



A Parallel Mediator Model to Explain the Organizational Performance Oriented to the Quality of Life of People with Intellectual Disabilities: The Employees and Family Members Perspectives

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Abstract

This research examines whether employees' perceptions of service climate are related to organizational performance oriented toward improving the quality of life (QoL) of people with intellectual disability (ID) through the mediation of service quality perceived by family members. The research was conducted in 252 centers for people with ID in Spain. Employees ($N=2.021$) reported on service climate. Family members ($N=2.267$) reported on service quality and organizational performance oriented toward improving QoL. We used an overall measure of service climate. Service quality was composed of two dimensions: functional (efficiency in the delivery of the core service) and relational (quality of the social interaction between employees and service users beyond the core service) service quality. Organizational performance oriented toward QoL was composed of four dimensions: overall QoL; self-determination; social inclusion; and defense of rights of people with ID. Results supported full mediation, with functional and relational service quality mediating the relationship between service climate and performance oriented toward improving QoL. Implications for research and organizations are also discussed.

What this Paper Adds?

This research study adds value in three main ways. First, this research contributes to the existing knowledge by suggesting that an internal facet of the organization, service climate, is related to the perception that family members have of functional and relational service quality, which eventually is related to the perception of organizational performance oriented toward the quality of life of their relatives with intellectual disability. Functional and relational service quality are parallel mediators in the relationship between service climate and dimensions of organizational

performance oriented toward the quality of life of persons with intellectual disability. This makes a significant contribution because conducting parallel mediation provides a complex explanation of the relationship among the variables that is not captured in simpler relationships of a dyadic nature. Second, considering a multi-informant method (employees and family members) allows us to capture the actual performance as perceived by family members. This is an important aspect because research has shown that the perception of service quality held by employees vs. family members does not completely match. Third, the current research found that relational service quality tends to have greater power in predicting the different facets of organizational performance oriented toward the quality of life of persons with intellectual disability than functional service quality. Prolonged, frequent, and proximal relationship between employees and persons with intellectual disability increases the importance of interpersonal bonds and socio-emotional benefits (relational service quality) and reduces the predictive power of efficiency underlying functional service quality.

Keywords Service climate · Service quality · Organizational performance oriented toward improving quality of life · People with intellectual disabilities

Introduction

Although people with intellectual disability (ID) have significant restrictions on their social participation, which negatively impacts their QoL, institutions and experts have examined how societies can become more inclusive. This has led organizations for people with ID (organizations delivering health, leisure, therapeutic, and other services) to increase their efforts to help service users improve their QoL and play a more active role as members of society. These organizations have a ‘social’ goal –to improve the QoL of people with ID– rather than pursuing monetary profits. Understanding the mechanisms through which organizational initiatives and employee efforts enhance the QoL of people with ID can contribute to increasing knowledge and designing better organizations.

In the services sector in general, a crucial way for an organization to achieve its goals is by implementing guidelines and procedures so that employees can develop a shared understanding of the desired behaviors in encounters with customers (Hong et al., 2013; Schneider & Barbera, 2014). The shared understanding of the expected behaviors encouraged by the organization is called service climate. It is defined as “employee perceptions of the practices, procedures, and behaviors that get rewarded, supported, and expected with regard to customer service and customer service quality” (Schneider et al., 1998; p. 151). Service climate is also meaningful in specific organizations for people with ID because it helps to place the service user at the center of organizational and employee efforts (Pătraș et al., 2018).

Previous research has also investigated a consequence of service climate: perceived service quality (e.g., Potočnik et al., 2011; Schneider et al., 2002). Service quality refers to users’ perceptions of the excellence of the service provided (Gracia et al., 2010; Mokhtaran et al., 2015). It has been observed that the way employ-

ees behave during the service encounter impacts users' perceptions of service quality (Chang et al., 2013; Reinders & Schalock, 2014). Knowing that this interaction between employees and service users is crucial, researchers have differentiated between two dimensions of service quality, namely, 'functional' quality, which is related to efficiency and accuracy in the delivery of the core service, and 'relational' quality, which has to do with the quality of the social interaction between employees and service users, beyond the core service (Martínez-Tur et al., 2023; Yavas et al., 2007). Thus, these two aspects of service quality are key factors in comprehending performance.

The research question in this study is to examine the link from these two constructs (service climate and service quality) to organizational performance oriented toward improving the QoL of service users in organizations for people with ID. More specifically, we aim to test whether service climate perceived by employees is related to organizational performance oriented toward improving QoL through the mediation of service quality. That is, we propose that service climate is related to service quality, and that service quality in turn leads to organizational performance. Employees report on the existing service climate in the organization, whereas family members report on the service quality delivered to their relatives with ID and improvements in their QoL due to the organizational performance. This study makes significant contributions to the literature. First, we extend the understanding of organizational performance by considering the particular characteristics of organizations for people with ID. Generally, studies that examine the relationships between service climate, service quality, and organizational performance have considered profit-oriented sectors where organizational performance is associated with financial outcomes and the encounters between employees and service users are short-lived and require low involvement (Ehrhart et al., 2011; Mendoza-Sierra et al., 2014). By contrast, in organizations where social factors predominate, as in those for people with ID, service encounters between employees and service users are extended over time, interactions with employees are important in the lives of the service users, and organizational performance is associated with achieving non-monetary goals, such as improving QoL (Martínez-Tur et al., 2017).

