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To cite this article: Wen-Jung Chang, Shu-Hsien Liao, Yu-Chun Chung & Hung-Pin Chen (2020) Service quality, experiential value and repurchase intention for medical cosmetology clinic: moderating effect of Generation, Total Quality Management & Business Excellence, 31:9-10, 1077-1097, DOI: [10.1080/14783363.2018.1463156](https://doi.org/10.1080/14783363.2018.1463156)

To link to this article: <https://doi.org/10.1080/14783363.2018.1463156>



Published online: 17 Apr 2018.



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Service quality, experiential value and repurchase intention for medical cosmetology clinic: moderating effect of Generation

Wen-Jung Chang^{a*}, Shu-Hsien Liao^b, Yu-Chun Chung^c and Hung-Pin Chen^b

^aDepartment of Leisure Business Management, Hungkuo Delin University of Technology, New Taipei City, Taiwan; ^bDepartment of Management Sciences, Tamkang University, New Taipei City, Taiwan; ^cDepartment of Food and Beverage Management, Jinwen University of Science and Technology, New Taipei City, Taiwan

Love of beauty is human's nature. The term anti-ageing has undoubtedly become the main stream of healthcare in the twenty-first century. However, the ultimate pursuit of medical cosmetology services/or procedures among Generations seems different. Different from consumer goods, medical cosmetic is a product of high involvement, risky invasive medical behaviour and professional skills. Therefore, lots of consumers would intuitively prefer a medical cosmetology clinic with its fine service quality, brand image or word-of-mouth. To any service firm, a long-term profitability is usually resulted from customer's repurchase intention and experiential value is likely to produce repurchase intention. Based on 350 valid respondents from a sample clinic in Chu-Li City, this paper aims to explore the relationships among service quality, experiential value and repurchase intention with an adoption of structural equation model. The empirical findings show that service quality and experiential value both positively impact repurchase intention. Besides, there is only partial moderating effect of Generation on the relationships among service quality, experiential value and repurchase intention.

Keywords: service quality; experiential value; repurchase intention; generation; medical cosmetology

1. Introduction

Love of beauty is human's nature. The dream in pursuit of beauty and youth never ends. The term anti-ageing has undoubtedly become the main stream of healthcare in the twenty-first century. Accompanied with great improvements of people's living and the increases of their economic capability, more and more people have gradually begun to care about their outer beauty rather than the daily necessities they needed. Because the beauty can let them be easily accepted by others and get highly appreciation from others, thereby strengthening self-confidence. In short, they all believe good-looking ones will have the advantage over those who aren't. Various medical cosmetic procedures (e.g. breast, double eyelid or nose) mostly restricted to the needs of consumers and budget (i. e. expense). According to Wang (2014), demographic variables (e.g. gender, age and educational background) may cause significant differences in the choice of medical cosmetic procedures, such as traditional facial treading, cosmetic products and modern medical cosmetology to make people look better or retain their youthful looks.

Providing a high service quality performance is critical in today's competitive business environment as it may be a source of competitive advantage (Boshoff & du Plessis, 2009). Undoubtedly, the trend of consumption is now shifting from commodities, goods and

*Corresponding author. Email: rickrong@gmail.com

services to experiences (Schmitt, 1999). Schmitt, Brakus, and Zarantonello (2015) suggested that experiences cannot be bought and they can occur after the purchase process as well. In service fields, experiences arise when a consumer interacts with atmospheric variables and personnel of service organisations (Brakus, Schmitt, & Zarantonello, 2009). The medical cosmetology is not only an experience-attributed product, but mostly executed by consumer's free will. Therefore, these institutes of medical cosmetology attach great importance to the consumer's overall medical experiences from the service processes. Barber and Venkatraman (1986) suggested that the higher involvement, the more active and extreme the post-purchase evaluations. As medicine cosmetology surgery can be treated as a product with high involvement and an experience-attributed one also, it is reasonably to believe that consumer's experience in medicine cosmetic clinic will lead to his/her final post-purchase behaviour.

Not every Generation is alike, nor should they be treated by marketers in the same way (Williams & Page, 2011). Among numerous contexts, the Generation effects on values, preferences and behaviour have already been proven (Weston, 2006; Parment, 2011). In the field of personal health, Cortina-Mercado (2015) suggested that the Baby Boomers and the Gen Xers (early 1980s–early 2000s)¹ would evaluate almost all of the informational elements on its packages, compared to the Gen Yers (early 1960s–early 1980s) who show they did not care any informational aspects on them. In short, no matter from where an informational context of medical cosmetology product released (e.g. TV, newspaper, magazine, brochure or LED board), Gen Xers concern more the functional benefit rather than emotional benefit in medical cosmetology products by contrast to the Gen Yers.

There are four key motivations in this study, for example, (1) marketability: the increasing demands of medical cosmetology during these decades; (2) human nature: love of beauty is human's nature; (3) high involvement/risky: the overall medical cosmetology clinic service is composed of a series of service encounters and (4) extension: most of past studies focused on chemistry, dermatology, pharmaceuticals and biomedical engineering rather than those of consumer behaviour and marketing management. The main contribution of this paper is to introduce the moderating effect of Generation into the measurement model, while the overall appraisals and actual needs of the beauty among Generations were different. Most importantly, this study has extended the research scope of medical cosmetology from medicine perspective to business perspective. Finally, this paper ended with some discussions, implications, suggestions and conclusions.

