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Perceptions of Word-of-Mouth Referral Programs on Recruiting Clients

Jean Louise Goers
Walden University

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Walden University

College of Management and Technology

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Jean Louise Goers

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University

2018

Abstract

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by

Jean Louise Goers

MA, Cardinal Stritch University, 2006

BS, University of Wisconsin-Parkside, 2002

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Management

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November 2018

Abstract

Word-of-mouth (WOM) personal referrals are more efficient and influential than other forms of advertising; however, there is a lack of information regarding the value of referral programs. The purpose of this qualitative case study was to explore the perceptions of business owners, staff, and customers of alternative health care organizations in a Midwestern U.S. state about efficient referral strategies, measuring the effect of those strategies, and motivations of consumers to make referrals. Maslow's hierarchy of needs theory of motivation and customer decision-making theories provided the conceptual framework. The research questions addressed how industry leaders perceived and ranked referral strategies and addressed customers' perceptions and motivations to make personal referrals. Data collection consisted of semistructured interviews with 4 business owners, 2 staff members, and 10 client participants. Data were analyzed using constant comparative analysis methods, and member checking enhanced the accuracy of the findings. Results indicated that participants viewed WOM personal referrals as the most efficient nontraditional strategy to make or receive referrals, and they perceived referrals from impartial and trustworthy sources as the most valued information. This research has implications for positive social change. Findings may be used to enhance business owners' understanding of the value of personal referrals in their marketing mix, and of the motivation for customers to make referrals. WOM personal referrals may be used as a marketing strategy to increase sales and lower costs of formal advertising, which may contribute to the growth of the business.

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Dedication

I dedicate this dissertation to my family members who supported me on my doctoral journey. First, to my daughter, Megan, and to my sister, Judy, for their continual moral and emotional support and unconditional love. As well as my son, Christopher, and daughter-in-law, Amanda; my brother, Gary, and my sister-in-law, Sue; to my sister's, Donna, Carol, and Debbie, who have been supporters cheering me on from day one with whatever I chose to do. I also dedicate this dissertation to all those extended family members who have offered their moral support. Finally, I dedicate this dissertation to those who have passed on: my mother, Laverne; my father, George; my grandmother, Adeline; my sister, Terry; and my brother, Todd. I continually feel their love and support that surrounds me, and they are always watching over and protecting me.

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Chapter 1: Introduction to the Study

Personal referrals (either giving or receiving) have a significant impact on consumer decision-making (Gul, 2013). Over the past decade, “how consumers gather and exchange information about products and how they obtain and consume them” (Henning-Thurau et al., 2010, p.311) has drastically changed. Buyer behavior has changed with the onset of online shopping. People use Facebook, Google, YouTube, Pinterest, Snapchat, and Twitter to obtain information and communicate with one another. The marketing industry has had to reformulate marketing activities by incorporating social media to keep up with the latest social media trends and customer engagement strategies (Svatosova, 2013).

Researcher suggest (Brown & Reingen, 1987; Delre, Jager, Bijmolt, & Janssen, 2010; Haenlein & Libai, 2017; Nielsen, 2013) word-of-mouth (WOM) face-to-face conversation is more efficient than other forms of advertising. Libai et al. (2010) suggested that companies have tapped into customer engagement strategies by using WOM activities (e.g., personal referral programs) to help spread the word and increase their client base. Personal referrals are an efficient communication means of consumers (Chan, Lin, & Bodhi, 2014). For example, if someone wants to know what the new trendy restaurant is or which doctor or dentist is excellent in the area, he or she asks a friend, family, or neighbor (Libai et al., 2010; Nielsen, 2013; Ring, Tkaczynski, & Dolnicar, 2014).

Bamiatzi and Kirchmaier (2014) offered further support for the importance of indirect marketing approaches when analyzing very successful small and medium-size

enterprises (SMEs) to understand effective referral strategies used in declining markets. Bamiatzi and Kirchmaier identified that 15 of the 20 SMEs studied, overperformers preferred indirect marketing activities, such as personal relationships and WOM, rather than advertising on the TV, radio, or press. The remaining five firms recognized the importance of maintaining personal relationships with existing customers as part of their marketing policies (p.260).

Bamiatzi and Kirchmaier (2014) identified successful indirect marketing strategies but did not analyze the referral programs, creating a research gap to provide a better understanding of the WOM phenomenon. Henning-Thurau et al. (2010) recognized how the expansion of new media disrupted the management of relationships with customers and suggested that future research include (a) marketing's understanding of consumers, (b) management of customer interactions, and, (c) measurement of customer data and relationship outcomes. Consumers' voice and WOM marketing need further study for the more in-depth understanding of the service-dominant logic phenomenon (Jaakkola & Alexander, 2014).

Alternative health care markets such as weight loss clinics, chiropractors, health food stores, and homeopathic practitioners look for creative and inexpensive ways to get the word out about their product or service, or to maintain or supersede sustainable growth (Bamiatzi & Kirchmaier, 2014; Gul, 2013; Libai et al., 2010). A medical weight loss clinic is one example of an industry leader of a small alternative health care business (AHCB) that has applied effective referral marketing strategies. The owner of the clinic has been in business for over 7 years, and her clinic is so busy that she has had to open

another site to accommodate the overflow of interest. She has not spent money on formal advertising and virtually every client is from a personal referral (Owner, personal communication, October, 2013).

WOM marketing campaigns (e.g., referral programs) can affect profits, attract new customers, or help maintain the longevity of the current customer base. The purpose of the current study was to obtain a better understanding further of the marketing aspects and implications of successful WOM referral programs. This qualitative case study focused on identifying and documenting efficient marketing strategies and the motivating factors for people to give or receive referrals. Examining the marketing aspects and implications of successful referral programs provided insight into the referral phenomenon and a better understanding of the power of WOM. Findings may be used to impact the marketing industry by persuading business leaders to adjust their advertising and marketing to more grassroots marketing concepts and campaigns.

Chapter 1 includes the background of the study, a general and specific problem statement, and the purpose of the study. I also describe the nature of the study (methodology), the research questions, the conceptual framework, assumptions and limitations, and the significance of the study.

Background of the Study

Referral marketing literature includes the continuum of inquiry in the field of decision sciences. Numerous articles addressed current thinking on consumer decision-making and on WOM and referral research under the umbrella of decision sciences. Wirtz, Orsingher, Chew, and Tambyah (2013) defined WOM and provided a brief

literature review of how WOM communication has taken on different forms over the years. Ardnt (as cited in Wirtz et al., 2013) defined WOM as an “oral, person to person communication between a perceived non-commercial communication and a receiver concerning a brand, a product or a service, offered for sale” (p. 4). Wirtz et al. noted that researchers recognize how WOM communication may take different forms, including talking, telling, mentioning, referring, and making recommendations (p.4).

Over the past decade, the ways people communicate with each other have changed with the advent of social media (Gul, 2013; Henning-Thurau et al., 2010). Facebook, Google, YouTube, Twitter, and other social networking sites provide new platforms for people to seek information or communicate with one another (Libai et al., 2010). However, making personal referrals using WOM face-to-face conversation is much more effective than any other form of advertising (Delre et al., 2010; Haenlein & Libai, 2017; Nielsen, 2013). Even influentials (i.e., people who have a social effect on others), such as Oprah or Ellen, do not have the impact or influence that a friend or neighbor would (Delre et al., 2010; Haenlein & Libai, 2017; Nielsen, 2013).

Furthermore, how WOM and social influences travel through a network of consumers has been an exciting topic for marketing management researchers (Delre et al., 2010). There are many reasons why consumers are motivated to engage in WOM activity. A few examples include (a) helping others, (b) sharing experiences and promoting self-concept, and (c) product involvement (Askoy et al., 2011). Consumers have opinions on just about everything. They talk about their experiences with a new product or service to their families, friends, neighbors, and coworkers (Libai et al., 2010).

If a person wants to know information about where to find fresh organic produce, what doctor to consult, or a beautiful place to travel, he or she asks a friend, family, or neighbor (Delre et al., 2010; Nielsen, 2013; Ring et al., 2014).

Many researchers have recognized WOM as a “vital influential force” (Han & Ryu, 2012, p. 96) in the marketplace (Haenlein & Libai, 2017). Researchers have investigated factors of influence, intentions, and behaviors of customers using WOM activities (Delre et al., 2010; Han & Ryu, 2012; Ring et al., 2014). “Word of mouth (WOM) has been advocated as the elusive missing link and as key [sic] indicator of customer-firm relationship strength” (Eisingerich, Auh, & Merlo, 2014, abstract).

Multiple industries have benefitted from the use of customer engagement (CE) strategies (such as WOM), including bed and breakfast (B&B), independent hotel, restaurant, travel, and alternative health care. Crawford, Deale, and Merritt (2013) compared web-based and non-web-based marketing activities and found that B&B owners use WOM as the most effective marketing strategy. In the restaurant industry, performance, customer satisfaction, trust, and commitment are critical factors in driving WOM intentions (Han & Ryu, 2012). When travelers share their experiences with family, friends, and strangers, such activities provide valuable information that is of keen interest to tourism marketing managers (Ring et al., 2014). Similarly, AHCBs have tapped into WOM activities, such as referral programs, to increase their client base (Bamiatzi et al., 2014; Gul, 2013; Libai et al., 2010).

Wirtz et al. (2013) suggested that referral reward programs work because “recommendations from friends or relatives are perceived as impartial and trustworthy in

analogy to what happens with word-of-mouth recommendations” (p. 82). Eisengerich et al. (2014) recognized that WOM works best when it is conceived to be unbiased and when it is not evident that the firm is a party to the exchange. For example, in the restaurant industry, WOM is more efficient when the perceptions of the product or service are from the customer’s point of view and not from what the firm wants the customer to hear (Han & Ryu, 2012).

Customer engagement (CE) strategies, such as WOM referral programs, may have minimal costs to the business yet can yield significant results (Moyes, Whittam, & Ferri, 2012). Bamiatzi and Kirchmaier (2014) suggested that high-growth SMEs recognized the importance of WOM activity and preferred indirect marketing approaches by implementing personal relationships and WOM marketing strategies rather than advertising on the TV, radio, or press. Eisingerich et al. (2014) suggested the importance of customer involvement and that service firms would benefit by adding customer participation strategies in their marketing mix. Jaakkola and Alexander (2014) recognized the many ways customer influences go beyond business transactions. However, firms lack understanding of the contributions of CE (Eisingerich et al., 2014; Gul, 2013; Jaakkola & Alexander, 2014).

There are tangible and intangible gains when firms obtain customer satisfaction, customer participation, customer WOM activities, voluntary customer performance, and customer contributions (Bamiatzi & Kirchmaier, 2014; Eisingerich et al., 2014; Jaakkola & Alexander, 2014; Moyes et al., 2012). Eisingerich et al. (2014) noted that WOM is an important factor in firm growth, but that customer participation is least equal to if not

greater than WOM regarding the future sales of service, and posited that “in the past, customers were viewed mainly as passive recipients of value created by the firm. More recently, organizations have been encouraged to focus on discretionary customer behaviors that support the ability of the firm to deliver service quality” (p. 41).

Customer engagement behavior (CEB) studies have provided new knowledge regarding the types of activities customers contribute to firms. Examples of CEB include providing feedback, ideas, and information, and providing referrals to businesses to acquire new customers (Kumar, Peterson, & Leone, 2010). Customers reap intangible rewards such as loyalty to the brand and community, empowerment, trust, and commitment toward other members of the Commonwealth (Jaakkola & Alexander, 2014).

Jaakkola and Alexander (2014) identified four types of CEBs to include augmenting, co-developing, influencing, and mobilizing (p. 257). Firms benefit when customers display augmenting behavior, such as when customers post positive content on social media or invent alternate uses for a product on their initiative. Examples of codeveloping behavior include customers giving ideas for new or improved products and services, and customer participation in test use of a new product. Influencing behavior includes when customers provide WOM or blogging about their experiences with specific product or firms, and when customers recommend specific products or firms. Lastly, a positive mobilizing behavior includes when private citizens recruit other citizens to donate their time, money, or skills toward a project that enhances the focal firm. A negative mobilizing behavior includes when customers convince other customers to

boycott a product or firm. The bottom line is that firms benefit by concentrating on what motivates customers to contribute to CEB, what resources customers employ, and what the outcomes of such behaviors are (Jaakkola & Alexander, 2014).