Second, our study focuses on the mechanisms through which an internal organizational facet (service climate) is related to external evaluations by family members (service quality and organizational performance). This is an important challenge for researchers who investigate services because it is assumed that what happens within the organization can influence the evaluations made by the service users, given that they are usually physically present in the facilities, interacting with employees (Jiang et al., 2016; Martínez-Tur et al., 2005; Schneider & Bowen, 1985). This argument could be transferred to organizations for individuals with ID, describing a process that goes from internal organizational life to external evaluations carried out by significant social actors (i.e., families). Creating a positive internal service climate where employees perceive that people with ID are at the center of their daily work (service climate) can lead to better service quality in supporting people with ID, as reported by family members. This service quality, in turn, can improve organizational performance in terms of enhancing the QoL of people with ID.

Third, we provide a richer view of organizational performance oriented toward QoL than what has been considered in other studies. Past research has either focused on overall QoL or a composite score of QoL as an organizational outcome (Molina et al., 2015; Pătraș et al., 2018). By contrast, this research considers four dimensions of QoL, namely, overall QoL, self-determination, social inclusion, and defense of rights of people with ID (Moliner et al., 2013), thus broadening the focus on this outcome. In addition to overall improvements in QoL, organizations can contribute to specific QoL facets. Therefore, the aim of our study is to elucidate which areas of organizational performance oriented toward enhancing the QoL of people with ID improve by means of the service climate and the resulting service quality.

Concepts

Service Climate

Organizational climate refers to employees' perceptions of the practices, procedures, and behaviors that are encouraged and rewarded by the organization (Schneider et al., 2012). Since Schneider (1975) emphasized that specific climates should be tied to specific organizational outcomes, attention to service climate has greatly increased (e.g., Carrasco et al., 2012; Dietz et al., 2004; Ehrhart et al., 2011; Gracia et al., 2010; Hong et al., 2013; Lin et al., 2021; Martínez-Tur et al., 2011; Potočnik et al., 2011; Schneider & Bowen, 1985; Schneider et al. 1998; 2002). Accordingly, as in other specific climates, the service climate addresses a crucial goal (delivering excellent service to customers) that can be promoted in the internal environment of the organization by encouraging and rewarding it in employees. In addition, most of the studies consider that service climate is a collective perception. That is, it is shared among members of teams or branches because employees are subjected to similar organizational practices, thus increasing its pervasiveness and influence.

Although service climate research has contributed to relevant advances in knowledge, it has an obvious bias toward profit-oriented sectors (see Pătraș et al., 2018 for an exception). This bias is evident when considering the effects of climate that have traditionally been studied, such as customer satisfaction or retention (Davidson & Manning, 2003; Kralj & Solnet, 2010; Salanova et al., 2005). The service climate is conceived as a specific and strategic climate for the sustainability of the organization in competitive environments with the intention of enhancing financial and market performance (Schneider et al., 2009). The social sectors, however, can also take advantage of the service climate. In fact, it is possible that viewing the relationship with the service user as the primary concern is even more important in organizations that emphasize social goals. This is evident in organizations for people with ID, where users are an end in themselves and develop long-term and meaningful relationships with employees for life. Creating a service climate in these organizations allows the person with ID to be at the center of the daily working life.

Service Quality

Service quality refers to customers' perceptions of service excellence (Parasuraman et al., 1988). Research has found that service quality covers not only the technical or functional aspects related to the efficiency with which the core service is provided (e.g., reliability, responsiveness), but also the relational aspects associated with the social interactions between employees and service users, beyond the core service (e.g., authentic understanding, special recognition) (Martínez-Tur et al., 2023; Rod, Ashil & Gibbs, 2016; Susskind, 2015). Previous empirical findings showed that functional and relational facets are two different dimensions that cannot be captured by a single service quality construct (Molan et al., 2018; Sánchez-Hernández et al., 2010).

In organizations that pursue social goals, the employees' role becomes crucial to service users' perceptions of quality, due to the need to build significant interpersonal relationships. This role becomes even more relevant when employees form prolonged relationships with service users such as people with ID (Molina et al., 2015). Service encounters are extended over time, and the service quality provided by employees is important in understanding the reactions of service users (Martínez-Tur et al., 2017).

