Predisposing Consumers to Be More Satisfied with a Service by Inducing Empathy in Them

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Abstract

The present research demonstrates that increasing a consumer’s empathy with a service provider can increase that consumer’s satisfaction with the service. In Study 1, customers at a café who were induced to empathize with the clerk felt more satisfied with the service, and in Study 2, such empathizing customers were better tippers. Study 3 corroborated this finding of an empathy-satisfaction relation using dispositional empathy, showing that naturally occurring levels of empathy were positively related to consumers’ feelings of satisfaction in a long-term service relationship (personal fitness training). Study 4 found that the positive effect of empathy on consumer satisfaction held true for a negative service situation (for female but not for male consumers), indicating that the effect was not the result of consumers becoming more sensitive to the valence of the service situation. In addition, the overall results suggest that the effect was not mediated by more favorable attitudes toward the service provider or by more favorable attributions of responsibility to the service provider. Instead, we suggest that empathy may make consumers more cooperative and that being satisfied is one way consumers “cooperate” with a service provider. These findings exemplify how responses to a marketing situation can be managed by manipulating the mental state of consumers rather than by altering the attributes of the goods or services being offered.

Key words: indecision, choice, variety-seeking.
Empathy is a popular prescription for problems in interpersonal interactions, including problems of consumer dissatisfaction in marketing contexts. For example, Parasuraman, Zeithaml, and Berry (1985, 1988) have suggested that empathy is a key determinant of consumer satisfaction with a service, and have shown that empathic displays by service providers are associated with perceptions of higher service quality and in turn higher consumer satisfaction (Parasuraman, Berry, & Zeithaml, 1991). This attention to the effects of service-provider empathy displays on consumer satisfaction is consistent with the approach of much consumer research, which tends to emphasize how the attributes of a good or service can be altered to affect consumer responses.

An alternative approach is to view the good or service as fixed, and consider how a consumer’s responses might be managed by changing the consumer’s mental state (Gibbs, 1997; Gibbs & Drolet, forthcoming). In particular, it might be possible to enhance consumer satisfaction not by changing the service provider's behaviors or other attributes of the service, but by causing consumers to empathize with the service provider. The purpose of the present research is to test this proposition that the empathic consumer will be the more satisfied consumer.

The concept of empathy has a long history of study. It has been examined from several perspectives within philosophy (moral and political: e.g., Hume, 1751; Smith, 1753) and within psychology (psychotherapeutic, developmental and social psychology: e.g., Eisenberg & Strayer, 1987; Harrigan & Rosenthal, 1986). Perhaps not surprisingly, several definitions of empathy have been offered (for reviews, see Davis, 1994; Wispe, 1986). The term has been used to refer to three distinct qualities: 1) concern for another person’s distress (e.g., Batson, Duncan,
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Ackerman, Buckley, & Birch, 1981; Batson, O’Quinn, Fultz, Vanderplas, & Isen, 1983; Toi & Batson, 1982); 2) knowing what another person is feeling (e.g., Levenson & Ruef, 1992); and 3) feeling what another person is feeling (e.g., Gruen & Mendelsohn, 1986). Recent research suggests that all three qualities must be present in some amount for empathy to exist (e.g., Davis, 1994).

Responsiveness to the emotional states of others is an essential ingredient for well-functioning interpersonal relationships. Accordingly, previous research indicates that feelings of satisfaction with an interpersonal relationship are positively associated with empathy (Davis, 1994), especially in the case of close, personally important relationships (Rusbult, Verette, Whitney, Slovik, & Lipkus, 1991). However, previous research has not examined the effects of a consumer’s empathy with a service provider on feelings of satisfaction with the service. Although some service interactions may be personally involving, most cannot be likened to close personal relationships. The benefits of improved interpersonal relationship functioning that occur with increased empathy may simply not apply to service “relationships,” and even if they do, these benefits may not translate into increased satisfaction with the service. In short, it is unclear from past research whether or not consumer empathy with a service provider will lead to an increase in consumer satisfaction, especially in the case of service interactions that are not ongoing over the longer term.

Study 1 provides an initial experimental field test of the basic proposition that empathizing with a service provider will increase satisfaction with the service. Study 2 repeats this test, but with a different, more consequential measure of satisfaction. Study 3, which measures rather than manipulates empathy levels, investigates the empathy-satisfaction relation
within a longer-term, more personal service relationship. Study 4 provides an experimental laboratory test of the effect of empathy on satisfaction in a negative service situation.

Study 1

The goal of Study 1 was to determine whether increased consumer empathy with a service provider would affect consumer satisfaction with the service.