According to Lee (as cited in Gul, 2013), “very few companies engage their loyal customers in programs to advocate about their company and bring them in the process of product development” (p. 753). Many companies do not understand who their greatest advocates are; even though companies provide customer referral programs, they hardly translate to actual commitments, as companies do not fully commit to CE programs, and they do not understand how to harness the power of customer influencers. Lee coined the phrase *rock star customer* (RSC) and suggested that when RSCs help spread positive WOM, make referrals, and be a part of the advertisement and brand-related activities, they bring tremendous value to the company. Even though Lee (as cited in Gul, 2013) suggested that all businesses have RSCs, he explained that most companies are not aware of RSCs and miss the opportunity for RSCs to become advocates, influencers, and contributors for the business. Gul (2013) acknowledged that over the past century, the world has changed dramatically from a production-oriented marketplace toward consumerism “where everything is made, thought and sold with the customers’ desires and needs in mind” (p. 759).

Han and Ryu (2012) also noted that most restaurant operators miss opportunities and lack knowledge of how to promote loyalty programs and encourage repeat businesses. Restaurateurs focus more on their superb performance, quality of service, and meeting customer needs to sustain satisfied customers. Han and Ryu did not examine

what drives favorable or negative WOM and why most online restaurant reviews are favorable, and suggested that future research should address the contradictory explanations and views of service performances. Bamiatzi and Kirchmaier (2014) identified successful indirect marketing strategies in SMEs but did not analyze the referral programs. Similarly, Moyes et al. (2012) suggested that little has been done to examine why SMEs in rural communities are thriving beyond 5 years.

Company leaders lack sufficient understanding of how to analyze customer contributions (Gul, 2013; Jaakkola & Alexander, 2014), and they do not understand the customer-to-customer interactions and the effects on the consumer decision-making process (Gul, 2013; Libai et al., 2010). Business leaders do not have skills in analyzing referral programs or how to measure CE strategies (Gul, 2013; Jaakkola & Alexander, 2014; Kumar, Petersen, et al., 2010), creating a need for future research to identify and document effective strategies for successful referral programs and the motivating factors that lead customers to make referrals (Haenlein & Libia, 2017). Although considered a new perspective and in the developmental phases of customer management literature, CE is an exciting field of research, and further research is needed to refine and conceptualize CE (Van Doorn, 2011). Kumar, Petersen, et al. (2010) also suggested that managers need to understand the importance of social networks, both online and offline.

The current study was necessary to fill the gap in decision sciences and referral marketing management literature. I sought to identify and document what leaders of small AHCBs perceived as effective referral marketing strategies that will increase

profits, obtain new customers, and maintain their current customer base. I also explored the motivating factors that lead people to refer others to a business, service, or product.

Problem Statement

The general problem was that there was little research addressing efficient marketing strategies and successful referral programs. Business leaders are not capturing the full value of personal referrals or how to harness and measure that value, which can negatively affect the company's profits, recruiting of new clients, or maintaining a customer base (Gul, 2013; Jaakkola & Alexander, 2014; Kumar, Peterson, et al., 2010). The specific problem was that company leaders lack sufficient understanding of how to analyze customer contributions (Gul, 2013; Jaakkola & Alexander, 2014). Business leaders do not have skills in analyzing referral programs or how to measure customer engagement strategies (Kumar, Petersen, et al., 2010), and business leaders do not understand the customer-to-customer interactions and the effects on the consumer decision-making process (Jaakkola & Alexander, 2014; Libai et al., 2010). Also, company leaders do not understand the influencing factors that motivate consumers to make referrals when consumers are in the decision-making stages (Amir & Levav, 2008; Lee, as cited in Gul, 2014). The lack of understanding of the personal referral phenomenon created a need to identify and document effective strategies for successful referral programs and explore why consumers make referrals to successful referral programs (Haenlein & Libai, 2017).

Purpose of the Study

The purpose of the qualitative case study was to identify and document what business leaders of small alternative health care professions perceived are effective referral marketing strategies, and to explore the motivating factors that lead people to refer others to a business, service, or product. Examining the marketing aspects and implications of successful referral programs and examining the personal perceptions and influencing factors that motivate consumers to make referrals at businesses that have effective referral programs provided insight into and a better understanding of the personal referral phenomenon (see Haenlein & Libai, 2017). The study also contributed to filling the gap in decision sciences and referral marketing management literature.

The population of the study was four AHCBs, such as health food stores, chiropractors, yoga studios, and homeopathic practices, where the business owners perceived having successful WOM referral programs. One example was a clinic where the owner claimed her sole form of advertising was WOM personal referrals. The owner had a Facebook page and website presence for her business, but claimed she had not spent one dime on formal advertising such as TV commercials, radio, and newspaper ads. I collected data from four business owners and also explored the perceptions of staff and clients, which aided in understanding consumers' motivation to provide referrals.

This research provided insight into the strategies AHCBs can use to develop strong WOM referral programs; the study also added to the existing body of consumer decision-making and marketing management research by identifying motivating factors that lead people to refer others to a business, service, or product. A better understanding

of the power of WOM provided transferable insights to the marketing industry, potentially influencing business leaders to adjust their advertising and marketing back to grassroots marketing concepts and campaigns. Understanding WOM marketing activities and understanding the power of the consumers also provided more in-depth understanding of the personal referral phenomenon.

Nature of the Study

Researchers need to put a considerable amount of thought into what qualitative research design is the best fit for their study. In qualitative research, the narrative design helps tell a story. The phenomenological design is an excellent fit to explore a particular experience that other people have experienced. The grounded theory design is excellent to use when exploring a phenomenon and not much research exists on the subject matter. Finally, the case study is used when a researcher wants to explore a further understanding of a group, experience, subject, or phenomenon. Whatever qualitative methodology is used, Lawrence and Tar (2013) suggested that researchers gain valuable information and insights that may be overlooked if they had used traditional data analysis techniques.

The selected methodology for this study was qualitative with a case study design. Qualitative research is consistent with understanding the referral process of business (in this case WOM referral phenomenon), which was the primary focus of this study. Zivkovic (2012) recognized the benefit of using qualitative case study designs in business research, especially when examining a particular phenomenon rather than a broader business issue. One of the strengths of case studies is multiperspective analysis (e.g., the interaction between groups affected by the organization). For example, case studies can

be used to examine perspectives of CEOs, employees, regulators, and other people involved in an organization. In business research, stronger studies emerge when the researcher conducts a case study of a particular phenomenon rather than a broader issue. For example, a more robust study would emerge when a researcher carries out a study of WOM referral marketing (the particular phenomenon) versus multiple marketing campaign strategies of business. Whatever the topic, researchers typically select the case first and then state the research questions (Maxwell, 2013).

A case study involves the study of a specific case within a real-life contemporary context or setting, and becomes the basis for purposeful sampling in qualitative inquiry (Patton, 2002). A case study begins with the identification of a particular case to understand a particular issue, problem, or concern. The researcher identifies themes and conclusions about the overall meaning or general lessons learned from the cases (Merriam, 2002).

With case study designs, the information gathered is typically extensive. The data collection could include observations, interviews, documents, audiovisual materials, participant observation, and physical artifacts (Creswell, 2013; Maxwell, 2013). In case study designs, a single case or multiple cases are analyzed to identify themes or issues that the researcher has uncovered. Analysis can be holistic (the entire case) or embedded (a specific aspect of the case). Maxwell (2013) suggested that researchers use who, why, how, and where questions in a case study. Chapter 3 includes a more detailed discussion of the nature of the study as well as a comparison of the strengths and limitations of qualitative and quantitative research. Also, Chapter 3 includes an exploration of three

qualitative designs considered for this study, and the rationale for the choice of a case study design as the best fit for this study.

Research Questions

The two central research questions for the current study were as follows: What successful referral marketing strategies do small AHCB leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and, what are the motivating factors that lead people to refer others to a business, service, or product?

The subquestions were the following:

1. What types of marketing strategies do small AHCBs use?
2. What types of marketing strategies work best?
3. Where does WOM rank as a strategy?
4. What is the perception of owners, staff, and clients regarding personal referrals?
5. What is the motivation to make referrals?
6. What is the perception of the effectiveness of social media?

Conceptual Framework

The conceptual framework for the study was the underpinnings of marketing management and decision sciences. Management and decision sciences draw from many fields of study, such as “philosophy, economics, sociology, psychology, and even management sciences” (Kliendorfer, Kunreuther, & Shoemaker, 1998). In the framework for relating new findings to previous findings, it is essential to identify where referral

marketing fits in the continuum of inquiries in the marketing management and decision sciences literature (Randolph, 2009; Reynolds, 2007). The strategy was to identify the theoretical and conceptual framework for this study through reviewing the current literature related to marketing management, consumer decision-making, referral marketing, and personal referral theories and concepts (see Svatosova, 2013).

Having a starting point in the literature review helps to identify gaps in the literature and identify new research needed to fill those gaps (Randolph, 2009; Reynolds, 2007). In any field of study, pioneers and research leaders pave the way for future research (Webster & Watson, 2002). Reviewing the research of a few pioneers (e.g., Porter, Kidwell, and O'Brien) helped me to identify their contributions to the earlier stages of consumer decision-making literature.

The theoretical methods found in the marketing management and decision sciences literature that influenced the conceptual framework of this study included Maslow's need hierarchy theory of motivation, organizational knowledge concepts, contingency theory in the management literature, organizational learning theory, relationship marketing capital and networking theories, and social identity theory. Examples of other concepts reviewed include CE and CEB concepts, customer loyalty and customer expertise concepts, critical service logic, customer-related value, loyalty behaviors, and service-dominant logic of marketing.

Researchers often create terminology, models, or concepts needed for their conceptual framework when current theories or concepts do not apply (Delre et al., 2010; Moyes et al., 2012; Wirtz et al., 2013). For example, instead of using the term *social*

capital, Moyes et al. adopted *relationship capital* to describe the value of relationships to small to medium-size enterprises (SMEs). However, I found little evidence for existing theories of WOM activities particular to referral marketing. This study was a qualitative case study designed to identify and document what leaders of small AHCBs perceived as effective referral marketing strategies. This study also involved an examination of the motivation of consumers in making personal references and provided further insight into what strategies AHCBs can use to develop strong referral programs. Chapter 2 contains a detailed description of the conceptual framework for this qualitative case study. I also include a more thorough explanation of various marketing and management theories.

Definitions

Emrich (2015) suggested that providing definitions of critical terms will assist the reader in understanding the study, and that definitions should be consistent with those in other peer-reviewed literature. This section contains a list of operational definitions of technical terms, jargon, or special words used in the study. The terms are unique and specific to the topic of WOM referrals and are consistent with the language used in marketing research literature.

Augmenting behavior: Customer contributions of resources, such as knowledge, skills, labor, and time, to directly augment and add to the focal firm's offering beyond that which is fundamental to the transaction (Jaakkola & Alexander, 2014).

Codeveloper behavior: Customer contributions of resources, such as knowledge, skills, and time, to facilitate the focal firm's development of its offering (Jaakkola & Alexander, 2014).

Consumer decision-making: The process that occurs in the customer's mind starting from the moment when the customer receives stimuli from the outside until making a purchase decision (Svatosova, 2013).

Customer engagement (CE): Building personal two-way relationships with customers that foster interactions; active interactions of a customer with a firm, with prospects and with other customers, whether they are transactional or nontransactional in nature (Kumar, Petersen et al., 2010).

Grassroots marketing: Grassroots marketing starts from the ground up by targeting a small group to help spread the message to a broader audience. "Grassroots marketing often uses unconventional or nontraditional methods. Grassroots marketing often costs less than more conventional marketing efforts, but can produce big results" (Myers, 2013, para. 1).

Influencing behavior: Customer contributions of resources such as knowledge, experience, and time to affect other actors' perceptions, preferences, or knowledge regarding the local firm (Jaakkola & Alexander, 2014).

Influentials: Otherwise labeled opinion leaders, influencers, or hubs, influentials are people with substantial social effects on others (e.g., Oprah and Ellen), and create more social influence than others (Libai et al., 2010).

Marketing: The American Marketing Association (AMA) defines marketing as the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large (AMA Board of Directors, approved July 2013).

Member-get-member (MGM) referral programs: Referral programs to attract new members (i.e., receivers of WOM) while maintaining relationships with existing members (Chan et al., 2014).

Metaperception: In social psychology, metaperception refers to viewing behavior from the perspective of the recommendation receiver. In other words, before recommending a service, the incentivized recommendation giver will try to predict what the receiver may think of his or her recommendation (Wirtz et al., 2013).