In addition, and consistent with a tradition of studying customers' perceptions of service quality at the collective level (e.g., Ehrhart et al., 2011; Schneider et al., 1998), it is reasonable to expect that shared service quality perceptions exist among users (i.e., family members). Molan et al. (2018) argued that users of organizations with social goals, as in centers for people with ID, develop a shared view of service quality because they usually establish long-term relationships with the organization and its employees. Therefore, they are capable of knowing the quality of the service delivered, and they can interact with each other, developing consensual views about service quality. Previous findings confirmed that there is agreement in service quality perceptions among family members of people with ID (Molan et al., 2018).

Organizational Performance Oriented toward QoL

For most profit-oriented organizations, organizational performance mainly refers to improved customer satisfaction, market share, annual return, and so on (Jahanshahi, 2012). For organizations where social goals predominate, financial success may be an aspect to consider (Sawhill & Williamson, 2001), but other aspects are especially relevant. This is evident in organizations for people with ID, where the consideration of the extent to which employees' efforts contribute to improving service users' QoL is imperative in defining and assessing organizational performance (Pătraș et al., 2018).

With this in mind, Moliner et al. (2013) designed and tested a four-factor model of organizational performance oriented toward the QoL of people with ID. As in other constructs (e.g., Ambrose & Schminke, 2009), using an overall measure of organizational performance is highly recommended because individuals tend to make holistic judgments when they evaluate the external reality (e.g., improvements in QoL). In addition, individuals are able to distinguish between different dimensions. Accordingly, Moliner et al. (2013) proposed and tested a model that, in addition to the overall evaluation (the degree to which the organization has generally improved the QoL of people with ID), considers three specific areas of organizational performance ori-

ented toward the QoL of people with ID: self-determination, social inclusion, and defense of the rights of people with ID. Self-determination is a basic human need defined as “volitional actions that enable one to act as the primary causal agent in one’s life and to maintain or improve one’s quality of life” (Wehmeyer, 2005, p. 117), whereas social inclusion requires “valued participation, with valued people in valued activities that take place in valued settings” (Wolfensberger, 1998, p. 123). It is appropriate to consider both self-determination and social inclusion because they are the most relevant areas in organizations directed to improving the personal growth and QoL of people with ID (Lachapelle et al., 2005; Wehmeyer & Shogren, 2016). Additionally, defense of rights is also relevant because it is expected that organizations are able to promote the full citizenship of people with ID in societies that still have negative and unrealistic prejudices about this topic. In sum, service users (i.e., family members of people with ID) can evaluate not only overall organizational performance oriented toward improving the QoL of their relatives with ID, but also specific dimensions or facets. Again, a collective view is possible because the long-term relationship with employees allows the family members to build a shared perception of the degree to which the organization has achieved its main goal: the improvement of the QoL of people with ID.

Theory and Hypotheses

Linking Service Climate to Service Quality

Service climate research suggests that when employees are aware that service behaviors are rewarded in an organization, they are motivated to be more customer-oriented in their interactions, thus providing better service (e.g., Hong et al., 2013; Mokhtaran et al., 2015; Schneider et al., 1998; Schneider et al., 2002). As in other organizations, in those for people with ID, service quality—as a potential consequence of service climate—not only refers to the delivery of the “core” service (functional service quality), but also to making the service user feel good and have a genuine and special relationship with employees (relational service quality) (Molina et al., 2015). When employees perceive that service is important to the organization, they are likely to make effort to be more efficient in providing the core service when interacting with service users (i.e., people with ID). In addition, providing good service also means interacting positively and delivering relational benefits to people with ID, beyond the core service. This is especially true in organizations for people with ID because service users usually have a prolonged relationship with the employee, and the service has great meaning in their lives (Martínez-Tur et al., 2017). Thus, service climate is expected to be positively related to service quality:

H1: Service climate is positively related to functional service quality.

H2: Service climate is positively related to relational service quality.

Linking Service Quality to Organizational Performance Oriented toward QoL

Organizational performance is defined as the extent to which employees contribute to achieving organizational goals (Zhang et al., 2014). However, goals are not universal. They should be contextualized considering the specific characteristics of the sector. Accordingly, improving QoL is crucial in understanding the performance of organizations for people with ID (Martínez-Tur et al., 2020; Moliner et al., 2013), and service quality is a significant precursor of this type of performance (Molina et al., 2015). When employees are competent in terms of the service quality delivered to people with ID, it can be assumed that there will be a positive impact on the four aforementioned QoL dimensions: helping people with ID to enhance their overall QoL, be more independent, increase their social inclusion, and defend their rights. That is, service quality is a meaningful way to achieve both overall performance and specific facets of QoL whose improvement would be expected due to the effort of employees.