2. Literature review

2.1. Service quality

One of the most important factors affecting the consumer's choice of store is service quality (Swoboda, Haelsig, Morschett, & Schramm-Klein, 2007). Parasuraman, Zeithaml, and Berry (1985) defined service quality as the global evaluation or attitude of overall excellence of services. Backhaus, Bröker, Brüne, Reichle, and Wilken (2011) point out that service quality acts as a link between service inputs used by the service provider and some financial performance measure that relate to service sales. In fact, the service quality of each service encounters will lead to the final performance of consumer's attitude, preference, satisfaction, loyalty and repurchase intention. Though there still has a debate on the applicability of SERVQUAL scale among different service industries (e.g. Adil, Al Ghaswyneh, & Albkour, 2013; Salvador-Ferrer, 2017), it is no doubt that SERVQUAL scale is still widely used with more or less subjective modification. For example, banking (e.g. Zalatar, 2012), airline (e.g. Gilbert & Wong, 2003), tourism (e.g. Akbaba,

2006), public sector (e.g. Ramseook-Munhurrun, Lukea-Bhiwajee, & Naidoo, 2010) and higher education (e.g. Salvador-Ferrer, 2017). Therefore, service quality of medical cosmetology here can be adjusted to SERVQUAL categories. As to its dimensions, Lewis (1993) classified service quality into three dimensions: technical, functional and corporate. Parasuraman, Zeithaml, and Berry (1988) derived five dimensions of service quality: responsiveness, assurance, tangibles, empathy and reliability. Sureshchandar, Rajendran, and Anantharaman (2002) suggested that there are five dimensions critical from the customers' perspectives, including core service/service product, human element of service delivery, systematisation of service delivery, servicescapes and social responsibility.

2.2. *Experiential value*

Vargo and Lusch (2004) suggested that experience and value are perceived purely from the view of an individual and is inherently personal, existing only in the customer's mind. Thus, no two people can have the same experience (Johnston & Kong, 2011). Experiential value is based on interactions involving either direct usage or distanced appreciation of goods/or services (Mathwick, Malhotra, & Rigdon, 2001). Experiential value is seen as a customer's perception based upon interactions involving either direct usage or distanced appreciation of goods and services (Mathwick et al., 2001). Experiential value refers to a multi-dimensional construct. For instance, Yuan and Wu (2008) suggested that experiential value is composed of functional and emotional features. Mathwick et al. (2001) named the four dimensions of experiential value: consumers return on investment, service excellence, playfulness and aesthetics. Holbrook (1994) suggested a value landscape divided into four dimensions including consumer return on investment, service excellence, playfulness and aesthetic appeals. Mathwick et al. (2001) devised a measurement scale of experiential value, including consumer's return on investment, service excellence, escapism and aesthetic appeal.

2.3. *Repurchase intention*

Repurchase intention is the degree to which customers are willing to purchase the same product/or service and it is a simple, objective and observable predictor of future buying behaviour (Jones & Taylor, 2007; Lin & Liang, 2011). Repurchase intention refers to the probability or willingness of consumers who already completed an initial purchase and continues to use and buy from same website or firm at a later time under consideration of present and possible situations (Kuan, Bock, & Vathanophas, 2008). Chaudhuri and Holbrook (2001) defined repurchase intention as loyalty to commercial brand that is classified into two sections: behavioural dimension and tendency dimension. Repurchase intention, on the other hand, from customer view, may be the result of customer attitude and commitment towards repurchasing a particular product (Samand, 2014).

2.4. *Generation effects*

Each Generation has its unique expectations, experiences, generational history, lifestyles, values and demographics influencing their buying behaviours (Williams & Page, 2011). Among extant literature, the issues of generation effects on consumer behaviour are popularly seen, for example, generational shifts in tourist behaviour would facilitate effective prediction and accommodation of future tourism trends (Gardiner, Grace, & King, 2014) in which significant differences and some similarities in tourist behaviours among

Generations (Huang & Lu, 2017). Twenge (2010) found that Generation Y was more satisfied than other Generations. Park and Gursoy (2012) argued that the Millennials was a more distinct cohort from Gen Xers and Baby Boomers with regard to the influence of work engagement on job satisfaction and turnover intention.

2.5. Research hypotheses

2.5.1. Service quality and experiential value

Most of empirical studies have shown that service quality will positively influence perceived value (e.g. Lien, Wen, & Wu, 2011; Wu, Li, & Li, 2017; Lee, 2016). Different individuals usually have wide ranges of perception toward service quality, depending on their preferences and roles in process (Tsaur, Chang, & Yen, 2002). A survey on KFC, Datta and Vasantha (2013) found that there is association between the service quality and experiential value. Collected data from resort hotel visitors, Chuang, Lee, and Li (2013) claimed that marketers should reinforce their service quality, so that to promote perceived values in the resort hotel industry. Similarly, Raza, Siddiquei, Awan, and Bukhari (2012) argued that there was a highly significant and strong relationship between service quality and experiential value. In context of medical cosmetology, Sun (2008) suggested that service quality is an important factor in creating customer satisfaction, providing customer value, and gaining customer loyalty. Therefore, this study proposes

H1: Service quality has a significant positive impact on experiential value.