Mobilizing behavior: Customer contributions of resources such as relationships and time to mobilize other stakeholders' actions toward the focal firm (Jaakkola & Alexander, 2014).

Nontraditional marketing activities: All marketing activities that are not from the formal ways of marketing (Trusov, Bucklin, & Pauwels, 2009). Examples of formal advertising include TV and radio advertisement, direct mail, and newspaper advertisement. Examples of nontraditional marketing activities include WOM activity, including personal conversation and recommendations and interaction online through multiple venues such as Facebook, Pinterest, Twitter, and LinkedIn.

Nontraditional marketing strategies: Marketing campaigns that businesses conduct when using a nontraditional marketing activity approach, such as WOM referral campaigns and Facebook blogging, to attract new customers. Nontraditional marketing activities are a “viable alternative to traditional marketing communication tools” (Trusov, et al., 2009, p. 3).

Person-to-person marketing: An updated version of WOM marketing (Crawford et al., 2013).

Personal referrals: A person making a recommendation to someone else through some form of WOM activity; a person making a persuasive recommendation to another person whom they may or may not know, or a person receiving a persuasive recommendation from someone whom they may or may not know.

Referral programs: A common marketing tool adopted by corporations to attract new members (Chan et al., 2014).

Relationship management marketing (RMM): A marketing strategy that pledges a firm's support for a given social cause in exchange for customers' participation in revenue producing activities (Cabrera & Williams, 2014).

Secondary data: Any data source about a referral program that is not from interviews or observations (e.g., brochures, pamphlets, flyers, direct mail, statistical or internal data); using secondary data may help verify consistency and provide further analysis on referral programs. Sorensen, Sabroe, and Olsen (1996) suggested that the advantage using secondary data is that it already exists, and lessens the costs and time that it takes when combined with collecting primary data.

Service-dominant logic (S-DL): Vargo and Lusch (as cited in Turner & Shockley, 2014) defined S-DL as customers co-creating value in any economic system; the value added in any specific activity or task is actualized in the customer usage process rather than in supplier value chain activities; (i.e., customers do not buy goods or services; rather, they buy because of the value propositions that are of service to them).

Word of mouth (WOM): An oral, person-to-person communication between a perceived noncommercial communication and a receiver concerning a brand, product, or a service offered for sale (Arndt, 1967). Stokes and Lomax (as cited in Han & Ryu, 2012) defined WOM as the informal interpersonal communication between customers that is independent of corporate influence.

WOM marketing: The development and management of WOM campaigns (Lopez & Sicilia (2013). Any WOM activity used as a marketing tool to promote the advancement of a business, product, or service, including creating awareness, increasing sales, obtaining new customers, or helping to maintain a current customer base.

Assumptions

Simon and Goes (2013) suggested that when identifying assumptions in a dissertation, the researcher lists statements that cannot be verified but are assumed to be true. There were multiple assumptions for this study that were presumed to be true but were not verifiable. One assumption was that I had no bias due to not having any connections to the participants. The second assumption was that the participants would answer the interview questions honestly and factually (i.e., that the participants were trustworthy and reliable). The third assumption was that I preserved confidentiality. Other assumptions were that the AHCBs chosen for the study were representative of companies that had successful marketing referral programs. I also assumed that the participants would provide perspectives of effective marketing strategies and practices. Another assumption was that other businesses would benefit from the knowledge gained from this study. However, the primary assumption was that the phenomenon of interest

(i.e., the personal referral phenomenon) was not from my point of view, but from that of the participants (see Simon, n.d.).

Scope and Delimitations

Scope of Study

The goal for this qualitative case study was to identify and document what business leaders of small alternative health care professions perceived were effective referral marketing strategies, and the motivating factors that lead people to refer others to a business, service, or product. The choice of the specific focus (i.e., understanding WOM referral programs) resulted in part from exposure to a weight loss clinic for which the only form of promotion for the business was personal referrals. The owner used no formal advertising, such as TV commercials, advertisements in newspapers, or radio, to create awareness and solicit new clientele for the clinic. The scope of the study consisted of four AHCBs in a southeastern area of a Midwest US state. Interviews with business owners, staff, and clientele provided the data. Findings may be transferable to other AHCBs, SMEs, nonprofits, and other industries relying heavily on personal referrals as the mainstay of their businesses.

Delimitations of Study

According to Simon (2011) delimitations are, “those characteristics that limit the scope and define the boundaries of your study. The delimitations are in your control” (p. 2). The first delimitation was the choice of the particular research problem, as I had multiple research interests in WOM marketing. The focus of the topic of personal referrals was to manage the scope of the study. The research questions drafted for the

study were also considered delimitations. The objective was to understand the effective marketing strategies used by successful small AHCBs, including identifying (a) what kinds of marketing strategies worked best; (b) where WOM ranked as a strategy; (c) what were the perceptions of owners; (d) how staff and client participants viewed personal referrals; (e) what was the motivation to make referrals; and, (f) what was the perception of the effectiveness of social media as it pertained to personal referrals. Other delimitations for the study were the criteria of the chosen population, the types of businesses involved, and the geographical area. Data collection included interviews with owners, staff members, and clients from AHCBs in a southeastern area of a Midwest state.

Limitations

There were limitations to this qualitative case study. In case studies, results can be suggestive because the behavior in one researcher's study may or may not be indicative of behavior in similar populations (Simon & Goes, 2013). The small sample size was a limitation to the study because it may have prevented me from obtaining relevant data with implications for larger populations. Further research is necessary to verify that this study's findings would transfer to another population (see Simon & Goes, 2013). Another limitation was that the selected participants might have had memory loss; therefore, the data may have been incomplete. The possibility also existed that participants were unwilling to share details of their success and may have held back information (see Emrich, 2015). Finally, there was a limitation of time because "a study conducted over a

certain interval of time is a snapshot dependent on conditions occurring during that time” (see Simon, 2011, p. 2).

Significance of the Study

Significance to Practice

The results provided contributions to the understanding of the WOM referral phenomenon and strategies that may be applied in SMEs, nonprofits, and the marketing industry. Results may be used to improve WOM programs and strategies that businesses develop or to modify existing strategies for better results. Findings also provided further insights into how WOM activities, such as personal referrals, are a vital source of how consumers communicate with each other. Other implications included a better understanding of customer referral activities, management strategies of customer interactions, and the motivating factors of why customers make personal referrals (see Henning-Thurau et al., 2010). This study may also impact marketing education by adding insights from this study in marketing course curricula.

This study results also contributed to the understanding of the consumer decision-making process. Findings provided further insight into what strategies AHCBs can use to develop strong WOM referral programs. Business owners, SMEs, and nonprofits with limited marketing budgets may implement creative WOM marketing strategies to spread the word regarding their business, product, or service.

Significance to Theory

This study contributed to marketing management literature by adding to the existing body of consumer decision-making and marketing management research, and by

identifying the motivating factors that lead people to refer others to a business, service, or product. Examining the marketing aspects and implications of successful referral programs provided a better understanding of the referral phenomenon (see Bamiatzi & Kirchmaier, 2014). This study may also impact marketing education by adding insights in marketing course curricula. This study also filled a gap in the literature where researchers called for more qualitative case studies to gain insight about identifying and measuring personal referral marketing strategies and the motivation to make referrals, from consumer perspectives (see Haenlein & Libai, 2017). I added to the existing body of knowledge by suggesting three models: a WOM curriculum for higher education, a list of 13 marketing strategies for personal referrals, and personal referral concepts for potential future research.

Significance to Social Change

Findings of this study were expected to impact social change at individual and organizational levels. The results may help individuals by providing a better understanding of the power of their voice as consumers. Consumers could also benefit financially and personally from WOM activity when hearing information from reliable, impartial, and trustworthy sources (e.g., family, friends, and individuals with similar interests). Consumers may also influence businesses with their customer engagement and shared opinions about a business, product, or service. Influentials are trusted sources of information who help move the economy through their referral activities regarding businesses, products, or services. The most substantial impact may be financial: For-profit and nonprofit organizations may benefit by reducing the costs of formal

advertising. A better understanding of WOM may impact not only the marketing industry but all industries that rely on personal referrals for business growth (see Chan et al., 2014; Gul, 2013).

Summary and Transition

CE strategies and WOM personal referral activities are effective and inexpensive marketing strategies that businesses use to create awareness and future sales of the product or service (Moyes et al., 2012). However, company leaders lack sufficient understanding of how to analyze customer contributions (Jaakkola & Alexander, 2014) and do not understand the customer-to-customer interactions and the effects on the consumer decision-making process (Libai et al., 2010). Business leaders do not have skills in analyzing referral programs or how to measure customer engagement strategies (Kumar, Petersen, et al., 2010), creating a need for research to identify and document effective strategies for successful referral programs.

The two central research questions of this case study were as follow: What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and what are the motivating factors that lead people to refer others to a business, service, or product? Alternative health care markets such as weight loss clinics, chiropractors, health food stores, and homeopathic practitioners look for creative and inexpensive ways to spread the word about their product or service, or to sustain or increase growth (Gul, 2013; Libai et al., 2010). Identifying what leaders of small AHCBs perceive are effective referral marketing

strategies (and what the motivating factors for their customers are) may provide valuable information to SME owners, nonprofits, and customers. This study added to the existing body of consumer decision-making and marketing management research. Chapter 2 includes a review of the historical and current literature on WOM and referral marketing, consumer decision-making, and the personal referral phenomenon.

Chapter 2: Literature Review

A referral program is a common marketing tool adopted by corporations to attract new members (Chan et al., 2014). Customer engagement strategies, such as word-of-mouth (WOM) referral programs, may have minimal costs to the business yet can yield significant results (Castronovo & Huang, 2012; Moyes et al., 2012). Numerous studies have addressed current thinking on consumer decision-making and on WOM and referral research under the umbrella of decision sciences. Many researchers have recognized WOM as a “vital influential force” (Han & Ryu, 2012, p. 96) in the marketplace.

However, firms lack understanding of the contributions of customer engagement (CE) (Eisingerich et al., 2014; Gul, 2013; Jaakkola & Alexander, 2014). Company leaders lack sufficient understanding of how to analyze customer contributions (Gul, 2013; Jaakkola & Alexander, 2014). Business leaders do not have skills in analyzing referral programs or how to measure CE strategies (Kumar, Petersen, et al., 2010), and business leaders do not understand the customer-to-customer interactions and the effects on the consumer decision-making process (Jaakkola & Alexander, 2014; Libai et al., 2010). Also, company leaders do not understand the influencing factors that motivate consumers to make referrals when consumers are in the decision-making stages (Amir & Levav, 2008; Lee, as cited in Gul, 2014).

The problem addressed in the current study was that there is little research addressing efficient marketing strategies and measuring successful referral programs. Business leaders are not capturing the full value of personal referrals or how to harness and measure that value, which can negatively affect the company’s profits, recruiting of

new clients, or maintaining the current customer base (Gul, 2013; Jaakkola & Alexander, 2014; Kumar, Peterson, et. al., 2010). The lack of understanding of the personal referral phenomenon creates a need to identify and document effective strategies for successful referral programs and to identify the contributing factors in why consumers make referrals to successful referral programs. Haenlein and Libai (2017) called for more qualitative case studies to gain insight into personal referral marketing strategies and the motivation to make referrals, from consumer perspectives.

The purpose of this qualitative case study was to identify and document what business leaders of small alternative health care professions perceived were effective referral marketing strategies, and the motivating factors that lead people to refer others to a business, service, or product. Examining the marketing aspects and implications of successful referral programs and examining the personal perceptions and influencing factors that motivate consumers to make referrals provided a better understanding of the personal referral phenomenon. The study also contributed to filling the gap in decision sciences and referral marketing management literature.

In this chapter, I describe the literature search strategy and the conceptual framework for the study. I also provide an exhaustive review of referral marketing management literature to identify the key concepts of the study. I define and justify the research methodology and design consistent with the scope of the study and best suited to answer the research questions. Finally, I compare, contrast, and synthesize relevant marketing management literature in a systematic and chronological manner to understand referral marketing, consumer decision-making, and the personal referral phenomenon.

The main topics of the literature review are understanding referral literature, understanding consumer decision-making, and understanding personal referrals. I focused on ways researchers in the referral marketing literature have approached the personal referral phenomenon by identifying the strengths and weaknesses in their studies. I also justify the rationale for selecting referral marketing, consumer decision-making, and personal referrals as the key concepts. By reviewing and synthesizing studies related to the research questions, I offer a description of known aspects of the personal referral phenomenon, what is controversial and what remains to be explored, and how this study contributed to the existing body of scholarly knowledge. Finally, I offer a summary and conclusion of the literature review.