Method

We conducted Study 1 as a field experiment that took place in a real-world market setting and involved actual interactions between consumers and service providers. Following Batson, Polycarpou et al. (1997) and Toi and Batson (1982), Study 1 used affective role-taking instructions to manipulate the level of consumer empathy with a service provider (see also Batson, Batson, Todd, Brummett, Shaw, & Aldeguer, 1995; Batson, Klein, Hightberger, & Shaw, 1995; Batson, Turk, Shaw, & Klein, 1995). Such instruction-based empathy manipulations have been reliably associated with increased empathic arousal (Davis, 1994). The main dependent measure in this and all the studies was a measure of satisfaction with the service.

This and two of the other studies included two auxiliary dependent measures to assess possible cognitive changes concomitant with any satisfaction effects: a measure of attitude toward the service provider and a measure of attribution of responsibility to the service provider. We included the attitude measure because some prior work has demonstrated that empathy can lead to more positive interpersonal attitudes, for example increasing liking and tolerance of targets (Batson, Polycarpou, et al., 1997). Likewise, we included the attribution measure because prior work has suggested that empathy may cause an empathizer’s attributions to converge toward those of the target and hence to reflect a greater tendency to take situational
factors into account (Long & Andrews, 1990; Regan & Totten, 1975), and this may in turn make a consumer less likely to blame the service provider for any shortcomings in the service.

Empathy involves an increased focus on another person, and arguably a reduced focus on the self. Therefore, Study 1 also included two exploratory measures related to self-focus that might also relate to satisfaction: a trait measure of narcissism and a measure to assess a person’s prevailing state of self-centeredness.

**Participants and Procedure.** Eighty participants (median age = 26; 47% male) were recruited individually by an experimenter before they entered a university café. In order to minimize potential inter-participant interaction and discussion of the study, recruiting and running took place over a several week period and not more than one study participant was in the café at any one time. All participants were recruited around lunchtime and were paid $7 to participate in the study.

An experimenter (blind to the research hypothesis) approached persons who were alone and in the vicinity of the café around lunchtime. Potential participants were told that, in exchange for answering a few questions, the experimenter would pay for their lunch at the café. Participants who consented to participate were then given the $7 lunch-money payment.

All participants read an introductory statement that they were participating in a consumer research study. Participants were randomly assigned to one of three conditions. The first was the empathy condition. Before entering the café, empathy participants \( (n = 28) \) read the following instructions adapted for the café context from Batson, Polycarpou, et al. (1997):

As much as possible, while you are experiencing the service, try to *imagine how the clerk who serves you in the café feels* about what is happening. Try to imagine how the events have affected or will affect the clerk’s life and how he or she *feels* as a result.
There were two control conditions. Participants in an objective-perspective condition \((n = 23)\) read the following instructions before entering the café:

As much as possible, while you are experiencing the service, try to take an objective perspective toward what is happening. Try not to get caught up in how you or the clerk who serves you in the café are feeling; just remain objective and detached.

Because participants who are given instructions to remain objective typically report very little or no empathic arousal (e.g., Batson, Batson, et al., 1995; Batson, Klein, et al., 1995; Batson, Turk, et al., 1995), such instructions to “remain objective” are often used in research on empathy as a control for the empathy instructions. Nevertheless, it is unclear whether instructions to remain objective promote the absence of empathy or the presence of some psychological process that counteracts the effects of empathy (e.g., affect dampening). Therefore, in this study we included a second control condition in which participants \((n = 29)\) received no further instructions.

Participants then entered the café and bought lunch. Upon exiting the café, they were again approached by the experimenter, this time to complete the dependent measures, and they filled out a brief questionnaire that contained the satisfaction measure. Following Hausknecht (1990) and Westbrook and Oliver (1991), we used a seven-item measure of satisfaction \((Cronbach alpha = .91)\) that incorporated both feelings-based and expectations-based measures. Participants rated on 7-point scales: 1) how satisfied they were with the service they received; 2) how happy they were with the service they received, 3) how pleased they were with the service they received, 4) whether the level of service met expectations, 5) whether the level of service was better or worse than expected, 6) whether the level of service fulfilled their needs and 7) how likely they would be to return to the café very soon.
The questionnaire also contained the attitude and attribution measures. Although any attitude enhancements caused by increased empathy may be specific to attitudes toward the person providing the service (the clerk), past research suggests that empathizing with a group member can lead to more favorable attitudes toward the group as a whole (even a group of murderers; see Batson, Polycarpou, et al. 1997), and so empathy-induced enhancements may also occur for attitudes toward the firm providing the service (the café). Thus, the questionnaire asked participants to rate on two 1-7 scales (unfavorable-favorable and displeased-pleased) both how they felt toward the clerk (Cronbach alpha = .94) and how they felt toward the café (Cronbach alpha = .96). The questionnaire also asked participants to rate on two 1-7 attribution scales how responsible they thought the clerk was for 1) the level of service they received and 2) their level of satisfaction (Cronbach alpha = .81).

