujan, H., & Godbey, G. (2005). Sharing the responsibility for service failure with customers: The effects of informed choice and outcome foreseeability on customer loyalty and exit. *Journal of Hospitality and Leisure Marketing,* 13(3/4), 207-239.

Crawford, A. & Riscinto-Kozub, K. (2010). The role of the employee: An exploratory study in service recovery satisfaction in the luxury resort industry. *Journal of Tourism Insights,* 1(1), 35-44.

Conger, J. A. & Kanungo, R. N. (1988). The empowerment process: Integrating theory and practice. *Academy of Management Review,* 13(July), 471-482.

Delbridge, R., Turnbull, P. & Wilkinson, B. (1992). Pushing back the frontiers: Management control and work intensification under JIT/TQM factory regimes. *New Technology, Work and Employment,* 7(2), 97-106.

Dubey, R. (2015). An insight on soft TQM practices and their impact on cement manufacturing firm's performance: does size of the cement manufacturing firm matter?. *Business Process Management Journal,* 21, 2-24.

Duffy, J. M., Miller, J. M. & Bexley, J.B. (2006). Banking customers' varied reactions to service recovery strategies. *International Journal of Bank Marketing,* 24(2), 112-132.

Dutta, K., Venkatesh, U. & Parsa, H. G. (2007). Service failure and recovery strategies in the restaurant. *International Journal of contemporary Hospitality Management,* 19(5), 351-363.

Enz, C. & Siguaw, J. (2000). Best practices in service quality. *Cornell Hotel and Restaurant Quarterly,* 41(5), 20-29.

Foster, D. P., Stine, B. & Waterman, R. (1998). *Business Analysis Using Regression: A Casebook*. Springer-Verlag.

Eriksson, H. & Hansson, J. (2003). The impact of TQM on financial performance. *Measuring Business Excellence,* 7(1), 36-50.

Erstad, M. (1997). Empowerment and organizational change. *International Journal of Contemporary Hospitality Management,* 9(7), 325-333.

Eylon, D. & Bamberger, P. (2000). Empowerment cognitions and empowerment acts: Recognise the importance of gender. *Group and Organization Management,* 25(4), 354-372.

Flynn, B. B., Schroeder, R. G. & Sakakibara, S. A. (1994). Framework for quality management research and associated measurement instrument. *Journal of Operations Management,* 11(4), 339-366.

Ginnodo, B. (1997). *The Power of Empowerment*. Arlington heights, Illinois: Pride Publications, Inc.

Goetsch, D. L. & Davis, S. B. (2006). *Quality Management: Introduction to Total Quality Management for Production, Processing, and Services*, 5th ed. New Jersey: Prentice Hall.

Goh, P. L. & Ridgway, K. (1994). The implementation of total quality management in small and medium-sized manufacturing companies. *The TQM Magazine,* 6(2), 54-60.

Grant, R. M., Shani, R., & Krishnan, R. (1994). TQM's challenge to management theory and practice. *Sloan Management Review,* 35(2), 25-35.

Greasley, K., Bryman, A., Dainty, A., Price, A., Naismith, N., & Soetanto, R. (2008). Understanding empowerment from an employee perspective: What does it mean and do they want it?. *Team Performance Management,* 14(1/2), 39-55.

Grönroos, C. (1988). Service quality: The six criteria of good perceived service quality. *Review of Business,* 9(Winter), 10-13.

Hair, J. F. Jr., Black, W. C., Babin, B.J., Anderson, R. E., & Tatham, R. L. (2010). *Multivariate Data Analysis*. New Jersey: Prentice-Hall.

Hall, S. S. (1990). *Quality Assurance In The Hospitality Industry*. Milwaukee: Quality Press.

Hart, C. W. L., Heskett, J. L., & Sasser Jr., W. E. (1990). The profitable art of service recovery. *Harvard Business Review,* 68(4), 148-156.

Hayes, B. E. (1994). How to measure empowerment. *Quality Progress,* 27(2), 41-46.

Hellsten, U. & Klefsjo, B. (2000). TQM as a management system consisting of values, techniques and tools. *The TQM Magazine,* 12(4), 238-244.