Literature Search Strategy

I focused on providing an in-depth review of literature related to marketing management, consumer decision-making, customer engagement behavior (CEB), and personal referrals. I used an article search method called citation chaining identifying sources cited the current article being reviewed and bibliography mining to find additional sources of information. Another strategy that I incorporated in the article search was using quotation marks around the title of the article to ensure that the title was searched as a phrase and not as individual words. Using quotation marks around the title in Google Scholar also helped me to identify the DOI or URL numbers so that the items in the reference list were up to APA standards according to Walden's guidelines for dissertations.

In the literature review, I included a detailed examination of the peer-reviewed literature related to personal referrals, including studies addressing the limitations, weaknesses, and the potential for future research. The literature review included scholarly, peer-reviewed articles obtained from the following Walden University library databases: ABI/INFORM Complete, Academic Search Complete, Business Source Complete, Dissertations and Theses at Walden University (and all Dissertations), Elton B. Stephen Company (Ebsco); ProQuest Central, ProQuest Dissertations & Theses (PQDT), SAGE Encyclopedia, SAGE Journals, and SAGE Premier. I also used Google Search and Google Scholar search engines.

I used other sources to find relevant, non-peer-reviewed literature, including the Word of Mouth Marketing Association (WOMMA) website, Word of Mouth Marketing Smartbrief wommapedia.org, AMA Marketing News Weekly, Social Media Examiner, Michael Stelzer Weekly Digest, Ad Age Media Buzz, LinkedIn, and Facebook. I used in the following search terms: *referrals, personal referrals, referral marketing, receiving referrals, ways consumers communicate, social media, word-of-mouth, online word-of-mouth, eWOM, word-of-mouth marketing, WOM, positive word-of-mouth, PWOM, negative word-of-mouth, NWOM, WOM effectiveness, customer engagement, CE, customer engagement behavior, CEB, customer referral behavior, CRB, consumer decision-making, decision-making, incentives, customer incentives, staff incentives, incentives for referrals, integrity, personal integrity, customer loyalty, customer trust, customer brand, mavens, opinion leaders, marketing mavens, influentials, credibility of referrals, and trustworthiness of referrals.*

Marketing management concepts and research are continually evolving (Lu, Ba, Huang, & Feng, 2013), so a significant portion of the articles selected for review were from peer-reviewed journals published since 2012 to obtain the most relevant literature. The articles I collected and reviewed included primarily qualitative methodology and case study designs. However, I also reviewed articles in which the researchers used quantitative, mixed methods, or summary analysis as their research methods.

The literature review contained the minimum number of references required by Walden University's dissertation guidelines. I also included some peer-reviewed articles that were more than 5 years old for relevancy, as well as some articles from journals that were not peer reviewed. According to Randolph (2009), one of the purposes for writing a literature review for a dissertation is that it "provides a framework for relating new findings to previous findings...without establishing the state of the previous research, it is impossible to establish how the new research advances the previous research" (p. 2). It was essential to identify where referral marketing fit in the continuum of inquiries in the marketing management and decision sciences literature to have a starting point in the literature review and to identify gaps and new research that was needed to fill those gaps. I also identified the theoretical and conceptual framework for the study through reviewing the current literature related to marketing management, consumer decision-making, referral marketing, and personal referrals literature (see Svatosova, 2013).

Conceptual Framework

The framework for relating new findings to previous findings, it is essential to identify where referral marketing fits in the continuum of inquiries in the marketing

management and decision sciences literature (Randolph, 2009; Reynolds, 2007). I identify the theoretical and conceptual framework for this study through reviewing the current literature related to marketing management, consumer decision-making, referral marketing, and personal referral theories and concepts (see Svatosova, 2013). Reviewing the research of a few pioneers (e.g., Porter, Kidwell, and O'Brien) helped me to identify their contributions to the earlier stages of consumer decision-making literature.

Porter, Kidwell, and O'Brien

During the 1970's to 1990s researchers concentrated on consumer behaviors towards making purchases of products instead of behavior towards services (Gul, 2013; Porter, 1974, 1991; O'Brien, 1977). Before social media, consumers gathered information about products through traditional means (e.g., TV, radio, and newspaper) or by opinions (e.g., from family, friends, or neighbors) (Buttle, 1998; Henning-Thurau et al., 2010; Svatosova, 2013). The characteristics of consumer buying behavior varied markedly across consumer goods industries (see Porter, 1974). Porter studied product logistics and noted customers need no assistance when purchasing convenience products (e.g. groceries, hair and beauty supplies, and toiletry items), compared to needing a salesperson's expertise for larger ticketed products (e.g., when purchasing a car). Porter suggested that industry leaders need to pay attention to meeting the needs of how and where consumers make their purchases.

Industries evolved from a production-orientated marketplace to consumerism, where businesses made their decisions based on consumer input (see Gul, 2013, & O'Brien, 1977). Kidwell and O'Brien studied consumer behavior and predictions,

consumer decision-making processes, and consumer behavior intention (Kidwell & Jewell, 2003; O'Brien, 1971a; O'Brien, 1977). Kidwell et al. (2008a), and Kidwell et al. (2008b), studied consumers' emotional intelligence (EI) and how consumer choices are influenced by one's emotional ability and marketing exchanges. Kidwell et al. (2008a) defined EI as "a person's ability to skillfully use emotional information to achieve a desired consumer outcome" (p. 154). Results were that individuals possessing greater consumption-related EI are more efficient in making correct decisions and that people with higher EI are found to make better choices than those with lower levels of EI. Kidwell et al. suggested that individuals who are more adept at using EI to decide (despite the appeal of strong branding and emotional attachment) would prefer the better products.

O'Brien (1977) studied participant responses to food products (e.g., convenience items), then compared the results to participant responses towards a larger ticketed item (e.g., an automobile) purchase. Results were that salespersons were judged less useful than other sources in the car participants, and WOM was the most critical influential source for aesthetic standards in the food participants. O'Brien suggested that when comparing the source of information, WOM was more critical than a salesperson. Consumers also move through a hierarchy predictions process (i.e., first awareness, then attitude, then intention, and then purchase) yet, there is no relationship determined between attitude and intention (see O'Brien, 1971a). However, past behavior has an impact on behavioral intents when making decisions (see Kidwell & Jewell, 2008). For

example, when the level of past behavior increased, the influence of perceived internal and external control on intent increased as well.

Porter, Kidwell, and O'Brien were early pioneers and contributors to decision sciences literature (Webster & Watson, 2002). Porter (1974) identified that the best practices of consumer purchasing is making purchase decisions at appropriate locations (albeit a convenient or non-convenient product) and suggested that industries need to pay attention to meeting the needs of how and where consumers make their purchases. Adversely to Porter's research concentrating more on logistics aspects of products (1974, 1991); Kidwell's research was more in alignment with O'Brien's research, in that they both concentrated their studies on consumer behavior, predictions of the consumer decision-making processes, and on consumer behavior intention (Kidwell & Jewell, 2003; O'Brien, 1971a; O'Brien, 1977). Kidwell et al. (2008a) research was based on understanding consumers' emotional intelligence (EI) and how consumer choices are influenced by one's emotional ability and marketing exchanges (Kidwell et al., 2008a; Kidwell et al., 2008b). Kidwell and Jewell (2008) emphasized that the importance of EI in decision-making is only beginning to be realized in consumer literature and suggested future research in this field of study. O'Brien (1977) suggested that when comparing the source of information (e.g., WOM vs. a salesperson) that is more valuable between two products (i.e., food product vs. a car), WOM was more critical than a salesperson.

Management and Decision Science Theories and Concepts

Management. Management literature crosses over and is sourced from, a multiple of scientific disciplines (e.g., philosophy, economics, sociology, and psychology) (Kliendorfer et al., 1998, preface). A few theories that influenced the conceptual framework of this study included Maslow's need hierarchy theory of motivation; organizational knowledge concepts; the contingency theory; and the organizational learning theory. According to Kreitner and Kinicki (2004), Maslow's pyramid of needs hierarchy in the workplace "explain the entire spectrum of human behavior" (p. 263) representing the five basic needs of a person (i.e., physiological, safety, love, esteem, and self-actualization) in a predictable stair-step fashion. Broad-based at the bottom (meeting physiological needs) to a narrow sequence at the top (self-actualization), a person satisfies his or her personal needs in the same sequences, and do not move on to the next step (need) in the hierarchy until the currently recognized need is fully satisfied (Gawel, 1997). An example of Maslow's theory applied in a business setting is when managers identify the unmet needs of the employee and design programs or strategies (e.g., benefit plans and reward programs) to motivate and satisfy those emerging needs higher on Maslow's pyramid (Gawel, 1997; Kreitner & Kinicki, 2004).

The three core strengths of organizational knowledge are technical skills (mainly in research), functional knowledge, such as production and marketing; and managerial expertise (Wheelen & Hunger, 2006). (Gomez-Mejia, Balkin, and Cardy (2005) noted that the contingency theory in the management literature suggests there is "no one best way" (p. 33) to manage; organize; or strategize a business because situational

characteristics (called contingencies) differ on the situation or context, and that managers need to be able to adjust to the given circumstance (p. 34). Laudon and Laudon (2006) defined the organizational learning theory as when organizations learn, then “adjust behavior to reflect that learning by creating new business processes changing patterns in management decision-making” (p. 418). In other words, organizations, managers, and business owners adjust for improvements based on the knowledge gained in the changing environments (Wheelen & Hunger, 2006).

Decision sciences. The field of decision sciences is continually evolving as new social venues and new problems, ideas, and interests, enter the market and in consumer decision-making research (Castronovo & Huang, 2012; Jaakkola & Alexander, 2014; Kliendorfer, Kunreuther, & Shoemaker, 1998; Kumar, Petersen et al., 2010). Consumer decision-making is the process that is happening in the customer’s mind, starting from the moment when the client receives stimuli from the outside until making a purchase decision (Svatosova, 2013). Kliendorfer et al. (1998) defined decision-making as “intentional and reflective choice in response to perceived needs” (p.4) and noted that there are not liberal theories in decision science, but researchers do their best to apply marketing decision-making principles or theories to their studies (preface). Kliendorfer et al. also suggested researchers are concerned with understanding how individuals, groups, and organizations identify problems, accept decisions made, and can learn and improve from the results of their actions (p.3). Similarly, Kirby and Marsden (2006) suggested that researchers try to engage in meaningful conversation between theory and practice.

Researchers from multiple social sciences disciplines want to understand further, consumer decision-making processes (Sirakaya & Woodside, 2005). Through my review, researchers (for the most part) cited consumer decision-making principles. However, Sirakaya and Woodside suggested that decision-making theories are too broad to “specifically deal within a single manuscript” (p. 815) and further posited

A particular theory is likely to explain a specific aspect of an individual’s decision in a given context. Multiple decision theories, when used together, are likely to explain a wider range of decision behavior across an expanded range of contexts. So far, however, no single unifying theory has emerged across disciplines to describe, explain, or predict consumer decisions, and it seems unlikely that individual decision processes fit neatly into a single decision theory. (p. 816)

Hence, one decision-making model does not “fit all.” Behavioral researchers may have also overlooked the role emotions and feelings play when consumers process the information (p. 829).

Other theoretical literature. Other theoretical methods that influenced the conceptual framework of the current study were relationship marketing (RM) theories (Moyes et al., 2012; Wentzel et al., 2014), and the social identity theory (Kumar, Aksoy et al., 2010). Moyes et al. (2012) explored relation capital and networking theories; Cabrera and Williams (2014) reviewed the relationship management marketing concept, and Garnefeld et al., (2010) examined customer loyalty and customer expertise concepts. Jaakkola and Alexander (2014), (in addition to studying CEB), examined critical service logic, customer-related value, loyalty behaviors, value co-creation, value creation / co-

creation, resource integration and service-dominant logic of marketing in their studies. Lastly, researchers often create their terminology, models, or concepts needed for their conceptual framework and when current theories or concepts do not apply (Delre et al., 2010; Moyes et al., 2012; Wirtz et al., 2013). For example, instead of using the term *social capital*, Moyes et al. (2012) adopted *relationship capital* to describe the value of relationships to small to SMEs.