Next, the questionnaire presented the measures of narcissism and self-centeredness. To measure the narcissism trait, we asked participants to rate along eight 1-7 scales the extent to which they agreed with the following statements taken from Emmons’s (1987) narcissism instrument: "I would prefer to be a leader," "I see myself as a good leader," "I will be a success," "People always seem to recognize my authority," "I have a natural talent for influencing people," "I am assertive," "I like to have authority over other people" and "I am a born leader" (Cronbach alpha = .87). To measure participants’ prevailing state of self-centeredness we created a single-item measure that asked them to rate on a 1-7 scale the extent to which they agreed with the statement, "I believe that self-centeredness is one of the worst traits a person can have."

Finally, participants reported their gender and age. Much research on empathy indicates that gender is related to individuals’ ability to empathize (for a review, see Lennon & Eisenberg, 1987). In particular, research suggests that females are more emotionally responsive than males
and so may have less difficulty in empathizing with a target. As a result, many empathy studies use only female participants (e.g., Batson, Klein, et al., 1995; Batson, Kobrynowicz, Dinnerstein, Kampf, & Wilson, 1997; Batson, Polycarpou, et al. 1997; Batson, Turk, et al. 1995). Research also reveals important age differences in whether individuals experience empathy and, if empathically aroused, how they will respond. In particular, research suggests that individuals' capacity to empathize is learned and so increases during and after childhood, but then may subsequently decrease during adulthood as individuals’ abilities to manage their emotions increase (Batson, Fultz, & Schoenrade, 1987; Lennon & Eisenberg, 1987; Thompson, 1987).

Results and Discussion

In all of the studies reported we tested for effects of gender and age (median-split), but unless otherwise noted, gender and age did not affect or interact with the empathy condition. ANOVA found no significant differences between the two control conditions on any of the measures, providing support for the practice in prior research of using “objective” instructions as a control for the empathy condition. Consequently, we collapsed across the two control conditions.

Satisfaction. ANOVA found a significant main effect of empathy on satisfaction ($F(1, 79) = 3.82, p < .05$). As predicted, consumers whose empathy with the clerk had been increased reported greater satisfaction with the service on the seven-item satisfaction measure ($M = 5.43$ vs. 4.91). Thus, the results support the basic proposition investigated in this research, that consumers’ satisfaction with a service can be enhanced by inducing empathy in them. In addition, there was a significant main effect of gender on satisfaction ($F(1, 79) = 4.38, p < .04$), with females reporting greater satisfaction than males, but this effect was qualified by a significant gender-age interaction ($F(1, 79) = 6.91, p < .01$): Simple effects analysis showed that
the finding of greater satisfaction among females held only for older participants \(F(1, 34) = 7.20, p < .01\).

*Other Measures.* ANOVA found no significant empathy effects on attitudes or attributions. Accordingly, the observed effect of empathy on satisfaction seems to occur in the absence of changes in these cognitive responses. It should be noted that the null results for attitudes are consistent with past studies which have also failed to find effects of affective role-taking instructions on liking for an empathy target (e.g., Toi & Batson, 1982; Dovidio, Allen, & Schroeder, 1990; for a discussion, see Davis, 1994). The analysis found significant main effects for gender \(F(1, 79) = 3.99, p < .05\) and age \(F(1, 79) = 3.91, p < .05\) on attitudes toward the café. Specifically, female participants and younger participants reported greater liking for the clerk \((M = 5.60\) and 5.60, respectively) than did male participants and older participants \((M = 4.94\) and 4.95, respectively).

ANOVA found no effects of empathy on the narcissism measure nor any effects of the narcissism measure when it was included as a covariate in analyses. However, there was a significant effect of empathy on the self-centeredness measure. Specifically, there was a significant interaction between empathy and gender \(F(1, 79) = 4.08, p < .05\): The means trends showed that empathy put downward pressure on self-centeredness in females \((M = 5.28\) vs. 4.49) versus upward pressure on self-centeredness in males \((M = 4.45\) vs. 5.12), but the contrasts themselves were not significant \((p < .12\) and \(p < .19\), respectively). Additionally, ANOVA found a significant main effect of gender on narcissism \(F(1, 79) = 6.36, p < .01\), with male participants scoring as more narcissistic than female participants \((M = 5.60\) vs. 5.10).

Study 2
The main purpose of Study 2 was to reexamine the service context investigated in Study 1 using a different and more consequential measure of satisfaction.