Ho, D. C. K., Duffy, V. G., & Shih, H. M. (1999). An empirical analysis of effective TQM implementation in the Hong Kong electronics manufacturing industry. *Human Factors and Ergonomics in Manufacturing,* 9(1), 1-25.

Hon, A. H. Y. & Chan, W. W. H. (2012). Team creative performance: The roles of empowering leadership, creative-related motivation, and task interdependence. *Cornell Hospitality Quarterly,* 54(2), 199-210.

Howard, L. W. & Foster, S. T. (1999). The influence of human resource practices on empowerment and employee perceptions of management commitment to quality. *Journal of Quality Management,* 4(1), 5-22.

Irfan, S.M. and Kee, D.M.H. (2013). Critical success factors of TQM and its impact on increased service quality: A case from service sector of Pakistan. Middle-East Journal of Scientific Research. 15(1): 61-74.

Irfan, S. M., Ijaz, A., Kee, D. M. H., & Awan, M. (2012). Improving operational performance of in practice to excel and progress towards achieving public hospital in Pakistan: A TQM based business excellence. *World Applied Sciences Journal,* 19(6), 904-913.

Johnston, R. & Fern, A. (1999). Service recovery strategies for single and double deviation scenarios. *The Service Industries Journal,* 19(2), 69-82.

Johnston, R. & Michel, S. (2008). Three outcomes of service recovery. *International Journal of Operations and Production Management,* 28(1), 79-99.

Joiner, T. A. (2007). Total quality management and performance: the role of organization support and co-worker support. *International Journal of Quality & Reliability Management,* 24(6), 617-627.

Juran, J. M. (1989). *Juran on Leadership for Quality*. New York: The Free Press.

Kanter, R. M. (1983). Frontiers for strategic human resource planning and management. *Human Resource Management,* 22(1/2), 9-21.

Karia, N. & Asaari, M. H. A. H. (2006). The effects of total quality management practices on employees' work-related attitudes. *The TQM Magazine,* 18(1), 30-43.

Kashyap, R. (2001). The effects of service guarantees on external and internal markets. *Academy of Marketing Science Review,* 10, 1-19.

Kaynak, H. (2003). The relationship between total quality management practices and their effects on firm performance. *Journal of Operations Management,* 21, 405-435.

Kaynak, H. (2006). Measuring organisational effectiveness and business performance in firms implementing total quality management. *International Journal of Manufacturing Technology and Management,* 8(4), 355-381.

Kelley, S. W., Hoffman, K. D. &, Davis, M. A. (1993). A typology of retail failures and recoveries. *Journal of Retailing,* 69(4), 429-452.

Klidas, A. K. (2001). *Employee empowerment in the European hotel industry: Meaning, process and culture relativity*, Thela Thesis, Rozengracht 176A, 1016 NK, Amsterdam.

Kruja, D., Ha, H., Drishti, E., & Oelfke, T. (2016). Empowerment in the hospitality industry in the United States. *Journal of Hospitality Marketing & Management*, 25(1), 25-48.

Lashley, C. (1995). Towards an understanding of employee empowerment in hospitality services. *International Journal of Contemporary Hospitality Management,* 7(1), 27-33.

Lashley, C. (2001). *Empowerment HR Strategies for Service Excellent*, Elsevier Butterworth Heinemann. Jordan Hill, Oxford: Linacre House.

Lee, M. & Koh, J. (2001). Is empowerment really a new concept?. *The International Journal of Human Resource Management,* 12(4), 684-695.

Lewis, B. R. & McCann, P. (2004). Service failure and recovery: Evidence from the hotel industry. *International Journal of contemporary Hospitality Management,* 16(1), 6-17.

Lin, W. B. (2009). Service recovery model: the integrated view. *The Service Industries Journal,* 29(5), 669-691.

Magnini, V. P. & Ford, J. B. (2004). Service failure recovery in china. *International Journal of Contemporary Hospitality Management,* 16(5), 279-286.

Maxham III, J. G. (2001). Service recovery's influence on consumer satisfaction, positive word-of-mouth, and purchase intentions. *Journal of Business Research,* 54(1), 11-24.

Mendes, L. (2012). Employees' involvement and quality improvement in manufacturing small and medium enterprise (SME): A comparative analysis. *African Journal of Business Management,* 6(23), 6980-6996.

