

## Exploring Service Quality Perceptions and Satisfaction of Athletes in Greek Disability Sports Clubs

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### Abstract

Athletes with disability have the same rights as everyone else to be active in physical exercise and sport. They are becoming more demanding and conscientious of the sports services they desire and they search for the best. In order to survive and win athletes confidence sport clubs must learn how to provide their athletes good service quality. Service quality in sport clubs emerges in the literature as an important theoretical framework that provides the basis for a holistic analysis of Hierarchical Service Quality Model (HSQM) in three dimensions which involved in goal attainment and, more broadly, athletes satisfaction. The hierarchical approach for examining services quality based on the work of Brady and Cronin [1] explains that service quality depends on a number of dimensions. The purpose of this study was to record the service quality perceptions of 131 (N = 131) athletes with disability of thirty-five sports clubs in Greece. Alpha coefficients for all scales indicated reliability. The results revealed that all athletes express positive perceptions of service quality for sport clubs who participate according to three dimensions of Brady and Cronin scale (natural environment, interaction, outcome).

**Keywords:** Athletes with Disability; Sport Club; Quality of Services; Satisfaction

### Introduction

In the 21<sup>st</sup> century the importance of an active and healthy lifestyle is emphasized. The participation of individuals with disability in organized sports reflects the belief that all people have the same opportunities, regardless of their abilities [2,3]. This validates the development of specific policies for individuals with disability that emerge from the recommendations of the 1996 Commission on the Status of People with Disabilities and the subsequent formation of the National Disability Authority. Many athletes participate every year in different sports organizations, such as clubs or gyms and use sports services- they want and search for the best. On this basis, the sport clubs for athletes with disability management is receiving increased research attention over the last decades and researchers have looked at it from various perspectives [4]. The activities or sports which are supported through various sports programmes testify the philosophy, the dedication and skills of those people who have overcome due to disability the first emotional trauma and now are attempting to participate in a variety of sports [5].

There is a general consensus amongst researchers and specialists that service quality is an elusive and abstract concept that is difficult to define and measure [6,7]. Definitions of service quality in international literature focus primarily on meeting customers and how well the delivered service meets customers' satisfaction [8]. Satisfaction is based on individual norms, values, wishes and needs and is therefore very individualistic. Customer satisfaction is a belief about the service that serves as standard or reference point against which

quality is judged [9]. The satisfaction which is provided by the service provider will have a crucial bearing on their perceived service quality. In addition, satisfaction between two individuals is not necessarily identical, even if the service delivery is absolutely identical. Changing personal circumstances such as income levels, or educational achievement or increasing aspiration also change an individual's satisfaction over time [10].

Quality, is the main factor for satisfaction development; therefore, it is essential to know the dimensions for being able to analyze it, knowing their parts and improving the efficiency and accuracy of the service (Santouridis and Trivellas, 2010)). Different implements have appeared to evaluate the quality, both the perceived subjective and the objective. It is essential to achieve customer satisfaction. Customers evaluate the product or service against their needs and expectations. The outcome may be either satisfaction or dissatisfaction. According to Theodorakis, Kambitis, Laios, and Koustelios [11] a sports club customer is satisfied when his/ her needs, real or perceived, are met or exceeded. The level of customer satisfaction shows that is depended on service quality and other variables that may affect a/customer, such as the climate, his/her mood, the nature of the social groups participating and others [12]. Emphasis on developing 'service great level' rooted in evaluation, quality management and client consultation and customer satisfaction studies. The processes of quality improvement include a variety of tools such as decentralized decision-making, the separation of policy-making and service delivery. Central to this process is the importance of service quality to strategic goals and objectives and for connections to be made in quality service between service delivery and policy development [13].