Conceptual Framework Summary

Management and decision sciences draws from many fields of study, such as “philosophy, economics, sociology, psychology, and even management sciences” (Kliendorfer et al., 1998, preface). Reviewing the current body of literature helped me to identify common understandings and provided a framework for relating new findings of the current study, to previous findings (Randolph, 2009) starting with the earlier stages of consumer decision-making literature (i.e., Porter, Kidwell, and O’Brien). Maslow’s need hierarchy theory of motivation; organizational knowledge concepts; the contingency theory; and the organizational learning theory were a few leading theories reviewed, that helped conceptualize the framework for this study. In the next section, I review the strengths and weaknesses of qualitative, quantitative, and mixed methodologies; and identify and provide reasoning why the qualitative research methodology was best suited for the current study.

Research Methodology

Research methodologies and designs best suited for a study are typically determined at the beginning stages of inquiry (Maxwell, 2013; Miles, Huberman, & Saldana, 2014). However, Ph.D. students have difficulty in deciphering all the different descriptions of research approaches (Mkansi & Acheampong, 2012; Yang, 2013). In this next section, I compare and contrast the qualitative, quantitative, and mixed methodologies, to identify distinguishing factors between them (e.g., strengths and weaknesses), and to identify the qualitative methodology as the best fit for the current study.

Qualitative Research

Qualitative research approaches are used to inductively and holistically understand human experience and constructed meanings in context-specific settings (Patton, 2002). “The themes, patterns, understandings, and insights that emerge from fieldwork and subsequent analysis are the fruit of qualitative inquiry” (p. 5). Qualitative research is flexible and is a process of emergence, where the researcher is the key instrument (Patton, 2002; Yin, 2009). The primary goal in qualitative research is to learn about the issue from the participants when little knowledge about the problem or when issues need exploring (Creswell, 2013; Maxwell, 2013; Miles et al., 2014; Patton, 2002; Yin, 2009). Researchers will often use the qualitative approach when wanting to understand a phenomenon that individuals experience (Harper and Cole, 2012).

Quantitative Research

Researchers use the quantitative methodology to generate and test hypothetical deductive generalizations, and when there is an extensive literature review on the problem (Patton, 2002). Hypotheses are built upon or tested from an existing hypothesis, and these variables readily identified and measured, using rigorous and standardized methodologies (see Creswell, 2013). Quantitative methods require the use of standardized measures so that the varying perspectives and experiences of people can fit into a limited number of predetermined response categories to which numbers are assigned (p. 14).

Mixed Methods

Researchers use mixed methods (e.g., combining qualitative and quantitative research methods in the same research inquiry) to develop rich insights of the phenomena, which would not be fully understood if using only one method (see Frels & Onwuegbuzie, 2013; Venkatesh, Brown, & Bala, 2013). A straightforward example of a mixed study is combining an interview that asks both open-ended and fixed-choice (closed) questions (Patton, 2002).

Methodology Comparisons

Qualitative and quantitative researchers interpret and analyze meanings from textual data differently (see Wahyuni, 2012). Compared to quantitative methodology (where researchers use hypothesis and numbers to analyze data), qualitative methods are more personal and "...humanistic.... simply by avoiding numbers" (Berezin, 2014, p. 176). Patton (2002) suggested that in qualitative research, a participant expresses perception and understandings in his and her terms; whereas, in quantitative research, a

participant does not have the flexibility to express themselves as openly (p. 348). “What would be biased in statistical sampling, and, therefore, weakness becomes intended focus in qualitative sampling, and, therefore, strength” (p.230). Knight-Lynn (nd) suggested understanding the limitations in both quantitative and qualitative research is essential because what might make one study strong, may make another study weak. Quantitative instruments ask standardized questions that limit responses to predetermined categories (Patton, 2002, p. 227). The primary way qualitative researchers genuinely understand the perceptions, feelings, and knowledge of the participants is through in-depth, intensive interviewing (p. 21).

Researchers also consider combining both qualitative and quantitative methodologies (Frels & Onwuegbuzie, 2013; Hood, 2015; Miles et al., 2014; Singleton, Straits, Straits, & McAllicster, 1988; Venkatesh et al., 2013). Miles et al. (2014) suggested three reasons why researchers mix both qualitative and quantitative genres include (a) to provide analytic texture to their work, (b) to compensate for the deficiencies of one genre with the strengths of another, and (c) to modify or strengthen the analytic findings when the results of each genre support, corroborate, or contradict each other (p. 43). Similarly, Hood (2015), and Singleton et al. (1988), suggested that whenever feasible and appropriate, a multiple of methods should be used to study a given problem (using more than one interpretive lens) because, that way, the researcher can isolate the best strategy or method to be used.

Another guide a researcher uses to determine whether a study is more quantitative; qualitative; or to use the mixed methodology approach, is by analyzing the

continuum of inquiry: The study is quantitative when there is much knowledge about the problem, versus, a qualitative study, when less knowledge about the phenomena (Knight-Lynn, nd). Miles et al. (2014) cautioned that the methodological decision to use a blended approach should be driven by the needs of the study and not just because it is the latest of trends in “several research circles” (p.43). Frankfort-Nachmias and Nachmias (2008) suggested that before linking two methodologies together, researchers need to question and clearly define “whether it should be done, how it should be done, and for what purposes” (p. 42). Finally, Gill (2014), Hall (2014), Maxwell (2013) Miles et al. (2014) Patton (2002), Wahyuni (2012), and Yin (2014) are among the researchers that suggest that the starting point to figuring out which research method to use, should be based on what types of data are needed to answer the research questions.

Limitations in Qualitative Research

However, through the literature review, I identified potential limitations to consider of the qualitative research process. Qualitative researchers have more responsibility to demonstrate that their entire research process is worthy (Carlson, 2010). The quality and trustworthiness (Marshall & Rossman, 2016), credibility (Kemperaj & Chavan, 2013; Marshall & Rossman, 2016) and dependability (Kemperaj & Chavan, 2013; Krefting 1991) varies, dependent on the researcher’s experience, personal, and professional insights that he or she brings to their study (Marshall & Rossman, 2016).

Kemperaj and Chavan (2013) suggested that dependability in qualitative research is related to data stability over time and condition. Strategies that can be used to enhance the dependability of a study include (a) using triangulation methods to ensure weakness

of one method is compensated by using other data gathering methods, (b) conducting a single audit, or (c) conducting a code-recode procedure (e.g., recoding the same data and comparing the results (p. 221). Kemparaj and Chavan defined credibility as the “confidence in truth of the data and interpretations of them” (p. 89). Some examples of credibility issues are (a) problems of possible deception of the participants (Frankfort-Nachmias & Nachmias, 2008), (b) questioning the quality of writing skills of both the researcher and the respondents (Patton, 2002), and (c) concerns the impact of fieldwork may have on the lives of those studied (Frankfort-Nachmias & Nachmias, 2008).

The final limitation was ethical issues that could surface during the data collection process of qualitative research (Maxwell, 2013). Examples include (a) informed consent procedures issues, (b) deception or covert activities, (c) confidentiality towards participants, sponsors, and colleagues’ challenges, and, (d) participant requests that go beyond social norms (Creswell, 2013). I submitted multiple sources of documentation about ethical procedures and complied with all of the ethical protections required in Walden’s criteria. (IRB approval No is 08-16-17-0154333).

Choose the Qualitative Methodology

Using the “defined framework of inquiry” (Hood, 2015, p. 13) as a guide in choosing the appropriate research methodology for this study, the primary considerations to determine that a qualitative research inquiry was the best methodology suited for this study were the driving factors all congruent to qualitative research. Those factors included (a) what I wanted to understand (Hall, 2014; Maxwell, 2013; Miles et al., 2014), (b) which methodology would best answer the research questions (Hall, 2014; Maxwell,

2013, Miles et. al, 2014), and (c) what types of information were needed to answer the research questions (Hall, 2014; Lawrence & Tar, 2013; Merriam, 2002; Patton, 2002).

The two central research questions for the current study were as follows: What successful referral marketing strategies do small AHCB leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and, what are the motivating factors that lead people to refer others to a business, service, or product? The sub-questions were as follows: What types of marketing strategies do small alternative health care businesses (AHCBs) use; what types of marketing strategies worked best; where did WOM rank as a strategy; what was the perception of owners, staff, or clients regarding personal referrals; and what was the perception of the effectiveness of social media (regarding personal referrals). The information that would best answer the research questions was qualitative data (i.e., primarily open-ended interview questions).

Secondary considerations I used to help determine qualitative inquiry as the best fit for the research included (a) identifying that the primary source of current peer-reviewed literature on referral marketing is qualitative case studies, (b) selecting a purposeful sample (i.e., owners, staff, and clients affiliated with the AHCBs in the study), (c) interviewing participants at the location of their choice, and, (d) making an emotional connection with the participants in the study. All answers to the primary and secondary considerations used to determine which methodology to choose were qualitative, making the qualitative methodology best suited for this study.

Qualitative Research Designs

There are multiple designs for qualitative research. I describe and examine grounded theory and phenomenological research designs to the case study design as a possible fit for the research. I also provide reasons why the grounded theory and phenomenological designs were less efficient than using a case study design.

Grounded Theory

In grounded theory, a researcher generates or discovers a theory for a process or action and is *grounded* in the data from participants who have experienced the process, or as a general explanation (theory) of a process in action (Frankfort-Nachmias & Nachmias, 2008; Lawrence & Tar, 2013). The interaction in grounded theory may also come from a vast number of participants or large quantities of unstructured or semi-structured data (Creswell, 2013; Lawrence & Tar, 2013). Researchers use grounded theory to build a theory rather than test theory (Patton, 2002) and when it is best suited to study his or her research problem, as a theory is not available to explain or understand a process (Creswell, 2013). According to Frankfort-Nachmias and Nachmias (2008), “The researcher’s goal in developing grounded theory is to produce a set of propositions that explains the totality of the phenomenon” (p. 269).

Lawrence and Tar (2013) suggested using the grounded theory approach requires “a constant comparison across types of evidence to control the conceptual level and scope of the emerging theory” (p. 30). Glaser (2012) noted that only those researchers who can conceptualize the data to the grounded theory should consider grounded theory research. Reaching the saturation point of the data or when the theory is sufficiently detailed is also

a challenge for researchers using the grounded theory approach (Creswell, 2013; Maxwell, 2013). The grounded theory design was not a good fit for the current study because the focus of the research was not to develop a theory, but to identify and understand effective personal referral marketing strategies.

Phenomenological Design

Phenomenological research describes the common meaning for a single or several individuals of their lived experiences of a concept or a phenomenon (Patton, 2002). Researchers focus on what all participants have in common; how human beings make sense of the experience; and “extract essences and essentials of participant meanings” (Miles et al., 2014, p. 8). In phenomenology studies, researchers want to understand the meaning of the lived experience of the phenomenon through the persons or group of people perspectives (e.g., the exploration of anger in at-risk youth) (Patton, 2002).

However, phenomenological researchers may have difficulty finding individuals who have experienced the same problem (Creswell, 2013). The researcher may also find it difficult to separate his or her personal experiences from the person interviewed, as, “interpretations of the data always incorporate the assumptions that the researcher brings to the topic” (p. 83). Using a phenomenological research design was not a good fit for the study because the intent of this research was not to understand a particular phenomenon per se (to the extent of what all participants have in common) (Miles et al., 2013). The purpose of the current study had more to do with identifying and understanding the individual nuances and differences of what business leaders perceived

were effective referral strategies and the participants' (i.e., owners, staff, and clients) perceptions regarding personal referrals.

Case Studies

A case study involves the study of a specific case, within real-life, contemporary context or setting and becomes the basis for purposeful sampling in a qualitative inquiry (Patton, 2002). Often the case is bounded within certain parameters, like place and time (Maxwell, 2013). A feature of a case study begins with the identification of a specific case to understand a certain issue, problem, concern or phenomenon. Researchers investigate a contemporary phenomenon within its real-life context and when boundaries are not clearly defined (Yin, 2014). In business, stronger studies emerge where the researcher conducts a case study of a particular phenomenon (e.g., personal referrals) rather than a wider issue (e.g., examining all types of marketing campaigns for a business) (Stake, 1995, Williams & Buttle, 2014; Zivkovic, 2012).