2.5.2. Experiential value and repurchase intention

The stimulus–organism–response (S–O–R) model proposed by Mehrabian and Russell (1974) demonstrated that environmental stimuli would influence external behaviours through internal assessment. When a consumer obtains the value that he/she wants, he/she tends to express positive responses such as positive attitude, satisfaction, and higher repurchase intention (Li, 2015, p. 21). Experience or more specifically consumption experience can be defined as the total outcome to the customer from the combination of environment, goods and services purchased (Lewis, 2000, p. 46). Keng, Huang, and Zheng (2007) analysed the shopping mall industry to demonstrate how experiential value affects post-purchase behaviour. In recent years, managing the customer experience has gained much attention from marketers and researchers, because of the important role it plays toward satisfying customers, creating a loyal customer base, and, thus, achieving a sustainable competitive advantage (Berry, Carbone, & Haeckel, 2002; Berry, Wall, & Carbone, 2006; Pine & Gilmore, 1998; Verhoef et al., 2009). Therefore, this study proposes

H2: Experiential value has a significant positive impact on repurchase intention.

2.5.3. Service quality and repurchase intention

Service quality has been widely seen as critical influences in the formation of consumers' purchase intentions in service environments (Taylor & Baker, 1994). Many organisations with superior service quality have been found to be market leaders in terms of sales and long-term customer loyalty and retention (Anderson & Sullivan, 1993; Eklöf & Westlund, 2002). Based on a developed service sector model, Hellier, Geursen, Carr, and Rickard (2003) found that there were seven key factors influencing repurchase intention, including service quality, equity and value, customer satisfaction, past loyalty, expected switching cost and brand preference. From this, it is evident that there is a close relationship between service

quality and repurchase intention. Wu, Chang-Liao, and Tsai (2012) also found that service quality has positive impact on repurchase intention. Therefore, this study proposes

H3: Service quality has a significant positive impact on repurchase intention.

2.5.4. *Moderating effect of Generation*

According to Smith and Clurman (1997), the Generations are grouped because of their unique shared experiences. There really has a high level of homogeneity in certain traits in a specific age cohort whereas there have distinct differences in cross-age cohorts comparisons. Compared with their predecessors (i.e. Baby Boomers and Gen Xers), Gen Yers are more likely to be involved in compulsive and impulse buying (Rosenburg, 2008), constant exposure to the changing images (Boiarsky, 2001) and factual truth in marketing campaigns (Neuborne & Kerwin, 1999), while Gen Xers prefer products affordable and practical.² On the other hand, Kueh and Voon (2007) found that Gen Yers prefer to have high expectations of service quality. Petzer and De Meyer (2011) suggested that the young Gen Yers perceive the level of service quality and service satisfaction from these providers as significantly lower than other Generations. Twenge (2010) found that Generation Y was more satisfied than other Generations. Moreover, Gen Yers are less brand loyalty and is much more flexible than Gen Xers. Therefore, this study proposes

H4: The Generation effect will moderate the relationship among service quality, experiential value and repurchase intention.

3. Methodology

3.1. *Research framework*

Though this framework is not new and has already evidently validated in extant literature, there still has a debate on the impact of service quality on post-purchase behaviour (e.g. Wu, 2011; Ercis, Unal, Candan, & Yildirim, 2012) whereas most studies have strongly supported experiential value is antecedent of post-purchase behaviour (e.g. Lin & Chiang, 2010; Raza et al., 2012). Therefore, it is necessary to test the following three hypotheses to validate the role of service quality in the context of experiential value and post-purchase behaviour. This study not only aims to explore the relationships among service quality, experiential value and repurchase intention, but also examines the moderating effect of age cohorts on our measurement model. Based on literature review described in previous section, the research framework is drawn as [Figure 1](#).

3.2. *Operational definitions and measures*

A 5-point Likert scale (1 = totally disagree, 5 = totally agree) was used to measure the constructs. Based on the concept of Parasuraman et al. (1988), we modified SERVQUAL scale and identified service quality into 5 categories with 31 items. Based on Mathwick et al. (2001), we defined experiential value as customers' perceptions of products/services through direct use or indirect observation. Then we adopted the experiential value measurement scale of Sweeney and Soutar (2001), there are 3 dimensions with 15 items. As to repurchase intention, this paper adopted the concept of Hellier et al. (2003), defined repurchase intention as the individual's judgment about buying again a designated service from the same firm, taking into account his or her current situation and likely circumstances. The instrument of repurchase intention was adapted from Gronholdt, Martensen, and Kristensen (2000) with single dimension and four items.

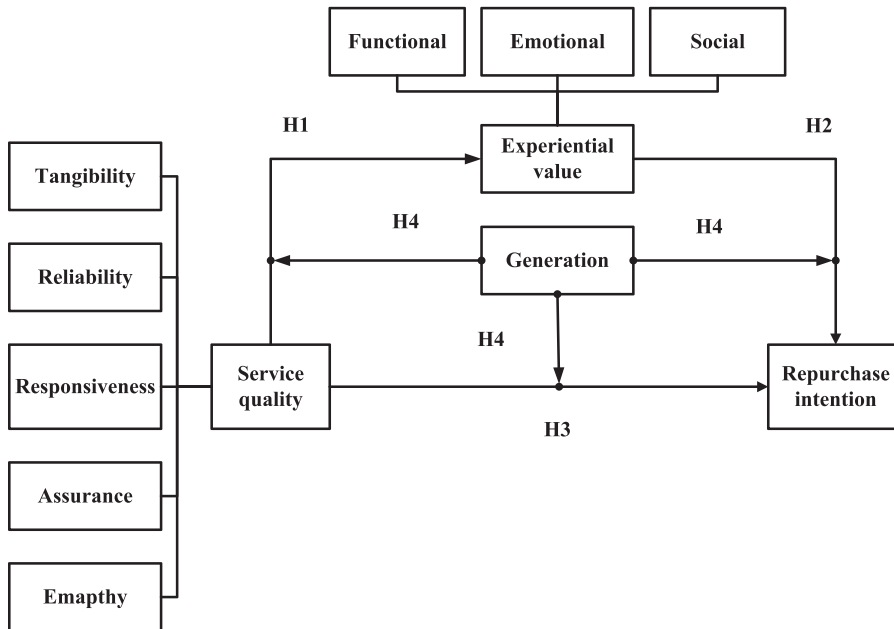


Figure 1. Research frame work.