Both functional and relational service quality can contribute to organizational performance oriented toward improving the QoL of people with ID. The role of functional service quality seems obvious. After all, efficiency in the delivery of the core service should make it possible to achieve the main organizational goals. However, human beings also aspire to satisfy social needs (Singh Gaur, Quazi & Nandi, 2011). It is reasonable to expect that social support and meaningful relationships underlying relational service quality also help to improve the QoL of people with ID as organizational performance. We hypothesize, therefore, that functional and relational service quality evaluated by family members will be related to their evaluations of organizational performance oriented toward QoL:

H3: Functional service quality is positively related to organizational performance oriented toward (3a) overall QoL, (3b) self-determination, (3c) social inclusion, and (3d) defense of rights of people with ID.

H4: Relational service quality is positively related to organizational performance oriented toward (4a) overall QoL, (4b) self-determination, (4c) social inclusion, and (4d) rights of people with ID.

Service Quality as the Underlying Mechanism: a Holistic view

In addition to the more analytic approach described in the aforementioned hypotheses, it is also possible to propose a complementary view that is more holistic and considers the process as a whole. Employees' perceptions of which service behaviors are expected and rewarded in the organization (service climate) will guide their behaviors with service users, thus shaping service users' perceptions of the interaction (service quality), which in turn impact the evaluation of organizational performance in terms of improving the QoL of people with ID. Therefore, considering all the previous hypotheses together, it can be proposed that service quality (functional and relational) will mediate the relationship between service climate and organizational performance oriented toward the QoL of people with ID. The parallel

mediation model proposed here offers a nuanced explanation of the process where employees report on service climate whereas family members assess service quality and organizational performance oriented toward the QoL of their relatives with ID. Viewing the process as a whole is indicative of scientific maturity because we are able to examine mechanisms instead of exploring a mere relationship between two variables (see Hayes & Preacher, 2013). Thus, based on a mediation model, we hypothesize the following:

H5: Service quality fully mediates the links from service climate to organizational performance oriented toward (5a) overall QoL, (5b) self-determination, (5c) social inclusion, and (5d) defense of rights of people with ID.

Method

Participants

Our samples were extracted from two sources of data: employees and family members. Participating organizations were small centers providing educational, therapeutic, and social-leisure services that aim to improve the QoL of people with ID. People with ID did not reside in the centers, and they went to them to take advantage of the services. These centers were associated with “Plena inclusión”, a nongovernmental association working for the representation of people with ID and the improvement of their QoL. These services oriented to people with ID have specific characteristics that other services do not have. This type of service has great importance for the family members, with relevant implications for their meaning of life and that of their relatives with ID. However, it is very rare for family members to directly engage in the delivery of the service. In fact, some authors would like to see families more actively participate in the services provided in the centers (Deslandes et al., 1999). Nevertheless, family members frequently visit the centers, interact with the employees, establish long-term relationships, observe the progression of their relatives with ID, and receive information from the centers. All of this allows them to assess the service quality and performance of the center and its employees.

We initially contacted 274 centers, but 22 were excluded from the study for different reasons (unusable surveys, lack of participation of employees and/or family members). Therefore, the final number of participating centers was 252. Data from a total sample size of 2,021 employees (range of employees per center: 3–24) and 2,267 family members (range of family members per center: 3–35) were analyzed in the present study. In the employees’ sample, the mean age of respondents was 37.4 years ($SD \pm 9.3$ years), 74.7% were female, and mean tenure in the current position was 7 years ($SD \pm 6.4$ years). The employees were social workers, psychologists, occupational therapists, physiotherapists, and primary health care workers. In the family members’ sample, the average age was 57.7 years ($SD \pm 11.3$ years), 67% were female, and they had been using the centers for 11.3 years on average ($SD \pm 9.1$ years), which confirmed the existence of long-term relationships between the center and the families.

As in previous studies (Potočnik et al., 2011; Schneider & Bowen, 1985; Schneider et al., 1998; 2002), employees reported on the service climate in their organizations. By contrast, family members reported on the service quality and organizational performance oriented toward QoL. The suitability of the family member as a source of data is based on three main considerations. First, they have knowledge about the life experiences of their relatives with intellectual disabilities. Second, family members have frequent and long-term interactions with the organization and its employees (e.g., Molina et al., 2015). Third, employees do not assess their own performance, thus avoiding the biases that usually occur when there is self-assessment of performance (e.g., Peiró et al., 2005).

Procedure

The research project received the approval of the Ethics Committee of the corresponding author's University, and it was conducted in accordance with the Declaration of Helsinki. Centers affiliated with "Plena inclusión" were contacted and invited to participate. Employees' and family members' participation was voluntary and confidential. Informed consent was signed by both employees and family members. Participation of at least three employees and three family members in each center was required in order to allow the calculation of aggregated measures at the center level for service climate, service quality, and organizational performance oriented toward the QoL of people with ID.

An employee in each center was trained to randomly select employees and families (once the family had been selected, the member that most frequently interacted with the center was invited to answer the questionnaire), obtain participants' informed consent, and collect the data. It is important to mention that these employees did not fill out the questionnaire. With this procedure, the response rate was higher than 90% for both employees and family members.