Method

Study 2 took place in the same real-world market setting as Study 1 and used largely the same method. However, it replaced satisfaction judgments with a stronger measure of empathy's effect on satisfaction: tipping behavior, which from the consumer’s viewpoint is a more consequential indicator of satisfaction with the service.

Participants and Procedure. One hundred and thirty-seven participants (age 18 to 71; median age = 27; 49% male) were recruited and paid $7 as in Study 1. Before entering the café, participants were randomly assigned to one of two conditions. All participants read an introductory statement that they were participating in a consumer research study. In the empathy condition, participants (n = 70) read the affective role-taking instructions, which had them empathize with the clerk as in Study 1. In the control condition, participants (n = 67) read no further instructions, as in one of the two control conditions that were found to be equivalent in Study 1. After buying lunch at the café--where a tip jar sat on the counter--participants reported whether they had tipped the service provider and, if so, how much. Participants also reported their gender and age.

Results and Discussion

ANOVA found a significant main effect of empathy on the amount of money participants contributed to the tip jar (F(1, 136) = 5.86, p < .02). As predicted, consumers whose empathy with the clerk had been increased were on average better tippers than were the control participants (M = 12 cents vs. 3 cents). Additional analysis found that significantly more participants in the empathy condition (14 out of 69) than in the control condition (2 out of 67)
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gave a tip ($\chi^2(136) = 7.38, p < .01$). The low reported frequency of tipping in both conditions is consistent with a university café setting where the norm is not to tip and where there would be no pressure on participants to lie about their tipping behavior. Thus, Study 2 provides additional support for the idea that empathizing with a service provider can increase consumer satisfaction with the service, and it shows that empathy not only enhances feelings of satisfaction per se, but can also promote consequential behaviors, such as tipping, that are associated with consumer satisfaction.

**Study 3**

We designed Study 3 to address several limitations in Studies 1 and 2. First, although the affective role-taking experimental manipulation used in the first two studies has been used extensively in prior research (see Davis 1994), it might have been experienced as artificial by participants and could have created demand effects or similar artifacts. We therefore chose to measure empathy as a dispositional trait in Study 3. Despite the general inferential weakness of such a measured design, it removes the possibility of inadvertently manipulating factors such as demand. Second, like most psychological studies on empathy, Studies 1 and 2 relied on a manipulation of empathy that varied mainly one component of empathy, empathic concern (e.g., Batson et al., 1981, 1983; Batson, Kobyrowicz, et al., 1997; Batson, Polycarpou, et al. 1997; Toi & Batson, 1982), and this component of empathy is largely indistinguishable from the construct of sympathy (Gruen & Mendelsohn, 1986; Wispe, 1986). In Study 3 we used a measure that captures empathy’s multi-component nature (Davis, 1980, 1983) and hence allows for greater confidence that empathy and not some narrower factor such as sympathy is in fact the one being investigated. Third, Studies 1 and 2 investigated a fairly brief and mundane service interaction instead of a longer-term and more personal relationship, which would be considered a
more natural domain in which to explore empathy. Thus, Study 3 examined the effects of empathy in the context of a relatively long-term and intimate service relationship between consumers and their personal fitness trainers. Fourth, Study 3 provided a second opportunity to assess whether the relation between empathy and satisfaction is accompanied by a relation between empathy and attitude toward the service provider, or between empathy and attribution of responsibility to the service provider. As mentioned above, studies such as Study 1 which have used affective role-taking instructions to induce empathy have generally failed to find effects of empathy on interpersonal attitudes (Davis, 1994).

**Method**

**Participants and Procedure.** Twenty nine customers (median age = 39, 45% male) of eight personal fitness trainers participated in Study 3. They had, on average, a service relationship of 26 months (range = 2-108 months) with their personal trainers. Participants were recruited individually by the co-owner of a private personal training fitness facility in Beverly Hills, California, where consumers and their trainers met to exercise. Consumers took part in the study in exchange for a $20 contribution to a local charity.

Participants responded to a survey individually, off-site and away from their personal trainer. They were assured that all responses would remain strictly confidential, and were asked repeatedly not to write their name on the survey or to provide any identifying information. To further promote confidentiality, we had participants return their completed surveys by mail, in a pre-stamped, pre-addressed envelope. To obscure the true purpose of the study, we told participants that the survey contained three separate and unrelated components: 1) a survey on consumer use of fitness services, 2) a survey on attitudes towards different social programs, and 3) a self-description survey.
In the survey on consumer use of fitness services, participants rated their satisfaction with their current fitness service. The satisfaction measure was the same as that used in Study 1, except we excluded the item asking participants whether they would use the service again because all participants had pre-purchased at least ten training sessions. The resulting measure consisted of six feelings-based and expectations-based items (Cronbach alpha = .93).