Miller, J. L., Craighead, C. W., & Karwan, K. R. (2000). Service recovery: A framework and empirical investigation. *Journal of Operations Management,* 18(4), 387- 400.

Mohsen, M. A. M. S. (2009). *The introduction of a total quality management culture in hotels*. Unpublished PhD Thesis, University of Wales Institute.

Motwani, J. (2001). Measuring critical factors of TQM. *Measuring Business Excellence,* 5(2), 27-30.

Motwani, J. G., Mahmoud, E. & Rice, G. (1994). Quality practices of Indian organizations: An empirical analysis. *International Journal of Quality and Reliability Management,* 11(1), 38-52.

Oakland, J. S. (2003). *Total Quality Management: Text with Cases*, 3rd ed. Oxford: Elsevier Butterworth-Heinemann.

Parker, M. & Slaughter, J. (1993). Should the labour movement buy TQM?. *Journal of Organisational Change Management,* 6(4), 43-56.

Pavlic, I., Vrdoljak Raguž, I., & Svilikos, T. (2004). The importance of total quality management in hospitality: The case of Croatia. *Proceeding of the 9th international conference on travel trade, regional development and education* (133-139). University of South Bohemia.

Prajogo, D. I. & McDermott, C. M. (2005). The relationship between TQM practices and organisational culture. *International Journal of Operations and Production Management,* 25(11), 1101-1122.

Randolph, W. A. (1995). Navigating the journey to empowerment. *Organizational Dynamics,* 23(4), 19-32.

Randolph, W. A. (2000). Re-thinking empowerment: Why is it so hard to achieve?. *Organizational Dynamics,* 29(2), 94-107.

Rod, M. & Ashill, N. J. (2010). Management commitment to service quality and service recovery performance: A study of frontline employees in public and private hospitals. *International Journal of Pharmaceutical and Healthcare Marketing,* 4(1), 84-103.

Sadikoglu, E. & Zehir, C. (2010). Investigating the effects of innovation and employee performance on the relationship between total quality management practices and firm performance: An empirical study of Turkish firms. *International Journal of Production Economics,* 127(1), 13-26.

Samson, D. & Terziovski, M. (1999). The relationship between total quality management practices and operational performance. *Journal of Operations Management,* 17, 393-409.

Saraph, J. V., Benson, P. G., & Schroeder, R. G. (1989). An instrument for measuring the critical factors of quality management. *Decision Sciences,* 20(4), 810-829.

Sashkin, M. (1984). Participative management is an ethical imperative. *Organizational Dynamics,* 12(4), 5-22.

Schlessinger, L. A. & Heskett, J. L. (1991). Breaking the cycle of failure in services. *Sloan Management Review,* 23(3), 17-28.

Seawright, K. K., DeTienne, K. B. Bernhisel, M. P., & Larson, C. L. (2008). An empirical examination of service recovery design. *Marketing Intelligence and Planning,* 26(3), 253-274.

Shahbazipour, M. (2007). *A feasibility study of the total quality management in hospitality industry with a case study in Esfahan hotels*, Unpublished MSc dissertation, Lulea University of Technology.

Schumacher, S. & Komppula, R. (2016). A case study on service recovery: Frontline employees' perspectives and the role of empowerment. *European Journal of Tourism, Hospitality and Recreation,* 7(2), 117-127.

Sila, I. (2005). The influence of contextual variables on TQM practices and TQM organizational performance relationships. *The Business Review,* 4(1), 204-210.

Sila, I. (2007). Examining the effects of contextual factors on TQM and performance through the lens of organisational theories: An empirical study. *Journal of Operations Management,* 25(1), 83-109.

Sparks, B. A. (2001). Managing service failure through recovery. In Kanadampully, J., Mok, C. & Sparks B. A. (Eds.), *Service Quality Management in Hospitality Tourism and Leisure* (193-221). The Haworth Hospitality press, an imprint of The Haworth Press, Inc.

Sparks, B. A., Bradley, G. L., & Callan, V. J. (1997). The impact of staff empowerment and communication style on customer evaluations: The special case of service failure. *Psychology and Marketing,* 14(5), 475-493.

Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement and validation. *Academy of Management Journal,* 38(5), 1442-1465.