Measures

Service Climate

Service climate was measured using the Global Service Climate scale by Carrasco and colleagues (2012). This scale was designed and validated using the work by Schneider et al. (1998) as a starting point. The scale was adapted by substituting the word 'organization' with the word 'center' to make it more coherent with the present study. An example of an item is "*Employees receive recognition and rewards for the delivery of superior work and service*". The scale consists of 4 items, measured on a 7-point Likert scale ranging from 1 (completely disagree) to 7 (completely agree). The alpha coefficient was 0.78.

Service Quality

Family members assessed service quality using the 7-item Spanish scale validated by Molina and colleagues (2015) in organizations for people with ID. The functional

service quality facet referred to employee reliability, responsiveness, assurance, and personalized attention (4-items). An example of an item is “*Employees assist the people with ID as quickly as required by each situation*”. The relational service quality facet reflected empathy, personalized extras, and authentic understanding (3-items). An example of an item is “*Employees do things to make people with ID feel important and special*”. All items were measured on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Alpha coefficients for the functional and relational service quality scales were 0.73 and 0.80, respectively.

Organizational Performance Oriented toward the QoL of People with ID

Family members reported on performance oriented toward QoL using the scale designed and validated by Moliner and colleagues (2013) in organizations for people with ID. The 20-item scale has four dimensions. (1) Overall QoL: the overall improvement in the QoL of people with ID (5 items); an example of an item is “*The quality of life of my relative with intellectual disabilities has been improved because of this center*”. (2) Self-determination: the active promotion of self-determination of people with intellectual disabilities (5 items); an example of an item is “*This center provides training in the self-determination of my relative with disabilities, improving his/her quality of life*”. (3) Social inclusion: the inclusion in society of people with ID (6 items); an example of an item is “*The social integration of my relative with disabilities has improved, thanks to the actions carried out in this center*”. (4) Defense of rights: the defense and promotion of the rights of people with ID and their families (4 items); an example of an item is “*This center provides clear information about the rights of people with intellectual disabilities*”. All items were measured on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Alpha coefficients were 0.88 for overall QoL, 0.89 for self-determination, 0.92 for social inclusion, and 0.86 for defense of rights.

Data Analysis Strategy

Statistical analyses were computed using SPSS 26.0. First, variables were aggregated at the center level, and the extent to which the aggregation was empirically justified was examined. Second, the PROCESS macro (Model 4) was used to test the mediation models with two parallel mediators, i.e., functional and relational service quality. The macro was run four times; each time service climate and the two mediators were regressed on one of the four subdimensions of the organizational performance oriented toward the QoL of people with ID scale. The mediating effects were estimated using the 1000-sample bootstrap procedure at 95% confidence intervals (CI) of each indirect effect. If the CI do not include zero, the indirect effect is statistically significant (Hayes & Preacher, 2013).

Aggregation

Data from employees and family members were aggregated at the center level. To do so, we used the recommended referent shift approach (Bashshur et al., 2004).

Accordingly, as mentioned above, the measures considered the center (or employees) as a whole as the referent in the evaluation. Therefore, the participants could be randomly selected, and the data from employees and family members could be matched at the center level (for each center, we have an aggregated score per variable). To empirically justify the aggregation of individual-level data to the center level, we used the average deviation index ($AD_{M(j)}$) to test within-unit agreement with the recommended cut-off value of an $AD_{M(j)}$ below 1.17 for 7-point scales (Dunlap et al., 2003). One-way ANOVAs were also computed to test between-unit discrimination (Chan, 1998).

Results showed that the mean values on the average deviation index $AD_{M(j)}$ were satisfactory for every construct: service climate (0.72; $SD=0.25$); functional service quality (0.60; $SD=0.23$); relational service quality (0.55; $SD=0.23$); overall QoL (0.59; $SD=0.27$), self-determination (0.81; $SD=0.27$); social inclusion (0.70; $SD=0.26$), and defense of rights (0.61; $SD=0.27$). The ANOVA showed significant between-organization discrimination for service climate ($F_{(251,1769)} = 3.87, p < 0.01$), functional service quality ($F_{(251,2015)} = 2.26, p < 0.01$), relational service quality ($F_{(251,2015)} = 1.64, p < 0.01$), overall QoL ($F_{(251,2015)} = 2.07, p < 0.01$), self-determination ($F_{(251,2015)} = 1.88, p < 0.01$), social inclusion ($F_{(251,2015)} = 1.78, p < 0.01$), and defense of rights ($F_{(251,2015)} = 2.18, p < 0.01$). These results provided support for center-level aggregation of the variables.

Control Variables

We controlled for type of service and demographics. Regarding type of service, we created and incorporated two dummy variables in the analyses to capture the differentiation in our sample between day care centers, sheltered workshops, and others. With respect to demographics, and because our analyses have been carried out at the center level, we controlled for the average age in each center corresponding to employees and family members separately. Finally, we also controlled for gender by computing and incorporating Blau's (1977) heterogeneity index to operationalize gender diversity within each center (also considering employees and family members separately).