Participants also rated their attitudes toward their personal trainer, and their attributions of the relative responsibility of the personal trainer (versus themselves) for any success in achieving their fitness goals. The attitude measure was a three-item scale asking for judgments of the personal trainer in terms of “likable,” “favorable” and “positive” (Cronbach alpha = .98). As in Study 1, the attribution measure was a two-item scale asking for judgments of the personal trainer’s responsibility for the level of service received and for the participant’s overall level of satisfaction (Cronbach alpha = .73). In addition, Study 3 included a second measure of service provider responsibility that asked participants to allocate 100 “responsibility points” among themselves, their trainer, and other factors (unnamed) for their level of success in achieving their fitness goals. To bolster the cover story, the study asked in detail about participants’ specific fitness goals (e.g., how much weight they would like to gain/lose) and about their progress thus far in meeting these goals. Then participants reported how long they had used their current personal trainer.

The second survey, on attitudes towards social programs, was mostly a filler task. In it participants reported their attitudes toward different social programs (e.g., AIDS research, environmental protection, etc.), as well as demographic information (age and gender). Finally, in the self-description survey, participants completed Davis’ (1980, 1983) Interpersonal Reactivity Index, which contains three seven-item subscales that together tap the three distinct components
of empathy. Specifically, one sub-scale taps the sympathetic component of empathy (e.g., “I would describe myself as a pretty soft-hearted person”), one the perspective-taking component of empathy (e.g., “When I’m upset at someone, I usually try to ‘put myself in his shoes’ for a while”), and one the feeling component of empathy (e.g., “When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me”).

Results and Discussion

A median split (at 2.7 on the 0-4 scale) of the dispositional empathy measure produced two groups of participants: high empathy (M = 3.16) and low empathy (M = 2.36). The difference between these groups would be considered “significant” (F(1, 28) = 47.69, p < .01) had it been produced under random selection. As a check on the dispositional empathy measure, participants completed a two-item self-report measure of their level of empathic rapport with their personal trainer. Using 1-7 scales, participants reported how frequently they considered 1) the perspective of their trainer and 2) the feelings of their trainer (Cronbach alpha = .67). There was a significant main effect for dispositional empathy (F(1, 28) = 13.9, p < .01) such that high-empathy participants reported considering the trainer's thoughts and feelings more often than did low-empathy participants (M = 6.02 vs. 4.34). Including length of the service relationship as a covariate in the analysis did not change this or any of the findings in Study 3.

Satisfaction. ANOVA found a significant main effect of dispositional empathy on satisfaction (F(1, 28) = 6.87, p < .02). As predicted, high-empathy participants reported greater satisfaction with the service than did low-empathy participants (M = 6.74 vs. 6.01). Thus, using a methodology and a multi-component measure of empathy differing from those used in the previous studies, Study 3 provides convergent support for the proposition that consumer empathy is positively related to satisfaction with a service. Further, whereas Studies 1 and 2 showed
effects of empathy on satisfaction with a brief and relatively impersonal service interaction, Study 3 shows effects of empathy on satisfaction with an extended and more personal service relationship. Perhaps most important, the significant relation between empathy and satisfaction observed in Study 3 cannot be explained as a demand effect or other artifact of an empathy manipulation because there was no manipulation.

*Other Measures.* ANOVA found no effects of dispositional empathy on attitude toward the personal trainer. Likewise, dispositional empathy had no significant effect on either of the two measures of attribution of responsibility to the personal trainer. So once again, we failed to find any evidence that empathy affects attitudes and attributions even as it increases satisfaction levels.

**Study 4**

All three of the preceding studies examined the effects of empathy on satisfaction in generally positive service situations. But the valence of a service situation may influence consumers’ willingness and ability to empathize, and the consequences of them doing so. By definition, empathizing with a distressed target such as a poorly performing service provider should lead to a somewhat aversive emotional state for the empathizer, and hence consumers in negative service situations may resist or counteract interventions designed to increase their empathy with the service provider. Moreover, if they do empathize with the service provider, then the resulting negative affect may generalize and cause a reduction in their satisfaction with the service. In other words, the salutary effects of empathy on satisfaction observed so far may be restricted to positive service situations, and making consumers more empathic in a negative service situation could be precisely the wrong thing to do to enhance satisfaction with the
service. Study 4 addressed this issue by testing the effects of consumer empathy on satisfaction in a negative service failure situation.

*Method*

Study 4 was a laboratory experiment in which participants read a scenario describing a negative service encounter. Some participants were induced to feel empathy with the service provider described in the story. Researchers have found that participants generally find reading service scenarios an understandable and believable task (Bitner, 1990) and that direct interpersonal contact is not necessary to induce empathic arousal (Batson, Klein, et al. 1995, Batson, Kobrynowicz, et al., 1997). Nevertheless, to bolster this methodology, in Study 4 we included a manipulation check of the empathy treatment.