3.3. Sampling

In pre-test stage, we delivered 60 questionnaires to those customers from our sample medical cosmetology clinic and 54 valid responses were collected. The value of Cronbach's α of these three constructs is ranging from 0.82 to 0.94. Usually the value of Cronbach's α equals to 0.7 or above is acceptable (Nunnally, 1978). Though some values of Cronbach's α are lower than 0.7, it is still standing within the acceptable range (George & Mallery, 2003).⁴ Moreover, most of the reliability value of our constructs/dimensions are greater than 0.7. Therefore, the reliability of each construct in this measure model is considerably acceptable and is worthy of further analysis. In formal test stage, this study sent 673 questionnaires to respondents in our sample clinic. After deleting the incompletely filled and removing the invalid questionnaires, 350 valid samples were finally obtained. Among the 350 valid ones, 170 copies were Generation X and 180 copies were Generation Y.

4. Analyses and results

4.1. Confirmatory factor analysis

Using structural equation modelling (SEM) with SPSS 20 and LISREL 8.80, this paper aims to explore the relationship among service quality, experiential value and repurchase intention. To clearly find the convergent validity of each construct/dimension and/or the model fit in confirmatory factor analysis (CFA), we usually examine the relative measurement indexes, such as GFI, CFI, NNFI, SRMR, RMSEA and normed χ^2 and so on. The result of CFA was shown in Table 1 and the fit of this measurement model was considerably acceptable.

4.2. Reliability and validity analysis

In this study, we found that the Cronbach's α of service quality, experiential value and repurchase intention is almost greater than 0.7, while most dimensions of these constructs

Table 1. CFA analysis.

	Service quality		Experiential value		Repurchase intention	
	Initial	Final	Initial	Final	Initial	Final
GFI (Goodness of fit index)	0.74	0.89	0.92	0.92	0.99	0.99
SRMR (Standardised root mean square residual)	0.082	0.071	0.064	0.064	0.030	0.030
RMSEA (Root mean square error of approximation)	0.114	0.072	0.067	0.067	0.072	0.072
NNFI (Non-normed fit index)	0.64	0.90	0.93	0.93	0.95	0.95
CFI (Comparative fit index)	0.68	0.92	0.94	0.94	0.98	0.98
Normed χ^2 (Normed Chi-square)	5.5	2.80	2.57	2.57	2.78	2.78

are greater than 0.7. These results indicated that the reliability of our study is acceptable. As to convergent validity, the t -value of all items of each dimension is ranging from 3.59 to 17.07, meaning the convergent validity is acceptable. Besides, the difference between the value of restricted model and non-restricted model ($\Delta\chi^2$) is all greater than 3.84, meaning the discriminant validity between service quality, and experiential value is acceptable (Anderson & Gerbing, 1988).

4.3. Correlation analysis

The results from Table 2 showed that the mean of empathy (3.52) by contrast to others is smaller. It seems that there still has a room for improvement in medical cosmetology clinic. In addition, most of the correlations between factors are significant. Besides, the AVE is all over 0.5 (Hair, Black, Babin, & Anderson, 2010), showing that all the items are sufficient to reflect their variables. The construct reliability (CR) is all above 0.6, indicating that the measurement of individual indicators in this study is consistent.

4.4. Hypotheses testing

To facilitate a good understanding of indirect/direct and mediated effects, this study therefore used SEM to validate the effects among the constructs. Our empirical evidences (see Figure 2) strongly supported three research hypotheses mentioned previously. Similar to most of previous academic literatures (e.g. Lin & Chiang, 2010; Bauer, Falk, & Hammerschmidt, 2006; Chen & Hu, 2010), service quality has a positive impact on experiential value ($\gamma_{11} = 0.23$, t -value = 3.14). It means that a higher level of service quality provided by manufacture will significantly enhance the perceived experiential value of consumers (i.e. $H1$ is supported). Besides, we found that experiential value may positively impact repurchase intention ($\beta_{21} = 0.22$, t -value = 4.03). This is consistent with Bolton and Drew (1991), Cheng, Wang, Lin, and Vivek (2009) and Xin (2010), indicating an individual's good experiential value from service delivery processes is conducive to repurchase intention (i.e. $H2$ is supported). Finally, the result of this study showed that service quality positively impacts repurchase intention ($\gamma_{21} = 0.92$, t -value = 13.81), meaning $H3$ is supported. This is

Table 2. Correlation analysis.

Dimension	AVE/CR	Mean/S.D	1	2	3	4	5	6	7	8	9
1. Tangibility	0.56/0.80	4.15/0.48	(0.80)								
2. Reliability	0.62/0.82	4.14/0.55	0.14**	(0.83)							
3. Responsiveness	0.66/0.86	4.20/0.49	0.12*	0.12*	(0.87)						
4. Assurance	0.52/0.68	4.13/0.53	0.69**	0.14*	0.08	(0.68)					
5. Empathy	0.57/0.78	3.52/0.49	0.12*	0.03	-0.13*	0.11*	(0.78)				
6. Functional	0.60/0.75	4.17/0.44	0.073	0.14*	0.21**	0.16**	-0.02	(0.60)			
7. Emotional	0.69/0.82	4.24/0.51	0.22**	0.05	0.06	0.21**	-0.03	0.29**	(0.80)		
8. Social	0.68/0.78	4.28/0.48	0.05	-0.09	0.01	0.14*	0.11*	0.36**	0.35**	(0.78)	
9. Repurchase intention	0.59/0.85	4.17/0.44	0.68**	0.05	0.15**	0.74**	0.09	0.25**	0.33**	0.26**	(0.69)

Note: *** stands for $\alpha = 0.01$; ** stands for $\alpha = 0.05$; () stands for Cronbach' α .