Spreitzer, G. M. (1996). Social structural characteristics of psychological empowerment. *Academy of Management Journal,* 39(2), 483-504.

Spreitzer, G. M., Kizilos, M. A., & Nason, S. W. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness satisfaction, and strain. *Journal of Management,* 23(5), 679-704.

Suk, J. B., Chung, S. H. & Choi, K. (2013). TQM factors and their impact on service recovery and service performance-in restaurant settings. *Journal of the Korean Society for Quality Management,* 41(1), 95-108.

Tax, S. S. & Brown, S. W. (1998). Recovering and learning from service failure. *MIT Sloan Management Review,* 40(1), 75-88.

Thiagaragan, T., Zairi, M. & Dale, B. G. (2001). A proposed model of TQM implementation based on an empirical study of Malaysian industry. *International Journal of Quality and Reliability Management,* 18(3), 289-306.

Thiagarajan, T. & Zairi, M. (1998). An empirical analysis of critical factors of TQM: A proposed tool for self assessment and benchmarking purposes. B*enchmarking for Quality Management and Technology,* 5(4), 291-303.

Thomas, K. W. & Velthouse, B. A. (1990). Cognitive elements of empowerment: An 'interpretive' model of intrinsic task motivation. *Academy of Management Review,* 15(4), 666-681.

Talib, F. & Rahman, Z. (2010). Critical success factors of TQM in service organizations: A proposed model. *Service Marketing Quarterly,* 31(3), 363-380.

Tari, J. J. (2005). Research and concepts: Components of successful total quality management. *The TQM Magazine,* 17(2), 182-194.

Tehrani, N. (1995). Loyalty marketing, because companies live or die by repeat business. *Telemarketing,* 41(5), 2-6.

Tsang, J. H. Y. & Antony, J. (2001). Total quality management in UK service organisations: Some key findings from a survey. *Managing Service Quality,* 11(2), 132-141.

Yavas, U., Karatepe, O. M., Avci, T., & Tekinkus, M. (2003). Antecedents and outcomes of service recovery performance: An empirical study of frontline employees in Turkish banks. *International Journal of Bank Marketing,* 21(5), 255-265.

Yoo, J. J., Shin, S. & Yang, I. (2006). Key attributes of internal service recovery strategies as perceived by front line food service employees. *Hospitality Management,* 25(3), 496-509.

Yusof, S. M. & Aspinwall, E. (2000). A conceptual framework for TQM implementation for SMEs. *The TQM Magazine,* 12(1), 31-36.

Vouzas, F. & Psychogios, A. G. (2007). Assessing managers' awareness of TQM. *The TQM Magazine,* 19(1), 62-75.

Walker, J. R. & Salameh, T. T. (1990). The QA payoff. *Cornell Hotel and Restaurant Administration Quarterly,* 30(4), 57-59.

Walsh, A., Hughes, H. & Maddox, D. P. (2002). Total quality management continuous improvement: Is the philosophy a reality?. *Journal of European Industrial Training,* 26(6), 299-307.

Wang, C. H., Chen, K. Y. & Chen, S. C. (2012). Total quality management, market orientation and hotel performance: The moderating effects of external environmental factors. *International Journal of Hospitality Management,* 31(1), 119-129.

Wilkinson, A., Godfrey, G. & Marchington, M. (1997). Bouquets, brickbats and blinkers: Total quality management and employee involvement in practice. *Organisation Studies,* 18(5), 799-819.

Wong, J., Newton, J. D., & Newton, F. J. (2016). Powerlessness following service failure and its implications for service recovery. *Marketing Letters,* 27(1), 63-75.

Zimmerman, M. A. (1990). Taking aim on empowerment research: On the distinction between individual and psychological conceptions. *American Journal of Community Psychology,* 18(1), 169-177.

Zhang, Z., Waszink, A. & Wijngaard, J. (2000). An instrument for measuring TQM implementation for Chinese manufacturing companies. *International Journal of Quality and Reliability Management,* 17(7), 730-755.

Yavas, U., Karatepe, O. M. & Babakus, E. (2010). Relative efficacy of organizational support and personality traits in predicting service recovery and job performances: A study of frontline employees in Turkey. *Tourism Review,* 65(3), 70-83.