Sport services, for instance, have unique features compared to other services [14]. The consumption of a sports programme requires real (and physical) participation, which for some athlete is not a positive experience. It seems that individual variables such as self-confidence motives and constraints can be important factors in determining an athlete's experience [15]. According to Grönroos [16] quality is a form of attitude, related to, but not the same as, satisfaction and resulting from a comparison of expectations with perceptions of performance. On the other hand, according to Buswell and Williams [17] the nature of satisfaction confirms the transaction-specific nature of satisfaction and differentiates it from attitude, that is the consumers relatively enduring affective orientation for a process (Satisfaction could be observed both a micro and a global level. On the global level, satisfaction is viewed as a result of the customer's cumulative experiences with a specific service-the micro level as a response to a transaction-specific experience [18]. In the sport literature, many researchers have assessed satisfaction responses from both a global and a transaction-specific perspective [19,20]. That means, that all athletes can be satisfied with the sport club services, but that does not mean that the experience of exercise is positive. Therefore, the question may not be: "which sports club is good?" but "if he/she a member of a sports club is a good decision?"

### Theoretical framework and literature review

Service quality the last decades has attracted the interest of sport researchers in the context of sport clubs mainly because of its influence on athletes several psychological and behavioral advantages such as involvement, identification, satisfaction and loyalty [21,22]. In the sport literature, service quality and satisfaction relate to the experience of an exercise place such as a sport club. Components of the sport clubs participation experience such as interacting with others in the same place also contributed to well-being [23,24]. More importantly, high service quality in services is important because it yields psychological benefits for the athletes and connects with high satisfaction levels, especially for disabled athletes.

Many researchers have used different theoretical and measurement models to assess perceptions of service quality in this context; several researchers modified the SERVQUAL model [12] or developed context-specific measures based on this model [25-28]. Studies suggested that service quality is a multidimensional construct formed by a number of context-specific dimensions. In this case, for the service quality measurement used either disconfirmation-based scales, or performance- only measures of service quality.

The Hierarchical Service Quality Model (HSQM) proposed by Brady and Cronin [1] is viewed as a comprehensive multilevel construct that consists of three primary elements such as interaction quality, physical environment quality and outcome quality. According to Lovelock and Wirtz [29] customer satisfaction is deemed important for the providers in understanding the customers' needs. Interaction quality deals with the experience that a customer has with the employees who provide services. In fact, it becomes one of the most vital

factors that influence customer satisfaction (i.e. a coach should give a smile while interacting with the athlete and this will result in athletes' satisfaction and good impression in a positive way-dealing with a serious coach, it can create a stressful situation as well as negative impact on athlete satisfaction). As a result, an athlete's quality perception occurs in relation to service coacher smiling behavior and athletes' satisfaction.

Physical environment quality concerns with the physical and social setting such as buildings, grounds, cleanliness, welcoming and also athletes personal space. The physical environment is an important factor because every service occurs in an environment, where athletes are present as a whole and parts of the service process. The importance of a good physical environment quality is where customers express a preferred for several aspects in a place. Outcome quality refers to the outcome of the service performance and represents what the athletes achieve from the service. Waiting time, tangible and valance are the attributes that contribute athletes satisfaction (i.e., waiting time in sports service commonly known as a waste of time to athletes and when athletes have to wait for a long time they become dissatisfied on the service provided. It is shown from a various study on service quality mentioned that waiting time can affect customer satisfaction.

Thus, the overall aim of this study is to evaluate the service quality and satisfaction perceptions of disabled athletes of thirty-five sports clubs in Greece with a focus on three dimensions of Hierarchical Service Quality Model (HSQM) (interaction, physical environment and outcome quality) with respect to age, gender, type of disability and frequency of participation factors.

**Materials and Methods**

**Participants**

131 athletes with disability who were members of thirty-five sports clubs in Greece participated in the research. None of the clubs athletes refused to do so. Although the clubs' sample was convenient rather than a randomly selected one, all authorized disability sports clubs in Greece present quite similar characteristics in terms of size, equipment, programs offered and membership terms. Questionnaires were distributed from the researchers over six months. All athletes were disabled and participate in sports clubs programme at least three times a week. Age categories namely: 19 years, 20 to 29 years, 30 to 39 years, 40 to 49 years and under 60 years corresponding to the age of young adults, middle-aged and senior athletes. The data shows that majority of the athletes confined to this study were males (72.2%), aged less than 40 years old (51.3%), non-married (99.6%) without children (78.9%) and an important percentage of educational level were students (42.1%). The values of the quantitative variables were grouped into categories (See table 1). One-hundred-thirty-six questionnaires to athletes were distributed and 131 were completed and able to be used, giving a return rate of 95.6.