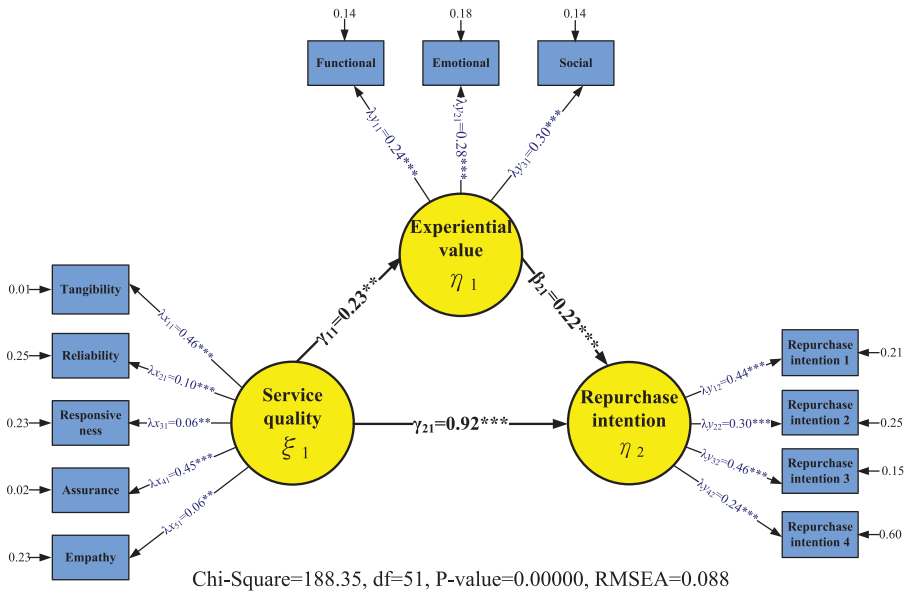


Figure 2 . Path diagram.
 Note: *** $p < .001$; ** $p < .01$.

consistent with Dlacic, Arslanagic, Kadic-Maglajlic, Markovic, and Raspor (2014) and Wu et al. (2012) that service quality can be regarded as a key antecedent to repurchase intention.

4.5. Mediation testing

The testing for mediation here was carried out using the four-step procedure suggested by Baron and Kenny (1986). The result of mediation test in this study can be also examined by path analysis (see Figure 2) and the direct/indirect effect among research variables is shown in Table 3. In this table, we find that the total effect of service quality on repurchase intention is 0.97 (t value = 14.16; $p < .001$) in which the direct effect is 0.92 (t value = 13.81; $p < .001$) and the indirect effect is 0.05 (t value = 2.69; $p < .01$). This means that experiential value plays as mediator in the relationship between service quality and repurchase intention

Table 3. Direct effects and indirect effects.

Name	Variable	Effects	Experiential value		Repurchase intention	
			Impact	t -Value	Impact	t -Value
Exogenous variable	Service quality	Direct	0.23	3.14	0.92	13.81***
		Indirect	–	–	0.05	2.69**
		Total	0.23	3.14	0.97	14.16***
Endogenous variable	Experiential value	Direct	–	–	0.22	4.03***
		Indirect	–	–	–	–
		Total	–	–	0.22	4.03***

Note: ‘*’ stands for t -value > 1.96 ($p < .05$); ‘**’ stands for t -value > 2.58 ($p < .01$); ‘***’ stands for t -value > 3.29 ($p < .001$).

Table 4. Moderating effect analysis of Generation.

Path	Chi-square	df	$\Delta\chi^2$
Unrestricted	306.42	105	–
Service quality → Experiential value	323.88	106	17.46***
Experiential value → Repurchase intention	330.78	106	24.36***
Service quality → Repurchase intention	309.50	106	3.08

Note: ‘***’ stands for $\alpha = 0.005$; ‘**’ stands for $\alpha = 0.01$; ‘*’ stands for $\alpha = 0.05$.

(i.e. partial mediation), meaning that experiential value acts a mediator in the relationship between service quality and repurchase intention.

4.6. Test of moderating effect of Generation

Based on Brockman and Morgan (2006), this section is to measure the moderating effect of Generation on theoretical model. To determine whether there was equivalence between two groups, most of multi-group testing in the past made use of chi-square difference ($\Delta\chi^2$) as an index (Bollen, 1989). However, the value of $\Delta\chi^2$ may not be a practical test statistic because of its dependency on sample size. Specifically, even a small difference between models can result in a significant value of the $\Delta\chi^2$ (Brannick, 1995; Kelloway, 1995).

From Table 4, we found that the moderating effect of Generation might occur in the paths of service quality–experiential value ($\Delta\chi^2 = 17.46 > \chi^2_{0.05(1)} = 3.84$) as well as experiential value–repurchase intention ($\Delta\chi^2 = 24.36 > \chi^2_{0.05(1)} = 3.84$). Next, we further tested the individual moderating effect of Generation on the paths of service quality–experiential value and experiential value–repurchase intention. As shown in Table 5, Generation Y has a moderating effect on the path of experiential value–repurchase intention, while Generation X has a moderating effect on the path of service quality–experiential value. Therefore, *H4* is partially supported.