*Participants and Procedure.* One hundred fifty-four participants (median age = 24, 46% male) were recruited through an advertisement placed on the university’s electronic mail system and were paid $5 for their participation. Participants received a booklet that contained a description of the study, the condition manipulation, a description of a service situation, and the dependent measures. The description of the study told participants that they would be presented with a story describing a service situation and asked them to project themselves into the story so that they could characterize the experiences described in the story as if they were really happening to them (Batson, Polycarpou, et al., 1997; Bitner, 1990). As in Study 1, participants were randomly assigned to one of two conditions. In addition to reading an introductory statement for the study, in the empathy condition (n = 78) participants read affective role-taking instructions to empathize with the service provider, and in the control condition (n = 76) they read instructions to take an objective perspective.
Next, all participants read the same mildly negative service scenario describing an interaction with a travel agent, “Sherrie.”

Imagine that you phone your local travel agency in order to purchase a roundtrip ticket to Chicago. Sherrie, a travel agent whom you’ve used a few times in past, assists you. You request the cheapest possible fare. Sherrie sounds busy and offers to call back later in the day with more details. Indeed, Sherrie phones some time later and has booked you a flight on United Airlines costing $439. Later, while in flight to Chicago, you converse with a fellow passenger about your air fares. In the course of the conversation, you learn that you did not get the cheapest fare. Your fellow passenger paid only $337 for her ticket. On returning from Chicago, you go back to the travel agency and complain to Sherrie. Sherrie explains, “I must have overlooked that special fare paid by the woman you met. You know, fares change so often these days it’s almost impossible to keep up with them. Do you know when she purchased her ticket?” You do not know the exact date but do recall the woman saying she purchased her ticket roughly around the same time you purchased yours. Sherrie apologizes “Look, I do feel badly and my boss would be unhappy with me if I lost you as a client. Maybe next time we can take more time, perhaps start earlier with making your arrangements, to make sure that you get the best possible fare.”

After reading the scenario, participants completed the satisfaction measure, which consisted of the seven feelings-based and expectations-based items (Cronbach alpha = .92) as in Studies 1 and 2. They then completed the attitude and attribution measures as in Study 1. The attitude measure combined the unfavorable-favorable and displeased-pleased items to assess attitudes toward the service-providing person (i.e., “Sherrie,” Cronbach alpha = .86) and toward
the service-providing firm (i.e., the travel agency, *Cronbach alpha = .92*). The attribution measure combined items on how responsible the service-providing person was for the level of service and for the consumer's satisfaction (*Cronbach alpha = .65*). Participants then completed the manipulation check, which was taken from Batson, Polycarpou, et al. (1997) and consisted of four items measured on 7-point Likert scales: warmth, tender, sympathy and compassion (*Cronbach alpha = .82*).

**Results and Discussion**

Analysis of the empathy manipulation check revealed significant differences across conditions (*F*(1, 153) = 11.15, *p* < .001). Empathy participants scored higher on empathic arousal than did control participants (*M* = 3.4 vs. 2.6). There was also a significant main effect for gender (*F*(1, 154) = 3.88, *p* < .05), with male participants scoring higher on empathic arousal than female participants (*M* = 3.2 vs. 2.8). This result that male participants scored higher than female participants is not necessarily inconsistent with previous research on gender differences and empathy: While females are generally found to be more emotionally responsive than males (Davis, 1980), studies have not always found significant gender differences for measures of empathic arousal (Davis, 1994).

**Satisfaction.** ANOVA found a significant two-way interaction effect of empathy and gender on satisfaction (*F*(1, 153) = 4.66, *p* < .03). Simple effects analysis showed that for females there was a significant effect of the empathy manipulation (*F*(1, 77) = 4.24, *p* < .04). Female participants in the empathy condition were more satisfied with the service than female participants in the control condition (*M* = 3.03 vs. 2.49). In contrast, for male participants the empathy manipulation had no significant effect on satisfaction. Thus, these results do not indicate an inverse relation between empathy and satisfaction in this negative service situation.
However, the results only partially corroborate the direct empathy-satisfaction relation found in the previous three studies. The lack of an effect for males tentatively suggests that, at least in negative service situations, gender may be an important variable to consider when evaluating whether or not consumer satisfaction will be enhanced by increasing empathy with the service provider.

_Other Measures._ ANOVA found no significant effects of empathy on attitudes or attributions.\(^4\) Thus, in all three studies that collected these measures, we failed to find significant effects of empathy on attitudes or attributions.