Age	%	Gender %	Residence %	Children %	Education %
< 19	8.8	Males 78.7	with Parents 48.5	with children 21.1	Gymnasium 9.9
20 - 29	23.5	Females 19.1	Alone 28.9	without 78.9	Lyceum 16.5
30 - 39	31.6		Spouse 22.2		Student 42.1
40 - 49	20.6				University 29.8
> 50 to < 60	11.8				Master 1.7
		Income %	Club Know %	Major Reason %	Trans %
Disability	%	< 50033.8	Sp. Member 66.9	Distance 21.3	Car 67.6
Acquired	54.4	500 - 700 23.5	Neighbors 4.4	Facilities 7.4	Bus 12.5
		700 - 1000 19.1	Passer 3.7	Fame 19.9	Taxi 0.7
Congenital	39	1000 - 1300 11	Sport event 2.9	Price 9.6	Clubs 0.9
		1300 - 1700 2.9	Reclaim 3.7	Service 10.3	Van 0.7
			Work 1.5	Accessibility4.4	Member 1.5

**Table 1:** Demographic characteristics of the athletes with disabilities.

## Measures

Service quality and athletes satisfaction was measured using the Brady and Cronin's [1] (2001) scale, which evaluate the three dimensions of a) environment quality with nine items (i.e. "facilities are clean", "equipment is in good condition"), b) interaction quality with seven items (i.e., employees are polite") and, finally, c) outcome quality, with nine items measuring the possible consequences of the athletes participation. Athletes were asked to indicate the degree of their satisfaction. A 5-point Likert type scale was used adapted for the evaluation of disability sports club's service quality, ranging from 1: 'strongly disagree to 5: 'strongly agree'. All athletes have a mobility impairment, so its variables have been adjusted to the needs of this study. The questionnaire has also demographic characteristics of the participants (e.g., gender, age, etc.). Prior to the current study, a pilot study defined in a 'small group of athletes to test the data collection measure. More specifically, 30 questionnaires were completed by 30 sports athletes with a disability. The piloting process confirmed that the shortest and longest times to complete the questionnaires were approximately 25 and 35 minutes.

## Procedure

The service quality questionnaires were distributed for six months to all disability sports clubs in Greece, which is operating under the supervision of the Greek Paralympic Committee-the Greek Federation of People with Disabilities and the Hellenic Basketball Federation. All operators of sports clubs were briefed about the purpose and procedure of the study. Regarding the quality of services, the researchers met with athletes and recorded their views and the training hours. All authorized disability sports clubs show quite similar characteristics in terms of the size of the participants, the equipment and the exercise or sports programmes who offered. The offered programmes related most specifically sports for athletes with motor impairments such as wheelchair basketball or weight lifting. Participants completed the questionnaires either in clubs or in their personal space. The questionnaires were returned to the researchers the next day. Athletes evaluated the service of sport clubs who participated against their needs and expectations (i.e. satisfaction or dissatisfaction). Satisfaction served to reinforce athlete loyalty and leads to a desire to participate in the exercise, while dissatisfaction results in an adverse reaction towards the service often resulting in the athlete dropping out. The questionnaires were completed by the sport clubs disabled athletes prior to exercise in order to avoid feelings of fatigue or boredom.

## Statistical analysis

Within the context of the current study, independent variables are those variables which are not influenced by any other variable. In contrast, a dependent variable is defined as one that is influenced by another variable. Therefore, four independent variables included in this study (age, gender sports participation and type of disability). The dependent variable are the athletes' perceptions (satisfaction) in three dimensions of (HSQM): a) interaction quality, b) environment quality and c) outcome quality. It is important to note that service quality would seem to be an independent variable in HSQM model because it is hypothesized to influence Satisfaction. Reliability of the scales was measured with Cronbach's alpha) central tendency (mean) and measures of spreads (standard deviation). Descriptive quantitative data analysis used central tendency (e.g. mean). In case of categorical variables was used frequency tables. The impact of factor "age" on service quality was examined by analysis of variance (ANOVA). Differences in .05 are statistically significant. T-test on three different groups of measures (gender, type of disability and sport participation) for each factor, in an attempt to find possible differences.