5. Discussions, conclusions, implications and future works

5.1. Discussions

The empirical results showed that the higher level of service quality of medical cosmetology clinic would significantly enhance the repurchase intention of clients via their perception of fine experiential value from the service providers. Most importantly, service quality today has already become a prerequisite for service organisations. Therefore, it is critical for medical cosmetology clinic to provide clients with better perceptions of experiential value in the service operations. As experiential marketing is the processes of engaging customers

Table 5. Multi-group analysis of Generation.

Path		Generation Y		Generation X	
From	To	Estimate	<i>t</i> -Value	Estimate	<i>t</i> -Value
Service quality	Experiential value	–0.01	–0.08	0.60	4.51***
Experiential value	Repurchase intention	0.50	5.55***	–0.04	–0.56

Note: ‘*’ stands for *t*-value > 1.96 ($p < .05$); ‘**’ stands for *t*-value > 2.58 ($p < .01$); ‘***’ stands for *t*-value > 3.29 ($p < .001$).

with in-depth experiences of a product/or a brand (Adeosun & Ganiyu, 2012), service experiences would help these consumers/clients to repurchase such risky, privacy and professional-skill-oriented services/products (e.g. medical cosmetology surgery).

As to Generation effects, we found that Generation X has a moderating effect on the path of service quality–experiential value. Restricted to the sense of insecurity, Gen Xers will pay more attentions to the extent of service quality how this medical cosmetology clinic can offer, including personal privacy, operation risk and staff responses in the service operations. If they feel good, the perception of experiential value will increase. In contrast, Gen Yers prefer experiential value happened in the clinic rather than service quality, meaning that they really don't care service quality, but just give them what they want. To sum up, Gen Xers are realistic/or rational attributed and Gen Yers are ones of emotional/affective.

5.2. Theoretical implications

Different from consumer goods, medical cosmetic is characterising a high involvement, risky invasive medical behaviour and professional skills. Before trying it, they have to rely on other cues such as brand name to draw inferences about its quality (Kirmani & Wright, 1989). Therefore, lots of consumers would intuitively prefer to choose a medical cosmetology clinic with its fine service quality. From service management perspective, medical cosmetology products/or services can be seen as experience-attributed/or credence-attributed ones rather than search-attributed ones. Therefore, it is reasonably to find the performance of experiential value from medicine cosmetic clinic to the consumer will lead to his/her final post-purchase behaviour.

Even though few articles have concurrently put service quality, experiential value and repurchase intention into a research model during the past years, most of them are scattered across different industries, for example, hotel (e.g. Raza et al., 2012), online shopping (e.g. Lien et al., 2011), retailer chain (e.g. Alex & Thomas, 2011) and tourism (e.g. Wu et al., 2017). Most interestingly, there is no any attempt has been made on medical cosmetology in recent five years since Cronin, Brady, & Hult, and M (2000) has picked up six different service industries and examined the effects of quality, satisfaction and value on consumers' behavioural intentions. The latest survey conducted on medical cosmetology is Wang (2014) and Yan (2016), while the former emphasised the demand for medical cosmetology from China and the latter tended to explore the correlation between relationship quality and behavioural intentions exhibited by two different cosmetology groups in Taiwan. By contrast, we merely focused on a medical cosmetology clinic and aimed to explore the relationship among service quality, experiential value and repurchase intention.

5.3. Managerial implications

To facilitate a better understanding of moderating effect of Generations on relationships among service quality, experiential value and repurchase intention, these findings can be severed as a reference for medical cosmetology in Taiwan. There are several managerial implications as follows:

- (1) Empirical findings show that service quality from medical cosmetology clinic would have a positive impact on experiential value. This is consistent with Wu et al. (2017) and Lee (2016). It means that a medical cosmetology clinic with high service quality today seems to easily lead to the increase of customer's

satisfaction and experiential value. Most importantly, both market orientation and quality orientation would have complementary roles in achieving business superiority (Sittimalakorn & Hart, 2004). To some degrees, service quality is the guarantee of experiential value. Therefore, all the first-line staffs here must put themselves in these clients' shoes as far as possible, such as self-privacy, comfort, safety, responsiveness and concerns so as to deeply impress these clients with good experiences.