**General Discussion**

The primary goal of this research was to examine whether consumers can be predisposed to be more satisfied with a service by inducing in them feelings of empathy with the service provider. Using convergent methodologies, four studies showed that the more empathic consumer is indeed the more satisfied consumer. Inducing empathy in consumers at a café caused them to be more satisfied with the service (Study 1) and made them more generous tippers (Study 2). Likewise, under conditions devoid of possible demand effects, naturally occurring levels of consumer empathy, as measured by a trait scale, were positively related to how satisfied consumers were in longer-term service relationships with their personal fitness trainers (Study 3). Inducing empathy also increased satisfaction in a negative service situation, but only for female consumers, not for males (Study 4).

Although our main focus in this research was on determining the relation between consumer empathy and satisfaction with the service, we can also draw some further, albeit tentative conclusions about the nature of this relation. First, two plausible potential cognitive mediators of the empathy effect on satisfaction do not, in fact, appear to be important: We
consistently failed to find a relation between empathy and either consumer attitudes toward the service provider or consumer attributions of responsibility to the service provider. These null results, though partly consistent with past research on the effects of affective role-taking on interpersonal attitudes, must be interpreted cautiously because past research has also found that empathy’s effect on attitudes may not occur until days or weeks after the interpersonal interaction (Batson, Polycarpou, et al., 1997); although our study with personal fitness trainers did involve a longer-term service relationship, an examination of the means in that study shows a high overall level of interpersonal liking, raising the possibility of a ceiling effect on the attitude measure. Moreover, on the attribution measure in Study 4 there was a marginal empathy trend that was consistent with the empathy effect on satisfaction (see note 4), and this underscores the possibility that our null results may have been due simply to a lack of statistical power.

Nevertheless, future research on the cognitive mediation of empathy’s effect on satisfaction may be most profitably focused on processes other than those involving attitudes and attributions (e.g., the lowering of expectations about service quality or the generation of cognitive dissonance).

Second, empathy apparently does not increase satisfaction via a more hedonic route, by sensitizing consumers to the valence of the service situation. This mechanism is theoretically plausible because empathy partly involves an increased tendency to feel, and so the affective tone of a service situation could be experienced more intensely by empathic consumers, with the result that they would experience greater satisfaction from positive service situations like those used in Studies 1, 2 and 3. However, this mechanism is disconfirmed by the results of Study 4, which employed a negative service situation but nevertheless found that empathy increased and did not decrease satisfaction. This leaves another hedonic mechanism as a possibility for future
In addition to the sympathetic affective reaction (positive or negative) that may be experienced by an empathizer, the act of empathizing may itself generate feelings of satisfaction, and hence may add to the satisfaction associated with the service. A related idea is that empathic consumers may behave in ways that garner more pleasant or otherwise satisfying behaviors from the service provider.

Third, gender plays a role in the relation between empathy and consumer satisfaction, and the gender effects observed here may impose useful constraints on any theoretical account of our findings. Empathy reduced scores on our self-centeredness measure for females but increased self-centeredness scores for males (Study 1), and empathy caused an increase in satisfaction for females but not for males (Study 4). These two gender-by-empathy interactions, in concert with our more basic findings, suggest a very speculative theoretical account of the effect of empathy on satisfaction. 1) The basic premise of this account is that, in the transactional context of a service situation, feeling satisfied is partly an act of cooperation on the part of consumers. Service contexts may invoke a “feeling rule” (Hochschild, 1979) telling individuals that to be a cooperative consumer in the service interaction one should feel satisfied and should self-manipulate one’s affective responses accordingly (Gibbs, 2002). 2) Thus, empathy increases consumers’ satisfaction with a service because it makes them more cooperative. 3) In a negative service situation consumers tend to feel personally affronted (i.e., they “take it personally” that they are not being treated right); this inhibits any increase in cooperativeness and so nullifies empathy’s effect on satisfaction. 4) However, this inhibitory effect does not occur for empathizing females, who do become more satisfied in a negative service situation, because empathy tends to reduce their self-centeredness and thereby makes them less likely to feel personally affronted (whereas empathy may increase the self-centeredness of males and so has
no such disinhibitory effect). This post hoc explanation for the overall pattern of the present findings should be tested in future research, which could jointly manipulate empathy, affront (e.g., using a personalization-of-the-transgression manipulation) and self-centeredness (e.g., using a self-awareness manipulation). If validated, this framework would imply that other methods of increasing cooperativeness besides inducing empathy, such as by invoking reciprocity norms, will enhance consumer satisfaction with the service.