Researchers also use the case study design when more pertinent and in-depth description of the social phenomenon is required to answer the research questions. with an approach to describe the phenomenon in depth (Merriam, 2002, Yin, 2009). Case studies are also the better fit when the cases are business-related (Gill, 2014; Zivkovic, 2012); and, if case studies are, the most, commonly used relating to the topic or phenomenon (e.g., referral marketing) (Williams & Buttle, 2014). "WOM is such a phenomenon, where the boundaries and context is unclear, and hence the case study method is appropriate" (p. 1426).

Before I chose the case study design as the best approach for my study, I considered (a) how conducting a case study may take more time than available (Patton, 2002; Stake, 1995), (b) how it could prove to be expensive (Maxwell, 2013), and, (c) the possibility of choosing a poor representation of the population (Simon & Goes, 2013). However, this study was a “snapshot” of time and I targeted (what I perceived) the best population that could best answer the research questions (Gull, 2013) to maximize the lessons learned and for understanding further effective referral strategies.

Choose the Case Study Design

Identifying the kinds of data needed to answer research questions was the primary guide I used to find the best design for the study (Janesick, 2011; Kemparaj & Chavan, 2013; Maxwell, 2013; Miles et al., 2014; Yin, 2009). The data I needed to answer the research questions were primarily from open-ended interview questions (i.e., the participants’ responses); which is also the primary source of data used in case study research (Janesick, 2011; Maxwell, 2013; Merriam, 2002; Williams & Buttle, 2014; Yin, 2013). Therefore, after examining the literature for strengths and weaknesses of each qualitative design (i.e., grounded theory, phenomenological, and case study designs), and considering the research questions (and the data needed to best answer the research questions), the assessment was that the case study was the best fit for the current study.

Understanding Referral Marketing

Conducting a literature review helps provide a framework for establishing a research topic, gaps in the literature, and how new research may advance previous studies (Randolph, 2009). In this section, I review the current literature on referral marketing,

traditional and nontraditional marketing approaches, social media, and identify how social media affects the ways businesses market to consumers. I also identify where WOM communication fits in the continuum of marketing referral research. Finally, I review the disadvantages of referral marketing campaigns and offer a summary.

Referral Marketing Literature

For decades, scholars have conducted marketing management research to understand further, consumer behavior (Buttle, 1998). The American Marketing Association (AMA) defines marketing as the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large (AMA Board of Directors, approved July 2013). Advertising is a form of marketing and is defined as “paid, nonpersonal, transparently sponsored communication” (Buttle, 1998, p. 243).

Referral research lies under the umbrella of marketing management and decision sciences literature. A referral program is a common marketing tool adopted by corporations to attract new members (Chan et al., 2014). Understanding the nuances of customer participation in business strategies and tactics is critical to company leaders (see Eisingerich et al., 2014). Using referral programs as a marketing tool is an economical approach for businesses and provides a significant return on investments (see Castronovo & Huang, 2012; Moyes et al., 2012). Companies use referral programs to increase sales, maintain current customers, and create awareness about their product, service, or business (Lu et al., 2013). A few examples of industries that use personal referrals in their marketing mix include B&Bs and hotel owners (Crawford et. al., 2013), restaurant and

travel (Han & Rye, 2012; Ring et al., 2014), and alternative health care industries (Bamiatzi & Kirchmaier, 2014; Gul, 2013; Libai et al., 2010). However, company leaders lack sufficient understanding of how to analyze customer contributions (Gul, 2013; Jaakkola & Alexander, 2014) and referral programs (Han & Rye, 2012).

Traditional & Nontraditional Marketing

Businesses search for new methods how to spread the word about their products, services, or business; and are eager to adapt to new and effective referral strategies and techniques (Buttle, 1998; Kumar, Petersen, & Leonel, 2010; Svatosova, 2013). The marketing industry has gone through changes and has had to reformulate marketing activities to keep up with the latest trends (Buttle, 1998; Lu et al., 2013; Svatosova, 2013). Haenlein and Libai (2017) noted how the onset of social networking influenced the decline of effectiveness of mass media advertising in the last decades.

The ways businesses advertise to consumers have also made a major shift from traditional advertising (e.g., TV, radio, and newspapers) to nontraditional marketing referral campaigns such as customer-to-customer promotions, or through multiple online venues (e.g., Facebook, Google, and Twitter) (Henning-Thurau et al., 2010; Svatosova, 2013). Henning-Thurau et al., 2010 conveyed that traditional marketing tools such as paid advertising may no longer be as useful as newer, nontraditional methods in marketing. Nontraditional advertising venues are more cost-effective and an effective approach to engage customers (see Castronovo & Huang, 2012).

Lu et al. (2013) combined a traditional marketing approach with a nontraditional platform. The two marketing mediums were using promotional (i.e., online restaurant

coupons) and WOM platforms (i.e., online restaurant reviews) to coexist in the context of a third-party platform (i.e., the Internet). The outcome was a significant impact on product sales; which suggested that third-party review platforms are considered an effective marketing tool. In other words, using a somewhat traditional marketing tool combined with a nontraditional marketing tool is a sign of merging the old with the new.

Social Media

Researchers have conducted many studies about the impact social media has had on the advertising industry (Castronovo & Huang, 2012). Internet venues (otherwise known as social media blitz or social media movement) have changed the landscape of how consumers communicate with each other, and how marketers reach out to those consumers (see White & Plotnick, 2010). Marketers have been quick to incorporate new techniques on the Internet and media venues, such as eWOM in their marketing mix (Castronovo & Huang, 2012). Examples of online social media forums include Facebook, Twitter, Pinterest, Snapchat, blogging sites, and product reviews. Castronovo & Huang (2012) posited

As companies begin to realize the value of the Internet as a primary component of their communications platform, they are correspondingly beginning to leverage alternative marketing practices that are more cost-effective and more efficient at actively engaging with consumers, than traditional advertising channels. (p. 117)

One example of a new social medium platform was the mobile game of all time, Apple Store's Pokemon Go (Brooke, 2016). Brooke described Pokemon Go as a free, location-based *augmented reality* (i.e., fusing digital technology with the physical world)

game that takes place in the real, physical world. Within 24 hours of its release, Pokemon Go became the fastest-growing mobile game in history (para. 3). Brooke claimed that business leaders are paying attention to potential augmenting-reality approaches in marketing and wondering if they are witnessing the “materialization of long-predicted trends that could reshape industries” (para. 1).

WOM Referrals

Brown and Reingen (1987), Delre et al. (2010), and Nielsen (2013) suggested that the most essential and effective method on how consumers share information about a product or service is through person-to-person communication. Consumers make personal referrals through the communication process otherwise known as WOM (Buttle, 1998). Arndt (as cited in Barreto, 2014) defined that “the word-of-mouth phenomenon occurs among any person, specialized or not, generally in an oral, person-to-person communication” (p. 637). Due to the impact of social media platforms, Barreto (2014) recommended that suggested a new WOM definition to read, “WOM is an oral or written communication process between a sender and an individual or group of receivers, regardless of whether they share the same social network, with the purpose of sharing and acquiring information on an informal basis” (p. 647). Companies view WOM as an important and exciting phenomenon, and that CEB such as WOM activities, are more influential on behavior than the traditional marketing venues (see Barreto, 2014). Business leaders influence how often, and what type of WOM activity is used (see Buttle, 1998) and if targeted to the right clients, can have a significant impact on future sales for

the firm (see Kumar, Petersen, et al., 2010). Mitchell (2015a) asserted that referral givers who establish referral partners, do so, to help their clients and customers.

However, Schreffler and Ross (2013), and Williams and Buttle (2014) argued that companies need to be aware of negative WOM (NWOM) because negative talk may be more detrimental to the company and have a more significant impact than positive WOM (PWOM). Another challenge is using language that means different things to different people (see Mitchell, 2015b). Mitchell suggested that businesses use marketing buzz words interchangeably (e.g., networking vs. referral marketing) which can confuse stakeholders from determining the difference, and which can ultimately be a setback in the effectiveness of a company's marketing procedures.

Social media is not the 'be all end all' of marketing (see Constantinis & Stagno, 2011). For example, in higher education, Constantinis and Stagno found that although there was high usage of social media venues among future students, "the use of social media was relatively low compared to more traditional forms of university marketing" (p.7). Castronovo and Huang (2012) noted how social media works using WOM referrals, but that there needs to be proper execution. One possible solution is combining more traditional forms of marketing with alternative ways; for example, providing a business website in the business's newspaper ad. Haenlein and Libai (2017) asserted that overlapping of social networks can skew reaching new participants results and create a "saturation effect" (p.85).

Referral Marketing Summary

Current referral marketing trends have changed the landscape of the marketing industry (see Buttle, 1998; Kumar, Petersen, & Leonel, 2010; Svatosova, 2013). New approaches to referral marketing (e.g., social platforms) are rapidly changing of how consumers talk to each other and share information about a product, service or business (see Haenlein & Libai, 2017). The traditional marketing approaches (e.g., TV, radio, and newspapers) may no longer be the mainstay approach to commercialization, and companies have adapted to taking a more nontraditional marketing approach (e.g., using personal referral campaigns and through multiple online venues) (Henning-Thurau et al., 2010; Svatosova, 2013; White & Plotnick, 2010). Personal referrals are considered the best form of getting the word out about a product, service, or business (see Barreto, 2014; Brown & Reingen, 1987; Dobele & Ward, 2003; Haenlein & Libai, 2017; Henning-Thurau et al., 2010; Nielsen, 2013; Svatosova, 2013).

Disadvantages to referral marketing is when a company has no control over what is being said about their activities on social forums or person-to-person communication, especially when any negative publicity circulates due to disgruntled customers (see Arndt, 1967; Schreffler & Ross, 2013; Williams & Buttle, 2013). More damage occurs for the company when consumers share negative information (i.e., NWOM) about a product, service or business, rather than sharing positive information (i.e., PWOM) (see Schreffler & Ross, 2013). It behooves companies to dismantle the negative talk shared by dissatisfied customers as quickly as possible (see Williams & Buttle, 2014).

Gaps in the current referral marketing literature include how company leaders lack sufficient understanding of how to analyze customer contributions and referral programs (see Gul, 2013; Jaakkola & Alexander, 2014; Han & Rye, 2012), many companies do not understand who their greatest advocates are (see Gul, 2013), companies have not fully committed to CE programs (see Han & Rye, 2012), nor do businesses understand how to harness the power of customer influencers (see Gul, 2013). Understanding further, the evolving nature; driving forces; trendsetting approaches; and effective strategies in the referral marketing literature helped guide me to identify gaps in marketing management literature, and where there is a need for future research.

Understanding Consumer Decision-Making

The decision-making process consumers go through is essential to comprehending further the personal referral phenomenon (Kliendorfer et al., 1998). In this next section, I present an overview of consumer decision-making studies. Research that influenced the conceptual framework of this study included studies on CE (Eisingerich et al., 2014; Jaakkola & Alexander, 2014; Kumar, Petersen, et al., 2010; Libai et al., 2010; Van Doorn, 2011), and CEB (Jaakkola & Alexander, 2014; Kumar, Petersen, et al., 2010).

Customer Engagement (CE) and Customer Engagement Behavior (CEB)

Gul (2013) examined that over the past century, the world has changed dramatically from a production-orientated marketplace to change towards consumerism, “where everything is made, thought and sold with the customers’ desires and needs in mind” (p. 759). Kumar, Petersen, et al. (2010) found that CE is the process of building personal two-way relationships with customers that foster interactions; active interaction

with a customer, with a firm, with prospects, and with other customers, whether they are transactional or nontransactional. Eisingerich et al. (2014) asserted that service firms develop strategies that support customer participation as an integral part in their marketing mix. Businesses that develop CE strategies may reap rewards and influence the business far beyond initial transactions (see Jaakkola and Alexander, 2014). However, firms lack understanding of the contributions of CE (see Eisingerich et al., 2014; Gul, 2013; Jaakkola & Alexander, 2014).

Customer engagement behavior (CEB) studies provide new knowledge in understanding the types of activities customers contribute to firms (Jaakkola & Alexander, 2014). Examples of CEB include customers providing feedback, ideas, and information, and providing referrals to businesses to acquire new customers (Kumar, Petersen, et al., 2010). Jaakkola and Alexander (2014) noted, “We found that the customers’ sense of ownership of the focal firm’s offering and the empowerment in the service system are key drivers of CEB” (p. 11). Current or former customers who have been satisfied or delighted with their experiences act as “unpaid advocates” (Buttle, 1998, p.245). Bottom line, firms would benefit by concentrating on what drives customers to contribute to CEB, what are the various resources customers implore, and what are the outcomes of such behaviors (see Eisingerich et al., 2014; Gul, 2013; Jaakkola & Alexander, 2014).