## Results

The values of alpha were calculated (Cronbach, 1951) to assess the internal consistency reliabilities of the scales. For its analysis, the items that make up each of the scales of measurement of the athletes opinions, which correspond from different disability sports clubs in Greece, have been included. As we can see, the resulting different Cronbach alpha coefficients are between 0.91 for "environment quality", 0.83 for "interaction quality" 0.83 for "outcome quality" (See table 2); therefore, the Cronbach alpha coefficients were higher than the criteria of .70 in all cases [28].

## Differences of athletes perceptions on factor age

Athletes' evaluations of the scales have been analyzed. In this case, age ranges (<19, 20 - 29, 30 - 39, 40 - 49 and > 50) have been created to make the comparison and to check if there are significant differences in their opinions that depend on whether they belong to one age

Scales (Quality)	Cronbacha	Mean	Standard Deviation
Environment	.91	3.73	0.22
Interaction	.83	4.50	0.14
Outcome	.83	4.37	0.15

**Table 2:** Reliabilities, means and standard deviations of three dimensions of HSQM.

range or another. Table 3 shows the average scores for each of the dimensions analyzed in terms of age range. In the score of < 19 years, we see that the best score appears in the interaction quality with a score (4.75 ± .27) while the worst score is in the environment quality dimension (3.75 ± .98); note that, although both scores are positive, the measurement scale is from 1 to 5. In the second age range, 20 - 29 years, we see that the best scores is in the interaction quality (4.59 ± .52) dimension, respectively and worst scores are the environmental quality (3.93 ± .75). In the age group 30 - 39 years, we see that the worst scores are the environmental quality (3.67 ± .75) and the best scores is in the interaction quality (4.59 ± .58) as in the previous cases. In the score of 40 - 49 years, we see that the best score appears in the outcome quality with a score (4.45 ± .67) while the worst score is in the environment quality dimension (3.22 ± .95); finally, in the scores of >50 years, we see that the best score appears in the interaction quality with a score (4.75 ± .27) while the worst score is in the environment quality dimension (4.10 ± .73) (See table 3).

Dimensions	F	Sig.	< 19	20 - 29	30 - 39	40 - 49	Under 60
Environment	3.31	.01*	3.75 ± 98	3.93 ± 75	3.67 ± 97	3.22 ± 95	4.10 ± 73
Interaction	4.51	0.00*	4.75 ± 27	4.59 ± 52	4.59 ± 58	4.04 ± 88	4.53 ± 60
Outcome	1.15	0.33*	4.66 ± 43	4.33 ± 75	4.20 ± 1.00	4.45 ± 67	4.51 ± 48

**Table 3:** Evaluation of the three quality dimensions of the disabled athletes according to their age. Significance  $p < 0.05$ .

After analyzing the factors with ANOVA, significant differences were obtained between the groups analyzed in the dimensions of environment quality, interaction and outcome quality. To know more conclusively where these differences are shown, post hoc tests were used. After seeing the results of these tests (see table 7), we can affirm that there are statistically significant differences were found in the environment quality between the 20 - 29 and 40 - 49 age groups, 30 - 39 and 40 - 49 age groups and between 50+ and 40 - 49 age groups which all had a  $p < .05$  significance. Similarly, significant differences were found in the second dimension, interaction quality between the < 19 and 40 - 49 age groups, 20 - 29 and 40 - 49 age groups, 30 - 39 and 40 - 49 age groups and finally between 50+ and 40 - 49 age groups, which all had a  $p < .05$  significance. In the third outcome quality dimension there were no differences between age groups according to post hoc analysis (See table 4).