Results

Table 1 Shows the means, standard deviations, and correlation values. In general, we found positive significant correlations among the study variables.

Figure 1 shows the results of the four parallel mediator models after controlling for type of service, average age, and gender diversity. First, service climate had a positive significant relationship with functional ($B=0.21, p < 0.01$) and relational service quality ($B=0.16, p < 0.01$), thus supporting hypotheses H1 and H2, respectively. The effects of the two parallel mediators, i.e., functional and relational service quality, on the four subdimensions of the organizational performance oriented toward the QoL of people with ID scale were also positive and statistically significant. Specifically, functional service quality was positively related to organizational performance oriented toward overall QoL ($B=0.28, p < 0.01$; H3a), self-determination ($B=0.31,$

Table 1 Descriptive statistics and correlations

	Mean	SD	1	2	3	4	5	6
Employees								
1. Service climate	5.28	0.62						
Family Members								
2. Functional service quality	6.11	0.39	0.35**					
3. Relational service quality	6.27	0.35	0.28**	0.74**				
4. Overall QoL	6.22	0.42	0.28**	0.69**	0.76**			
5. Self-determination	5.75	0.51	0.19**	0.48**	0.53**	0.71**		
6. Social inclusion	5.98	0.44	0.28**	0.68**	0.70**	0.86**	0.76**	
7. Defense of rights	6.17	0.44	0.27**	0.62**	0.69**	0.82**	0.62**	0.76**

Note. *SD*: standard deviation; QoL: Quality of Life. All variables were aggregated to the center level. *N*=252 centers. ** $p<0.01$

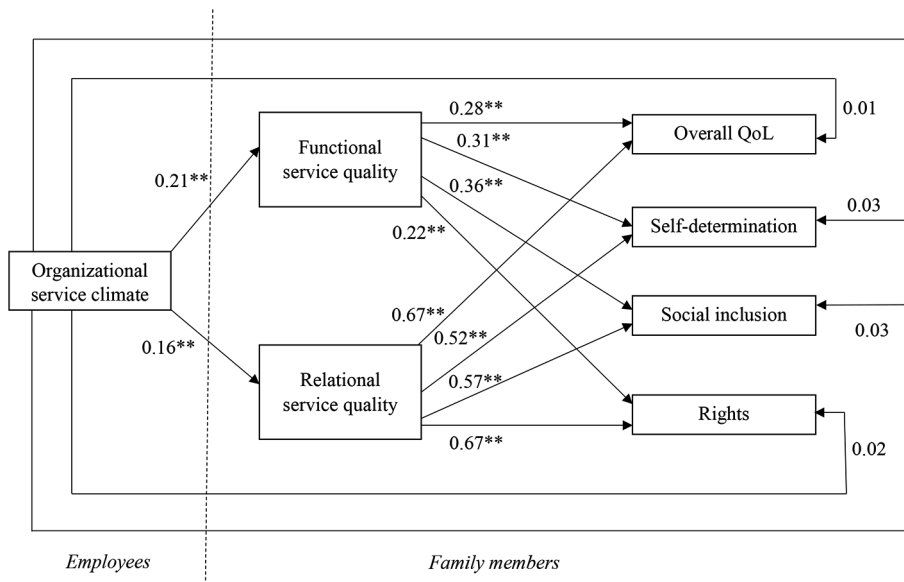


Fig. 1 Results of parallel mediation models. Note. QoL: Quality of life. * $p<0.05$; ** $p<0.01$

$p<0.01$; H3b), social inclusion ($B=0.36$, $p<0.01$; H3c), and defense of rights ($B=0.22$, $p<0.01$; H3d), thus supporting all the hypotheses H3. Relational service quality was also positively related to organizational performance oriented toward overall QoL ($B=0.67$, $p<0.01$; H4a), self-determination ($B=0.52$, $p<0.01$; H4b), social inclusion ($B=0.57$, $p<0.01$; H4c), and defense of rights ($B=0.67$, $p<0.01$; H4d), thus supporting all the hypotheses H4.

Finally, the bootstrapping results showed that organizational service climate had significant indirect effects with each of the organizational performance measures oriented toward the QoL of people with ID through the two parallel mediators (functional and relational service quality). This was confirmed for organizational performance measures oriented toward the QoL of people with ID ($B=0.059$, 95% CI=0.028 to

0.093; $B=0.11$, 95% CI=0.061 to 0.172; H5a), self-determination ($B=0.06$, 95% CI=0.017 to 0.122; $B=0.09$, 95% CI=0.033 to 0.154; H5b), social inclusion of people with ID ($B=0.07$, 95% CI=0.038 to 0.119; $B=0.09$, 95% CI=0.047 to 0.151; H5c), and defense of rights of people with ID ($B=0.05$, 95% CI=0.011 to 0.086; $B=0.11$, 95% CI=0.060 to 0.170; H5d), thus supporting all the hypotheses H5.