Other Consumer Decision-Making Research

Companies would benefit by concentrating on what motivates customers to contribute to CEB; what are the various resources customers implore; and what are the

outcomes of such behaviors (see Jaakkola & Alexander, 2014). Examples of consumer decision-making literature include (a) how consumer behavior differs when the goal of the consumer is in a learning stage or a decision stage (Weiss, Lurie, & MacInnis, 2008), (b) what role does a person's emotions affect consumer behavior when making a purchasing decision (Xu & Wyer, 2007), (c) what happens with a manipulated consumer during purchasing decisions (Maimaran & Simonson, 2011), (d) what role does emotional intelligence (EI) play in consumer decision-making (Kidwell, Hardesty, Murtha, & Sheng, 2011), (e) what is the outcome when consumers complicate their decision choices (Amir & Levav, 2008; Schrift, Netzer, & Kivetz, 2011), and (f) if it even matters what the product is when consumers are in the decision-making stage (Amir & Levav, 2008).

Mindset plays a role in the consumer decision-making process. Weiss et al. (2008) argued that it was critical for marketers to discern people's mindset whether potential customers are in the learning process, or at the decision-making process. Weiss et al. called for more studies on the impact of (a) provider behavior on the value judgments of seekers, (b) the credibility of the information providers (including their trustworthiness and likeability), and, (c) whether the information provided by a marketer or a third-party information provider changes the value (e.g., measuring the usefulness) of the information.

Emotions play a role in the decision-making process. How a consumer *feels* may have an effect on a potential or no purchase (Xu & Wyer, 2007). For example, Xu and Wyer provided evidence of successfully testing and supporting the hypothesis how

the mindset of consumers has direct influences on their future purchases. Deliberative (i.e., the decision whether or not to make a purchase) and implemental (i.e., a decision concerning which of several alternatives to buying, or after making an initial purchase) mindsets came into play at different stages of a shopping experience, and that once induced, they influenced purchase decisions.

When manipulated, consumers would either trigger or suppress self-expression (Maimaran and Simonson, 2011). For example, when participants were “primed” (p.761) (i.e., manipulated) of the self-expression before the study, results supported choices of self-expressive options across the three problem types of risky, extreme, or hedonic. Adversely, when participants knew others would evaluate them on the choice between self and other expressive options, the participants suppressed their self-expression.

Emotional intelligence (EI) plays a role in consumer decisions. Kidwell et al. (2011) examined marketers’ ability to use emotions to facilitate interactions with customers as EI in marketing exchanges. Results were that sales professionals in the financial industry (and that had higher EI), were better revenue generators and also were better at retaining customers. The sales professionals were also more perceptive; understood and managed their emotions in marketing exchanges. Schrift (2011) investigated a process where consumers complicate their decisions: Under certain conditions, with important decisions, consumers were motivated in a deliberate decision process to make the best choice. When faced with an easier-than-anticipated decision, consumers increased their effort (i.e., complicated their decisions) to invest in the choice which made them feel that they had performed a thorough decision process. However,

when consumers faced the harder-than-anticipated decision, they simplified their decisions by distorting the weight of the different attributes in a manner that bolstered one of the alternatives and denigrated others.

Amir and Levav (2008) revealed that the more choices consumers observe themselves making, the more they learn how much value they place on an attribute. Amir and Levav questioned whether it even mattered what is in the context when making a decision of choice. Results indicated, “All a marketing manager needs to do is understand that when consumers construct their choices, the critical variable affecting their choosing is the context of the decision, not the value of a product’s attributes” (p.156).

Consumer Decisions Using WOM

Marketers use WOM activities promotions because WOM is a pivotal attribute a consumer applies in the decision-making process (Buttle, 1998). Marsden (2006) defined and coined the phrase *connected marketing* as “all promotional activity that uses word of mouth connections between people, whether digital or traditional as communications media to stimulate demand” (p. xvii) and suggested that businesses that use high levels of connected marketing grow fast in their markets versus companies that do not use WOM in their marketing campaigns. Litvin et al. (2008) asserted that WOM is the most important information source when a person is considering making a purchase. The consumer is more influenced to act on sources of information when making a purchasing decision, from someone whom he or she has closer ties with, such as a close friend (Brown & Reingen, 1987). O’Brien (1971b) demonstrated a relationship between WOM

and intention, where two out of three cases, WOM was superior in predicting intention.

O'Brien (1971b) posited

It is particularly interesting that commercial information (advertising) has no direct influence on ultimate purchase for the product studied. Such influence begins solely with personal sources (word-of-mouth). Advertising hopefully has some effect, but the findings indicate that it is not prominent in the consumer's decision path. Thus, advertising that simulates or initiates word-of-mouth is likely to be more successful than simply informative communication. (p.40)

Summary of Consumer Decision-Making

The focal point of the literature review was identifying how WOM activities impact consumer decisions. Examining research on consumer decision-making helped me to develop the conceptual framework for this study and to understand further, the nuances of the CE and CEB of the consumer decision-making process. I identified gaps in the literature and what future research is needed to fill those gaps. In the next section, I present an overview of the literature related to personal referrals and the role WOM plays in the consumer decision-making process.

Understanding Personal Referrals

“Word-of-mouth referrals may be the most effective form of marketing and advertising and have the most impact of any communication channel” (Dobele & Ward, 2003, p. 1). This next section is the *heart* of the literature review. I focus on ways researchers approach the WOM personal referral phenomenon and identify the strengths and weaknesses inherent in their approaches. I justify my rationale for selecting the

attributes of WOM as the key concepts in my literature review. By reviewing and synthesizing studies related to the research questions, I offer a description of known aspects of the phenomenon, what is controversial and what remains to be explored, and reasoning how the current study will add to the WOM personal referral phenomenon.

First, I identify the background and benefits of WOM personal referrals, and how WOM communication and social media impacts the marketplace. I identify WOM attributes (i.e., the ‘who’ ‘why’ and ‘how’ of consumer activities), the value of opinion leaders, influentials, and market mavens; and the credibility, loyalty, and trustworthiness attributes. Finally, I identify the impact that NWOM has on businesses, as compared to PWOM.

WOM in Marketing

The historical literature on personal referrals fits in the continuum of marketing management under the umbrella of decision sciences research. In the 1990’s, scholars conducted WOM research from a customer-to-customer perspective (Buttle, 1998; Porter, 1974). Wirtz et al. (2013) noted how WOM research has taken on different forms over the years (e.g., talking, telling, mentioning, referring, and making recommendations). Personal referral marketing is “when someone you know, like or trust refers you to a business that can solve a problem you have” (StevenTaylorMarketing.com). Many studies have recognized personal referrals as the “vital influential force” (Han & Ryu, 2012, p. 96), the “elusive missing link” (Eisingerich et al., 2014, abstract), and the “driving force” (Castronovo & Huang, 2012, p. 118) in a company’s marketing campaign.

WOM activities have a significant impact on advertising (see Buttle, 1998; Li & Liu, 2014) and may be more efficient in reaching specific target markets (see Myers, Royne, & Dietz, 2011). Researchers found WOM, face-to-face conversation, much more efficient than other forms of advertising (see Brown & Reingen, 1987; Delre et al., 2010; Nielsen, 2013). Kumar, Petersen, et al. (2010) asserted that if targeted to the right clients, WOM campaigns can have a significant impact on future sales for the firm. Businesses use CE marketing campaigns to create awareness of a new product, service, or business (Libai et al., 2010; Lu et al., 2013), and is a critical strategy for effectively obtaining new, or maintaining current and long-term customers (see Chan et al., 2014; Libai et al., 2010). Moyes et al. (2012) found that businesses use WOM referral programs to minimize costs and yield significant results. In a Word of Mouth Marketing Association (WOMMA) study, results were that 64% of 328 marketing executives (from a wide variety of companies) considered WOM marketing to be more efficient than traditional marketing, and 70% of the marketers expected that their companies would spend more money on WOM marketing (WOMMA Research, as cited in Asada & Ko, 2016, p. 192).

Eisingerich et al. (2014) conveyed that although WOM is undeniably an essential factor in a firm's growth, customer participation is, at least equal to, if not higher than, WOM. Eisingerich et al. (2014) posited

In the past, customers were largely viewed as passive recipients of value created by the firm. More recently, organizations have been encouraged to focus on discretionary customer behaviors that support the ability of the firm to deliver service quality. (p. 41)

However, not all researchers agree with the impact of positive WOM (PWOM) and view that PWOM may be “oversold” (Kimmel, 2013, p. 291) promises. Kimmel suggested that “WOM beliefs are aligned with unsubstantial opinion rather than research evidence” (p. 305). For example, in Kimmel’s study, students and researcher participants reviewed other research on the WOM topic, and the results of the reviewers were that the participants (in the studies reviewed) seemed to be ‘prompted’ by customer satisfaction or dissatisfaction with a product, service, or company.

WOM in industries. Some businesses (e.g., SMEs) prefer using indirect CE strategies in their marketing mix, and for their customers (Bamiatzi & Kirchmaier, 2014). Bamiatzi & Kirchmaier argued that SMEs prefer indirect marketing activities, such as personal relationships and WOM rather than advertising on the TV, radio or press. SMEs also benefit from WOM marketing practices because those type firms do not have the capital for generating traditional approaches to marketing (Castronovo and Huang, 2012).

Other industries that gear a significant portion of their marketing costs towards personal referral programs are the tourism industries (Litvin et al. (2008), B&B and independent hotel (Crawford et al., 2013), restaurant (Han & Rye, 2012) and travel (Ring et al., 2014), and alternative health care industries (Bamiatzi et al., 2014; Gul, 2013; Libai et al., 2010). Although little is known as to how nonprofits (NPs) manage WOM activities, NPs still find value in using WOM promotions to create awareness, recruitment, and, to promote their programs and events (Asada & Ku, 2016).

Casella and Hanaki (2006) asserted that researchers suggest daily conversations between people are natural forms of social networking and are “freely acquired” (p. 262)

which makes the exchange in communication costless. For example, if someone wants to know what the new trendy restaurant is or which doctor or dentist is excellent in the area, he or she asks a friend, family, or neighbor (Libai et al., 2010; Nielsen, 2013; Ring et al., 2014). Researchers view WOM with less skepticism than firm-initiated promotional efforts (Bamiatzi & Kirchmaier, 2014; O'Brien, 1977). Face-to-face presented information is more accessible from memory and is weighed more heavily in judgments (Haenlein & Libai, 2017).

O'Brien (1971b) recommended that businesses portray some type of WOM activity, such as simulating a friend giving another friend the information, or a doctor and a client having a conversation. Storytelling may be effective approaches to indirect marketing promotions (see Asada & Ku, 2016). For example, promoting sports organizations and the pharmaceuticals industry with storytelling type promotions, have proven to be effective approaches. Researchers are unclear however, which type of advertising is more useful in the pharmaceutical industry: viewing advertisements, or by personal referrals (see Myers et al., 2011).

Employees often offer referrals to their network of family and friends, in their workplace, which benefits the company (see Grawatsch, 2016). For example, an engineering company estimated that 80% of its new hires stemmed from personal referrals (see Buttle, 1998). Companies prefer using employee personal referrals for their hiring strategies, which ultimately is a cost-effective approach for recruiting new hires (see Casella & Nanaki, 2006). Branding is considered a dynamic, social process where individual customers, brand communities, and all other stakeholders constitute "operant

resources” (Merz et al., 2009, p.331). Mertz et al. posited that companies should pay attention to consumers and employees as both play a role as active co-creators of brand value, rather than solely passive recipients of brand information.

Social media and eWOM. Scholars have conducted a considerable amount of research about the impact the Internet has in today’s market (Weiss et al., 2008). There has been an evolutionary change since the emergence of Web 2.0 (White & Plotnick, 2010). Marketing practices such as social media, has changed the ways companies promote their products or services (see Castronovo & Huang, 2012; Weiss et al., 2008; White & Plotnick, 2010). For example, SMEs recognize promoting on the Internet is more “cost-effective and more efficient” (p.117) than traditional marketing approaches. The focus of the current study was on WOM personal referrals and it was important to understand further how researchers have identified social media as an effective nontraditional marketing strategy (see Castronovo & Huang, 2012).