Dimensions	1vs2	1vs3	1vs4	1vs5	2vs3	2vs4	2vs5	3vs4	3vs5	4vs5
Environment					*	*		*		*
Interaction			***			*		*		
Outcome										

**Table 4:** Post hoc tests of three quality dimensions according to the age of the disabled athletes.

Note: \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

### Independent sample t-test

A t-test analysis has been carried out with the intention of checking the means of three independent groups (in this case the gender, the type of disability and the sports club participation) in order to determine if there are significant differences between athletes in relation

their sports clubs satisfaction (See table 5-7). Based on the extracted results, we observed that in relation of gender factor the t-test show significant differences in three dimensions of the quality of services  $t(131) = -1.46$ ;  $p < 0.05$ , that means that this factor has an important role of athletes perceptions of service quality. As regards the type of disability the t-test show significant differences  $t(125) = -3.47$ ;  $p < 0.05$ , that means that the factor type of disability play an important role on disabled athletes perceptions about the quality of services. The same result in the Interaction quality  $t(125) = -3.10$ ;  $p < 0.05$ . No significant differences in the third dimension (outcome quality). On the other hand, if there are significant differences between disabled athletes in relation of the sports club participation, the analysis showed that there are no significant differences in the three dimensions of service quality.

Gender	N	Dimensions	Mean	SD	df	P
Men	106	Environment	3.78	.90	131	0.02
		Interaction	4.52	.70		
		Outcome	4.40	.83		
Women	25	Environment	4.12	.90		
		Interaction	4.85	.36		
		Outcome	4.65	.56		

Table 5: T-test results comparing gender on sports clubs service quality satisfaction.

Type of disability	N	Dimensions	Mean	SD	df	P
Acquired	74	Environment	3.46	.90s	125	0.01
		Interaction	4.32	.71		
		Outcome	4.24	.89		
Congenital	53	Environment	4.01	.53		
		Interaction	4.69	.54		
		Outcome	4.47	.60		

Table 6: T-test results comparing type of disability on sports clubs service quality satisfaction.

Sports participation	N	Dimensions	Mean	SD	Df	P
Yes	109	Environment	3.81	.90	116	0.77
		Interaction	4.53	.61		
		Outcome	4.40	.79		
No	9	Environment	3.25	.73		
		Interaction	4.55	.71		
		Outcome	4.36	.66		

Table 7: T-test results comparing sports participation on sports clubs service quality satisfaction.

### Discussion and Conclusion

The purpose of this study was to record the service quality and satisfaction perceptions of one hundred thirty-one athletes with disability of thirty-five sports clubs in Greece. The results revealed that all athletes express positive perceptions of service quality for sport clubs who participate according to three dimensions of Brady and Cronin scale (natural environment, interaction, outcome). This model (2001) which is used in this study places less importance on the relationship between company/organization members and customers but consider that the service quality needs to assess on basis of three-dimensions such as environment, interaction and outcome.

On the other hand, this model is better suited to the needs of the current study. After data processing obtained in this study through an analysis of principal components, it was found that the results had good internal consistency indices: environment quality, interaction quality and outcome quality. The results showed also that the factor age significantly influenced athletes' perception on scale, while there were no statistically significant differences between age group 20 - 29 and 40 - 49 years. As regards the effect of factor gender on three dimensions of the scale, men showed increased satisfaction than women. Finally, as regard the influence of the factor type of disability, athletes with congenital type of disability showed statistically significant differences than the athletes with acquired disability.

From these data, it appears that athletes are focusing more on the specialized staff of the sports clubs they are participating in, thus expressing their impact on the quality of the services provided. This treaty, in conjunction with a fully up-to-date equipment and rooms large and accessible to the needs of the implementation of the programs, seems to be the key to running a well-run sports business for people with disabilities. Most sports clubs, however, do not operate for profit, while the increased demands of people with disabilities for modern sports facilities, open or closed, in line with European Union directives, appear to be to the greatest extent possible (funding and income from other activities) (Koo, Diacin, Khojasteh and Dixon, 2016; Puig-Ribera., *et al.* 2017).

Concerning the expected results, the high value demonstrates a positive perception of people with disabilities about the results of their participation, in relation to their health, as well as their physical and psychological status regardless of gender, age and type of disability. Most people, especially those with a motor disability, have discovered the benefits of exercising to improve their quality of life. Sport is an inalienable right of every person, regardless of age, gender, social, economic status, physical or mental ability. Both sports policy and the scientific community need to evaluate the exercise programs provided through organized spaces in the physical and mental well-being of disabled athletes.