- (2) The findings of this study point out experiential value would have positive influence on repurchase intention. This is consistent with Sweeney and Soutar (2001), Gill, Byslma, and Ouschan (2007) and Kuo, Wub, and Deng (2009). It means that the higher level of experiential value the clients may perceive through the service processes, the higher possibility they are willing to come back. So far, most studies have claimed that experiential value would have positively influence customer satisfaction (e.g. Wu & Liang, 2009; Lai & Chou, 2010), which is also the antecedent of repurchase intention (e.g. Eggert & Ulaga, 2002; Kuo et al., 2009). Undoubtedly, a successful medical cosmetic surgery can bring many personal benefits to clients, including gaining back their confidence, making them feel more different from others, getting more chances to interact with others, enhancing their social status and having great sense of belongingness and happiness. Therefore, the owner of medical cosmetology clinic needs to devote to maintaining the qualified perceived value thoroughly so as to effectively retain the old customers/clients, thereby making more long-term profits.
- (3) The empirical evidences indicate that service quality would have positive impact on repurchase intention. It is consistent with Wu et al. (2012) and Santoso and Apriarningsih (2017). It means that a medical cosmetology clinic with high service quality would enhance clients' repurchase intention significantly. According to Parasuraman et al. (1985, 1988), owner must pay more attentions to these five dimensions of service quality (i.e. tangibility, reliability, responsiveness, assurance and empathy) and effectively utilise them to gain retained competitive advantage among market competitors. Therefore, a medical cosmetology clinic properly equipped with qualified hardware (e.g. physical layout and facilities) and software (e.g. well-trained staffs, human resource practices, innovation and marketing capabilities and information technology infrastructure) is holding the key to draw customers' attentions.
- (4) The result of this paper shows that experiential value plays as a partial mediator in the service quality–repurchase intention relationship. It reveals that service quality not only can directly and simply impact repurchase intention, but can indirectly influence repurchase intention by means of experiential value. This finding is consistent with the concept of Musa and Kassim (2013) which claim that quality products/or services are no longer sufficient for business sustainability, for customers need to bestow upon with satisfactory experiences that they valued. Although service quality has already been a requisite to the repurchase intention, the owner still bears it in mind that all the nice/happy experiences of customer occurred in medical cosmetic service processes will be conducive to the linkage strength between quality of service and repurchase intention. Therefore, a good cultivation of experiential value in such a self-privacy, service oriented and safety-focused environment is another remedy to the enhancement of repurchase intention.
- (5) Over the past few decades, there have a continued rise in the number of clients seeking medical cosmetic surgery to improve their physical appearance/feature

to meet their needs.⁵ For example, Baby Boomers may be less interested in cosmetic surgery as they retire whereas Generation Xers who are just reaching their career peaks may feel more pressure to ‘maintain appearances’.⁶ The findings of this study, the Generation effect only partially moderating the measurement model, while there is no Generation effect on the path of service quality–repurchase intention. Nowadays, a medical cosmetology clinic can offer various customised products to customers of different segmented markets. Therefore, a medical cosmetology clinics should improve its level of service quality and shape a better medical atmosphere to attract the Gen Xers/or Yers to come over here when they are in need some other days.

5.4. Limitations and future works

Just like any research, there are some limitations in this study. First, *the representativeness of sampling* – restricted to timing and cost, we adopted a purposive sampling method rather than a random sampling method. Owing to all these questionnaires were collected from a sample medical cosmetology clinic only, therefore the insufficient representiveness of sample easily resulted from sampling biases. A future work with stratified sampling method on various branches under the same group so as to increase the representiveness of sampling is expected.

Second, *the measurement of questionnaire* – though all the items of questionnaire and the dimensions of variables here are derived from literature survey, we still need to properly modify them to meet the industrial differences. For example, future works can adopt different views of service quality dimensions (e.g. Sureshchandar et al., 2002; Kim et al., 2004). Therefore, the production of these measurement biases (e.g. item description) might at the expense of the reliability/validity of questionnaire. Besides, our respondents who based on their experiences and cognition adopted a self-assessment way to answer the questionnaire. Restricted to their incomplete understandings of questionnaire items or answering biases, the results of our analyses might probably lead to some degrees of non-systematical variances. Therefore, to facilitate a good understanding of questionnaire for respondents to enhance a high level of readability is required.

Third, *integrity* – restricted to timing, cost and convenience, this paper focused on the relationships among service quality, experiential value and repurchase intention. However, there still have many antecedents of repurchase intention. For example, satisfaction (e.g. Raza et al., 2012; Chinomona & Sandada, 2013), loyalty (e.g. Chinomona & Sandada, 2013), service recovery (e.g. Spreng, Harrell, & Mackoy, 1995), trust (e.g. Mosavi & Ghaedi, 2012) and brand image (e.g. Juhl, Kristensen, & Ostergaard, 2002; Ghalandari, Babaenia, & Jogh, 2013). Therefore, adding other variables to the existed model for further analysis is expected. Besides, this study explored the moderating effect of Generation on the relationships among service quality, experiential value and repurchase intention. However, there is little attention paid here on involvement and types of consumers (e.g. rational or emotional). Following Assael (1987),⁷ the medical cosmetology here can be reasonably seen as dissonance-reducing behaviour characterising high level of involvement in one’s purchase experience. Therefore, taking the consumer’s involvement into consideration as well as consumer personality in the future is expected.

Fourth, *extrinsic/intrinsic quality cues for new market* – an intrinsic product cue can be any product characteristic inherent in the product itself, such as engine capacity for a car or flavour for a soft drink, while an extrinsic cue is a product characteristic not fundamental to

the product itself but externally attributed to the good/or service, for example, price, brand, place of purchase or country of origin (Teas & Agarwal, 2000). Furthermore, medical cosmetology has been seen as a new market with numerous business opportunities. There is higher reliance on intrinsic cues instead of extrinsic cues in pre-purchase situations when intrinsic attributes serve as search attributes rather than experience attributes and/or when the intrinsic attributes have high predictive value (Zeithaml, 1988). Therefore, it might have been a good idea to discuss how extrinsic/intrinsic quality cues are formed in a completely new market with new products/services.

Fifth, *introduction of new model* – according to Dick and Basu (1994), customer loyalty model is an elegant conceptualisation of the combined effects of attitude and behaviour. That is loyalty is the result of the interaction between a customer's relative attitude to a brand, or store, and their repeat purchase behaviour for that brand or store. In contrast, repurchase intention is part of loyalty, while service quality and experiential value both can influence consumer's attitude (e.g. Khare, 2011; Ijaz & Ali, 2013; Maghnati & Ling, 2013). From this, repurchase intention here may not completely lead to loyalty, depending on the potential factors affecting consumer's attitude. Therefore, a comparative analysis of different types of loyalty and other attitudinal factors added is required.