Furthermore, in all four parallel mediation models, organizational service climate had no significant direct relationship with any subdimension of the organizational performance oriented toward the QoL of people with ID scale ($p>0.05$), confirming that service quality (functional and relational) fully mediates the relationship between organizational service climate and organizational performance oriented toward the QoL of people with ID.

Discussion

The goal of this research was to explore whether the relationship between perceived service climate and organizational performance oriented toward the QoL of people with ID is mediated by service quality. This research used a multi-informant method by measuring service climate perceived by employees and service quality and organizational performance oriented toward the QoL of people with ID perceived by family members. This research not only contributes to advancing the knowledge, but it can also help organizations working with people with ID to understand the mechanisms that promote the QoL of these service users and design programs and practices accordingly. Mainly, the results support the idea that reactions to services provided, namely service quality, fully mediate the aforementioned relationship. These results have theoretical and practical implications that are discussed below.

Theoretical Implications

First, this research contributes to the existing knowledge by suggesting that an internal facet of the organization, service climate, is related to the perception that external individuals, such as family members, have of functional and relational service quality, which eventually is related to the perception of organizational performance oriented toward the QoL of their relatives with ID. Our study, therefore, expands the role of service climate as the link from the internal organizational life to external reactions by service users. Beyond financial results (e.g., Ehrhart et al., 2011; Mendoza-Sierra et al., 2014), we confirmed that service climate is also relevant in explaining how the efforts of organizations are transferred to more social outcomes such as the QoL of service users. The consideration of this type of performance can serve as a metric for measurement and accountability in organizations for people with ID. This is especially relevant because performance measurement is becoming a core issue in organizations where social goals predominate (LeRoux & Wright, 2010). Our result is also important because connecting (although indirectly) service climate to organizational performance oriented toward the QoL of people with ID increases the relevance of service climate and puts people with ID at the center of the daily work within the organization.

Second, considering a multi-informant method (employees and family members) not only prevented the inflated correlation scores due to common method variance that occur when there is a single informant (Podsakoff et al., 2003), but it also allowed us to capture the actual performance as perceived by service users, in this case, the family members. This is an important aspect because research has shown that the perception of service quality held by employees vs. service users does not completely match. For example, Peiró et al. (2005) observed that employees tend to overestimate the service quality they provide to service users. Peiró et al. (2005) suggested that employees' evaluation of service quality is biased (overestimated) because they try to avoid any assessment that can communicate failures or inadequacies in the service delivery. Accordingly, scholars usually recommend assessing service quality by using the service user perspective (e.g., Ramseook-Munhurrun et al., 2010; Young et al., 2009).

Our proposition that service climate perceived by employees is positively related to functional and relational service quality perceptions of family members was supported. This finding is congruent with previous research (Dean, 2004; Hee Yoon et al., 2001; Schneider et al., 1998) and coherent with the extended Service-Profit Chain model, in which organizational factors (including service climate) are related to mediators (e.g., service quality) and organizational outcomes (Hong et al., 2013). When employees know which service behaviors are expected and rewarded (service climate), it is easier for them to show the desired work behavior, which eventually leads to positive customer interactions (Salanova et al., 2005). Thus, the current research confirms results found in previous literature, but expanding them to organizations for people with ID.

This research also extends the literature on the process linking service climate to the QoL dimensions. Functional and relational service quality are parallel mediators in the relationship between service climate and dimensions of organizational performance oriented toward the QoL of people with ID. This makes a significant contribution to the literature because conducting parallel mediation provides a complex explanation of the relationship among the variables that is not captured in simpler relationships of a dyadic nature (Kane & Ashbaugh, 2017).

Regarding the differentiation between functional vs. relational service quality, the current research found that relational service quality tends to have greater power in predicting the different facets of organizational performance oriented toward the QoL of people with ID than functional service quality. These findings raise the question of why relational service quality is important when the outcomes are related to QoL. It is possible that the prolonged, frequent, and proximal relationship between employees and people with ID increases the importance of interpersonal bonds and socio-emotional benefits (Gwinner et al., 1998) and reduces the predictive power of efficiency underlying functional service quality. Unlike other more instrumental interactions (e.g., in hotel reception), in the context of organizations for persons with ID, relations with employees are especially relevant because they are meaningful in the lives of service users, increasing the importance of relational service quality (see Martínez-Tur, 2020).