As for the three dimensions mentioned above, the evaluation of service quality of sport and recreation organizations and installations is a multi-dimensional structure. It seems that these dimensions may vary from country to country and also among different service sectors according to the study by Tsitskari, Tsiotras and Tsiotras [30]. However, the paths have a positive relationship to each other. The first studies on service quality in the sport branch focused on identifying dimensions of quality in specific services (e.g. fitness services, leisure services, recreation services). Chelladurai, Scott and Haywood-Farmer [31] identified five dimensions of fitness services as measured by their Scale of Attributes of Fitness Services (SAFS). These dimensions are primary professional, primary-consumer, primary-peripheral, primary-facilitating goods and secondary goods and services [32]. Following this line of authors who elaborate new research to generate scales that can be adapted to different types of services, researchers find contributions dedicated to the perception of perceived quality in fitness centers [33].

Among the researchers who supported the relationship between quality and satisfaction with the intentions and behaviour are Cronin, Brady and Hult [34], who investigated this relationship in six different industrial markets: a) sports fans, b) participants in sports activities, c) entertainment d) health institutes, e) long distance transports and f) fast food chains. The study explored suitability as a whole, as well as individually for each type of industrial market, through and the results showed a significant correlation between quality and satisfaction on behavioural intentions. However Alexandris, Dimitriadis and Kasiara [35] argued that the provision of service quality is very important for keeping people in a sports activity, based on a survey involving 300 individuals from private gyms of Thessaloniki. Accordingly, Alexandris, Dimitriadis and Markata [36] support that people stop an activity when they do not see positive results in their health. On the other hand, Baker and Crompton [37] investigated the association between quality and satisfaction by the returning of visitors to a program or recreational activity. In their study participated 141 guests at the annual festival and the factors measured were quality, satisfaction and behavioural intentions. The results showed that both the quality and satisfaction have a major effect on behavioural intentions.

Based on the current study, results showed that the three dimensions of service quality significantly predict disabled athletes' satisfaction of sports clubs, as was the case with the work of Kung and Taylor [38], they analyses satisfaction by the disabled of the services of various public sports facilities in England. The two of three dimensions variables were significant (interaction, outcome). In this study, disabled athletes between <19 and > 50 years of age perceived the different aspects of the sports clubs satisfaction more positively.

### Limitations and Future Research

The present study collected data from athletes with disabilities who participate in disability sports clubs in Greece. Researchers recorded service quality perceptions. As the age diversities influence athlete's service quality perceptions and also the influence of type of disability and participation of athletes with a disability in sport, it would be useful to have evidence from different demographic characteristics (i.e. gender or education). Thus, research should be conducted in the future and help specialists and academics to better understand the impact of demographic characteristics on service quality perceptions (satisfaction), of athletes with disabilities (similarities and differences). Along with service quality and satisfaction, future research should incorporate other factors and dimensions that have been shown to significantly predict the athletes' behavior, such as those of value, loyalty, or motives.

Finally, future systematic exploration of service quality perceptions and satisfaction of athletes in Greek disability sports clubs is critical if we are going to retain our international leadership in competitive sports and in providing expanded opportunities for athletes with disabilities who have all degrees of sports interests. Much progress in service quality has been made the last years but continued effort and improvement are needed for high-performance success thus, through a concerted and coordinated effort of all partners in the Greek sport system.

### Perspectives

The findings of this study possess a number of theoretical and practical implications: a) There is an initial set of data at a national and international level that reports the organizational capacity of the sporting associations of individuals with disabilities and the quality of the services provided by these clubs, by the participants' side, b) there is a recording of the ability to predict the dimensions of quality from the dimensions of organizational capacity, as assessed by the managers of sports clubs, c) There are valuable information's so the athletic associations of athletes with disabilities can achieve both their optimal organizational capacity and the pleasure of their participants, with a view to long-term successful operation.

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### Conflicts of Interest

The authors declare no conflict of interest.

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