Sixth, *others* – based on the concept of Brockman and Morgan (2006), this paper examined the moderating effect of Generation on our measurement model. Future work can refer to the methodology of Awad and Ragowsky (2008) to find out the way to demonstrate the path coefficients for different groups and the difference of χ^2 clearly. Besides, researcher of great interests can think about if it is possible to decompose the service quality and customer value into sub-dimensions rather than using the reflective second-order constructs to measure the two factors. By doing so, this manuscript could identify the influences of Generation on the relationships between the decomposed constructs of service quality and customer value clearly.

Finally, *generalisation* – this paper only picked up a medical cosmetology clinic in Chung-Li district, Taoyuan City, Taiwan as our example, therefore, the future works can expand the sample size covering multiple clinics/chain stores from different cities in Taiwan or take into account a comparative analysis among service industries for intensive validity of industry generalisation, just like the study of Cronin et al. (2000). In addition, this paper aims to explore the relationship among service quality, experiential value and repurchase intention. The future work is expected to introduce another model related to post-purchase behaviour (e.g. Dick and Basu's customer loyalty model) to facilitate a good understanding of consumer behaviour.

5.5. Conclusions

Apparently, love of beauty is human's nature. The dream in pursuit of beauty and youth never ends. The increasing growth of the medical cosmetology during these years has not only made great contributions to the economic development, but significantly changed people's life. This paper is to explore the relationship among service quality, experiential value and repurchase intention. Based on 350 valid respondents from a medical cosmetology clinic, the empirical findings indicate that both service quality and experiential value can influence repurchase intention and service quality can influence experiential value also. Besides, the Generation X will strengthen the relationship between service quality and experiential value, while the Generation Y will strengthen the one between experiential value and repurchase intention only. That is, the moderating effect of Generation in this study is partially supported.

Notes

1. We follow Brosdahl and Carpenter's (2011) categorisation of generations, using the following birth dates for each cohort.
2. <https://imprintengine.com/2017/05/12/purchase-behavior-gen-x/>
3. <http://www.differencebetween.com/difference-between-generation-x-and-vs-generation-y-and-vs-generation-z/>
4. The value of Cronbach' α within 0.6–0.7 is belonging to medium level of reliability.
5. <http://www.drzaydon.com/wp-content/uploads/2014/02/Scan2416.pdf>
6. <http://generationalinsights.com/gen-x-surpassing-boomers-in-cosmetic-surgery/>.
7. Asseel distinguished four types of consumer buying behaviour based on the degree of buyer involvement in the purchase decision and the degree of differences among brands.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Appendix. Construct measures.

Service Quality – Modified SERVQUAL scale (Parasuraman et al., 1988) and identified service quality into 5 categories with 31 items.

Tangibility

The medical equipments and products in this clinic are professional.
This clinic should have up-to-date medical equipments and service.
Employees of this clinic should be well dresses and appear neat.
This clinic provides a comfortable and a clean medical environment.
This clinic has sufficient parking spaces.
All the equipments and services in this clinic can meet the needs.
The space of this clinic should be large and visually appealing.
The clinic's transportation is quite convenient.

Reliability

Employees of this clinic are capable of taking care of any unexpected situations.
This clinic should keep customer's records accurately.
This clinic has a good image and reputation.
This clinic is reliable and trustable.
When this clinic promises its clients by a certain time, it finally should do so.

Responsiveness

The efficiency of medical staff in this clinic is great.
Employees of this clinic would quickly respond to any consumer's complaints.
Employees of this clinic have high willingness to help customers.
Employees of this clinic have good client and manners.
Employees of this clinic concern about their customer's needs and also listen what they want
Employees of this clinic are always willing to help customers.

Assurance

Employees of this clinic have professional abilities to answer the questions.
Employees of this clinic are trustable.
Doctors of this clinic can clearly describe the treatment of each client.
Employees of this clinic are polite.
Employees of this clinic are trustable.
Doctors of this clinic all have good professional skills.
I feel safe in my transaction with these employees of this clinic.

Empathy

This clinic could offer personalized services.
Employees of this clinic always have their customer's interests at heart
This clinic provides me with information related to beauty
This clinic would provide customer an individual attention.
This clinic knows individual's need of different customers
The operating hours of this clinic are convenient to all their customers.

Experiential Value – Adopted the experiential value measurement scale of Sweeney and Soutar (2001), there are 3 dimensions with 15 items.

Functional

Taking the services here is economical.
In here, the time is convenient for me.
This clinic offers consistent quality.
To sum up, the price here is satisfactory.
Taking the services here makes me have good effects.

Emotional

After taking the services here, I leave lots of good memories.
After taking the services here, I feel younger.
Taking the services here is an enjoyment.
Taking the services here make me feel good.
After taking the services here, I feel more confident.

Social

After taking the services here, it would increase my self-identity.

After taking the services here, it would increase my personal taste.

After taking the services here, it makes me a good impression on other people.

After taking the services here, I could have good interactions with friends.

After taking the services here, I am willing to get acquainted with others if I have chances.

Repurchase Intention – Adopted from Gronholdt, Martensen, and Kristensen(2000) with single dimension and 4 items.

In contrast to the services and its price of other medical cosmetic clinics, I will still choose this clinic.

I have a strong belongingness to this clinic and I will be the loyal customer for good.

I am willing to be back to this clinic in the future to accept other services.

I am willing to recommend this clinic to my family members and friends