There are several other implications of our findings. At a practical level, the basic marketing implication is straightforward: Satisfaction with the service can be increased by making customers more empathic with the service provider. The success of the empathy manipulation in the present work suggests that marketing tactics that encourage consumers to think about the service provider’s feelings or situation may increase satisfaction. For example, personalizing service staff by portraying them as individuals in advertising, or by providing them with name tags at the point of service, is likely to have the benefit of increasing consumers’ satisfaction with the service. However, subtler interventions may be effective too, because empathy can be aroused by indirect cues such as those emphasizing similarities between the service provider and consumer (Davis, 1994). An interesting caveat to all this is that marketers providing services in a predominantly negative situation (e.g., at an airline’s customer service desk for dealing with rebooking stranded passengers) may only reap customer satisfaction benefits from inducing empathy in female customers.

A particular class of service situation in which it might be useful to induce empathy is revealed by past research that has found a negative bias on satisfaction judgments when consumers are expecting to evaluate the service (Ofir & Simonson, 2001). Inducing empathy with the service provider may enable marketers to counteract this negative bias because, in the
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present research, empathizing consumers showed the satisfaction-enhancement effect even while expecting to evaluate the quality of the service. In this sense, empathy and an evaluative mental set can be considered mental states that may partially cancel each other out in terms of their effects on customer satisfaction with the service.

More generally, in investigating the dynamics of consumer response, the present research took a consumer-manipulation, or predisposing approach. The predisposing paradigm focuses on manipulating the consumer’s mental state rather than on manipulating the attributes of the good or service presented to consumers (Gibbs, 1997). While it is natural for marketing researchers and practitioners to think first of managing satisfaction responses by altering product or service attributes, there may be cases in which it is advantageous to consider the service attributes fixed and seek to predispose the consumer instead. For example, in some service situations (e.g., on an airplane) service providers are strictly limited in terms of how objectively good they can make the service. In other situations, it may be more cost effective to manage the consumer’s mental state than to alter the service itself (e.g., a product returns situation). But even those circumstances aside, predisposing the consumer may be the best marketing tactic from a competitive perspective, precisely because most marketers will be focusing exclusively on managing consumer responses by adjusting attributes of the service rather than by adjusting mental states of the consumer. When all competing services are roughly a par, inducing empathy as a means of predisposing the consumer to be more satisfied—even if that effect were a relatively modest one—may be highly advantageous to the marketer.

If using empathy to increase consumer satisfaction may be good for marketer welfare, then what are its implications for consumer welfare? On the one hand, empathic consumers are obviously better off as simply measured by satisfaction levels. However, the aforementioned
dissociation between this incremental satisfaction and the attributes of the service make the welfare issue more complicated. In our café experiments, did the empathic consumers get more “utility” from the service? We cannot begin to answer this without a better understanding of the nature of the empathy-satisfaction relation. If empathy is an inherently satisfying state, then the answer would seem to be yes. However, if our tentative theoretical framework is correct, and consumers adjust their satisfaction responses in order to cooperate with a service provider with whom they empathize, then the empathy effect may be equivalent to a subtle form of social coercion. A further ethical issue arises if marketers decide that, due to our gender findings, it is less important to deliver satisfying service attributes to women because they are more susceptible to influence by an empathy intervention.

Finally, unlike much previous research, this research focused on an interpersonal or dyadic-level psychological process, empathy. In the past, researchers have mostly focused on the individual-level cognitions, feelings and behaviors that occur in response to changes in product or service attributes. The lack of marketing and consumer research on interpersonal psychological processes like empathy may be linked to the historical lack of research on services versus products (Fisk, Brown, & Bitner, 1993). Increased interest in the topic of relationship marketing in recent years suggests that systematic research on interpersonal psychological processes such as empathy is both timely and important. Interestingly, while relationship marketing emphasizes the development of long-term alliances with consumers through the customization of products, communication, and service (White & Schneider, 1998), the present predisposing research suggests the possibility that consumer-marketer alliances may also be improved through a sort of “customization” of the consumer.
References


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Footnote

1 The café management had given permission to run the study.

2 We tried three ways of incorporating the age variable in our analyses: 1) using a mean split, 2) using a median split, and 3) dividing participants into three age groups. Across all of the studies the pattern of results was generally the same, so we settled on consistently using the median split method throughout.

3 On the responsibility-points measure there was a marginally significant gender effect such that relative to male participants, female participants attributed greater responsibility for their success to their trainer ($p < .06$).

4 The two-way interaction between empathy and gender had a marginally significant effect on the attribution measure ($F(1, 153) = 3.33, p < .07$). Treating this as though it were a reliable result, we conducted separate analyses for female and male participants and found that the empathy effect was “significant” for females only ($F(1, 82) = 6.06, p < .02$). Female participants in the empathy condition attributed less blame to the service provider for the poor level of service quality than did female participants in the control condition ($M = 4.6$ vs. 5.5).