Practical Implications

Apart from the theoretical contributions, the results have practical implications for organizations providing services to people with ID. The results confirming how the internal efforts of the organizations are transferred to more social outcomes, such as the QoL of service users, reinforce the idea that organizations, from time-to-time, should audit whether they are promoting a service climate among their employees, and whether the employees have shared perceptions. Additionally, the confirmed full mediator role of functional and relational service quality suggests that organizations with prolonged, frequent, and proximal relationships with their service users need to ensure that their employees are equipped not only with the right knowledge, skills, abilities, and resources to provide the best service, but also with relational competences. The greater power of relational service quality in organizational performance oriented toward the QoL of people with ID highlights the need for employees to be aware of and have the necessary interpersonal competencies to provide “personal” service. This means that, when needed, employees should be empowered to make the service user feel special and valued. Finally, for other social-oriented organizations with similar objectives to those related to improving the QoL of people with ID, the confirmation of the results for the four dimensions of QoL can serve as apt indicators of business performance for tracking and accountability purposes and provide a wider range of intervention routes that can be designed to improve the organizational performance. The monitoring of specific performance indicators adapted to the context of these service organizations is crucial. This includes the evaluation of the degree to which the organization is able to successfully implement actions in three ways. The first is to enhance the self-determination of people with ID by creating environments that stimulate their autonomy and independence. The second is to organize activities related to the social inclusion of people with ID in their communities. The third involves defending the rights of people with ID as full citizens.

Limitations and Future Research

The current study has some limitations that could be considered in future research. First, this research has a cross-sectional nature, which means that no definitive causal relationships can be determined. Thus, future longitudinal designs are recommended to track changes in organizational performance due to independent and mediator variables. Second, this research has also been conducted with a very specific population, thus reducing its generalizability across sectors. These relationships should be tested and expanded in similar social-oriented organizations, such as hospitals or long-term care facilities. Third, another limitation is that we exclusively assessed QoL perceived by family members. Although the literature reports that proxy self-report measures are appropriate for assessing the QoL of people with ID (Stancliffe, 1999), future research should incorporate more objective measures. Some examples of objective indicators, considering the particular characteristics of services for people with ID, would be the degree to which the organization has individualized programs for improving QoL, the number of inclusion community activities per month, the duration of the interaction between employees and the person with ID dedicated

to improving QoL, and the number of organizational actions devoted to defending the rights of people with ID, among others. Fourth, in addition to family members, people with ID can assess service quality and performance. Family members have direct information about what happens to their relatives with intellectual disabilities and how the organization and its employees' function. Therefore, they are appropriate sources of data. However, in future studies, researchers could create more inclusive research by adding the direct voice of persons with ID, given that they can report on their own experiences. This approach, however, poses an additional challenge for future research. That is, it is necessary to design appropriate methods that allow the direct participation of people with intellectual disabilities. Their perspectives could be registered, for example, through objective observation or adapted language measures, among other strategies (e.g., Estreder et al., 2023). Likewise, the combination of subjective evaluations of QoL by family members and by their relatives with ID could be addressed in at least two additional ways in future studies. On the one hand, it is possible to investigate possible agreements and discrepancies between them. This research strategy would provide specific information about their experiences and where they agree and disagree. On the other hand, future studies can explore whether the experiences of family members and their relatives with ID are based on different precursors. For example, they can show differential sensitivity to distinct service quality facets. Fifth, to further expand the model, researchers can include other variables that influence employees' service behavior, such as organizational commitment, job attitudes, or personality characteristics. Future research can also explore the antecedents of service climate in this specific population, providing organizations with more concrete answers about how to create a service climate. Sixth, it is important to highlight the nature of services for people with ID and their implications for differentiating between functional and relational service quality in future studies. As mentioned above, the relationships of greater magnitude observed in the case of relational service quality could reflect that, given the importance of the interaction between employees and users in services for people with ID, this service quality dimension (relational) can be interpreted as a core or functional aspect. This might be a particular characteristic of this service sector and other sectors oriented to persons in situations of vulnerability. Therefore, future studies can explore whether service users attribute a core role to relational facets in these services, in addition to testing possible interactions between functional and relational service quality. Finally, the type of service provided to persons with ID at the service center could be different depending on their support needs, impacting the role of functional vs. relational service quality. For those with low needs, receiving support for community integration (e.g., social inclusion, employment) might be sufficient. By contrast, for individuals with higher needs, support could also include help with their basic daily tasks. This differentiation in the support needs could affect the importance of functional vs. relational service quality in understanding performance, a research question that deserves consideration in future studies.

Conclusion

This research makes important contributions to understanding how service climate can improve the quality of life of people with ID through service quality. This mechanism is important because employees' interactions with service users influence the QoL of people with ID. When employees know that optimum service for people with ID is expected and rewarded, they provide the best service to their service users, which eventually improves the positive perceptions of their quality of life.

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Data availability The datasets are available from the corresponding author upon reasonable request.

Declarations

Consent All participants were briefed about the objectives of the study and gave their written and informed consent. Anonymity and confidentiality were guaranteed by the researchers. In addition, participants were informed that they were free to leave the study at any time or prevent the use of the data they provided.

Competing Interests The authors report there are no competing interests to declare.

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