People use social media to seek information (i.e., social networking platforms, website forums, blogs, and online communities), and as a means to communicate with one another (Barreto, 2014). As a “popular phenomenon” (p. 631), WOM becomes “word of mouse” (p. 635). To Barreto, WOM and online WOM (eWOM) mean the same thing. Social media and the Internet have become an industry in itself and buyer behavior has changed with the onset of the online environment (Svatosova, 2013). However, Barreto (2014) suggested that most WOM action seemed to be happening offline (p. 649).

WOM Attributes

Customers reap intangible rewards (e.g., loyalty to the brand, empowerment, and trust and commitment toward other members) from businesses that use CE in their marketing mix (Jaakkola & Alexander, 2014). I identified multiple inherent elements characteristic of WOM: “Who, why, and how” consumers use WOM activity when giving personal referrals was the generality of the literature review. Synthesizing the literature on the referral phenomenon was requisite to help me formulate interview questions based on the interview research questions.

Who. WOM and social influences travel in a network of consumers and *who refers who* has been a compelling topic for marketing management researchers (Delre et al., 2010). Kautz, Selman, and Shah (1997) argued that “six degrees of separation phenomena” (p.63) (i.e., the distance between any two individuals in terms of direct personal relationships) is relatively small when using social media. Referrals that come from strong ties (e.g., close friends) most potent sources of information than referrals received from weaker ties (e.g., acquaintances) (see Brown & Reingen, 1987; Carl, 2006; Haenlein & Libai, 2017). Persons have a stronger influence on those who are similar in some way (see Haenlein & Libai, 2017).

Defined as the *like me* hypothesis, Rogers and Bhowmik (1970) defined homophily as the degree of similarity in specific attributes of individuals (e.g., pairs of individuals that have the same beliefs and values) which expounds on individuals’ tendency to communicate with those who are similar. In other words, consumers relate to people who are more like them, and whom they most likely associated in terms of

attitudes and interests (Huang, 2010). Brown and Reingen (1987) found that “who-told-whom-about-the-service paths of referral flow” (p. 351) indicate referrals generate from strong ties (e.g., close friends) and are more likely to be activated for the circulation of information, versus a referral generated from a person with a weak tie (e.g., acquaintance) in relationships. “Family and significant individuals are two important mediators of decisions” (Sirakaya & Woodside, 2005, p. 829). However, a person will offer information and make WOM personal referrals to just about anyone if they feel they are helpful in some capacity to the other person (see Askoy et al., 2011).

Why. Litvin et al. (2008) identified interpersonal influence (i.e., WOM) is ranked “the most important information source when a customer is making a purchase decision” (p. 1). There are many reasons why consumers are motivated to engage in WOM activity. A few examples include (a) helping others, (b) sharing experiences and promoting self-concept, and (c) product involvement (Askoy et al., 2011). Consumers share information about common interests; and to learn about how to use a product and what kind of new products are in the market (see Barreto, 2014). Li and Liu (2014) revealed that people do WOM activities for satisfaction, loyalty, and repurchase intentions, and “perceived usefulness” (p. 1045). Consumers have opinions on just about everything. They talk about their experiences with a new product or service to their families, friends, neighbors, and coworkers (Libai et al., 2010). If a person wants to know information about where to find fresh organic produce, what doctor to consult, or a beautiful place to travel, he or she asks a friend, family, or neighbor (Delre et al., 2010; Nielsen, 2013; Ring et al., 2014). Personal sources are considered more trustworthy sources of information. Even

influentials (i.e., people who have a social effect on others), such as Oprah or Ellen, do not have the impact or influence that a friend or neighbor would (see Delre et al., 2010; Haenlein & Libai, 2017; Nielsen, 2013). WOM works best when it is conceived to be unbiased and when it is not evident that the firm is a party to the exchange (Eisengerich et al., 2014).

How. The ways consumers give or receive the information is an important aspect in understanding WOM referrals (see Askoy et al., 2011). Marketing management researchers are interested in examining how WOM and social influences travel within a network of consumers (Delre et al., 2010). Person-to-person conversation, such as “over the clothesline and across backyard fences” (Brown & Reingen, 1987, p. 350) was once the typical and familiar way neighbors talked to one another. However, the ways people communicate and gather information with each other have drastically changed with the advent of new social media venues (Gul, 2013; Henning-Thurau et al., 2010; Litvin et al., 2008). Facebook, Google, YouTube, Twitter, and other social networking sites, are examples of new ways people seek their information or communicate with one another (Libai et al., 2010). The travel industry has grown with the advent of eWOM (i.e., sharing WOM activities over the Internet) (Litvin, Goldsmith, & Pan, 2018). Yet, making personal referrals using WOM face-to-face conversation is much more efficient than any other form of advertising (see Brown & Reingen, 1987; Delre et al., 2010; Nielsen, 2013).

Professional services. A consumer will make a personal recommendation about a professional service if he or she has perceived the business is helpful, empathetic, and

reliable providers towards him or her (see Ferguson & Paulin, 2010). Williams and Buttle (2013) suggested that businesses should strive to create satisfied customers because “very satisfied donors tend to remain active as opposed to those who are merely satisfied” (p. 287). Ultimately, consumers save time (and prevent the feeling of information overload) by allowing other people to share their knowledge and experience (see Barreto, 2014).

Opinions from a consumer’s peers are respected highly when making purchase decisions because peer-to-peer communication is considered reliable sources of product information (see Huang, 2010). Pompitakpan (2004) concluded that credibility of the message source (i.e., who is giving the information) is important to consider when the consumer needs to make an important decision (e.g., which doctor to go to for the best medical treatments). The superiority of a high credit source outweighs a recommendation from a low credit source. However, Asada and Ku (2016) argued that expertise had a positive effect on WOM influence, but only when a high-level homiphily (i.e., shared likeness attributes) existed between communicators.

Opinion leaders, influentials, and market mavens. Opinion leaders, influencers, and market mavens play an important role in the marketplace and their customer contributions when they share their high levels of knowledge to others (see Buttle, 1998; Litvin et al., 2008). An example of an opinion leader is someone who travels a lot and willingly shares his or her travel experiences with others on personal blogs or to their sphere of influences (see Litvin et al., 2008). Market mavens are consumers (mainly women) perceived as personal and a trustworthy and provide market information to others (see Sudbury-Riley, 2016). Mavens are considered the ‘EF Hutton’

in consumer decision-making (i.e., everyone listens; reacts, and does whatever mavens tell them to do); and through WOM activities, have the ability to persuade and convert new customers to a product or service than non-mavens. Furthermore, Haenlein and Libai (2017) posited that “opinion leaders can also fall into a second group called *micro-influencers*-everyday people that effect the (much smaller) social circle around them and are still of much interest to firms” (p. 79). The Kay Fay group (as cited in Haenlein & Libai, 2017) revealed that “not only do micro-influencers have over 20 times more conversations than average consumers but also that 80% of the people are very likely to follow their recommendations” (p.80).

Sudbury-Riley (2016) argued that baby boomer market mavens (BBMMs) (i.e., influentials born between 1946 to 1964); offer significant contributions in the marketplace. BBMMs are more liable to be female with empty nests; watch more TV; hold more positive attitudes towards advertising; willing to try new brands; and are more price-conscious and bargain-seeking. BBMMs also need to belong to a group where they are well respected in their social networks and want to feel like they can make a difference. Boomers are confident; ‘respect values’; venturesome, and do not necessarily display high levels of loyalty to product brands. Sudbury-Riley recommended that more research is needed to understand this “large and increasingly important but relatively neglected segment” (p. 738). BBMMs may not be as computer savvy as their counterparts (i.e., the Millennial or Gen Z generations), and may not have fully adjusted to the use of social media, the modes BBMMs communicate (i.e., WOM interactions)

was still considered the most efficient way of spreading the word to give personal referrals (Delre, 2010; Nielson, 2013).

Future research (and the results) on how BBMMs perceive the value of social media would undoubtedly peek marketing managers interest.

Credibility, loyalty, and trustworthiness. Credibility, loyalty, and trustworthiness, are important attributes in a person when obtaining reliable information and from a trusted source (Asada & Ku, 2016). Birnbaum and Stegner (1979) asserted that the value of information is primarily affected by the credibility of the information source. Wirtz et al., (2013) found that referral reward programs work because “recommendations from friends or relatives are perceived as impartial and trustworthy in analogy to what happens with word-of-mouth recommendations” (abstract, p. 82). Eisengerich et al. (2014) recognized that WOM works best when it is conceived to be unbiased, and when it is not evident that the firm is a party to the exchange. For example, in the restaurant industry, “customers tend to diminish positive WOM communication when they feel locked into a relationship with a service provider” (Han & Rye, 2012, p. 106). In other words, WOM is more efficient when the perceptions of the product or service are from the customer’s point of view, and not from what the firm wants the customer to convey. However, consumers have negative perceptions when the giver of the referral is financially compensated and economic incentives can even destroy a reader’s actual interest in the content of online comments Frey (1997). Birnbaum and Stegner (1979) conveyed that credibility may be compromised when the receiver views the sender is to benefit by a third-party actor from the WOM process.

Persuasion. There is a time when consumers perceive being influenced by another, crosses over to the perception of heavy persuasion (see Asada & Ku, 2016). Brodie, Roderick, Ilac, Juric, and Hollebeek (2013) recognized how customers influence other customers on their initiative through WOM activities (including blogging and other forms of communication). For example, opinion leaders have the power to drastically influence and persuade other consumers purchase decisions (see Castronovo & Huang, 2012).

Advertisement that appeals to customers' emotions is one way to persuade positive attitudes toward a product or service (Asada & Ku, 2016). O'Brien (1971b) suggested that simulating WOM activity in advertisement promotions (such as customer-to-customer communication which provide information about the product or service), is a more effective and influential means to market a product or service than a commercial that just gives the information. Advertising on the Internet can effectively influence and persuade the consumer decision-making processes (Li and Liu, 2014). Li and Liu researched customers who promote the satisfaction of online travel services based on their own experiences. Results suggested that satisfied online customers influence the WOM behavior of online travel service users by continually promoting their experience. Li and Lu recommended further that marketing managers of online travel service companies that have a positive value of online WOM marketing campaigns recruit current customers in their promotions. (However, this online research was conducted in China, so it is uncertain if the study results would be the same in other nations.) Litvin et al. (2008) suggested online WOM and personal referrals is especially important in the

hospitality and tourism industry because it is difficult for a company to evaluate the quality of a trip (other than self-promotion), so hearing about a friend's vacation has more impact and persuasion than any promotional type advertising.

PWOM and NWOM. The distinction and impact of both PWOM and NWOM behavior has in the marketplace is evident (see Buttle, 1998; Tanner, 1996; Williams & Buttle, 2014)). "Positive WOM is a social behavior reflecting customer loyalty" (Ferguson & Paulin, 2010, p. 28) and consumers that are more sociable engage in more PWOM. Buttler (1998) suggested that "satisfaction and delight" (p. 246) are motives for PWOM. Numerous researchers agree that NWOM has a more powerful impact than PWOM in the consumer decision-making process (see Arndt, 1967; Buttle, 1998; Schreffler & Ross, 2013; Williams & Buttle, 2014). Online sites such as blogs, social networks, chat rooms, and customer forums are designed for consumers to express adverse feedback and to alert other potential customers about businesses faulty products and poor service (Williams & Buttle, 2014). Haenlein and Libai (2017) noted that although there are findings of the impact of PWOM, other researchers indicate that "managers are much more concerned with suppressing negative WOM than they are with promoting positive WOM" (p. 87).

Relationships with stakeholders can also be threatened when harmful media exists (see Scheffler & Ross, 2013). For example, Schreffler and Ross examined college basketball fans on brand, team identification, and behavioral intentions and results of the study suggested that NWOM in sports organizations have a more significant impact than PWOM. Litvin et al. (2008) suggested that business owners in the hospitality and tourism

industries are concerned with negative information posted on the Internet from consumers' experience within their establishments. Any negative information has the potential to influence other consumers' opinions and behavior towards their business or service.

Williams and Buttle (2014) revealed that nonprofit (NP) managers view NWOM is a constant threat and stems predominately through dissatisfied customers. Williams and Buttle noted that it is more important for NPs to suppress NWOM than it is to promote PWOM, leading NPs to dedicate more resources to NWOM reduction or elimination. However, and unfortunately, "strategies to counteract NWOM from complaining donors have not been developed" (p.1437). Due to researchers suggesting NWOM may have more of an impact on businesses and NPs than PWOM (Haenlein and Libai, 2017; Scheffler & Ross, 2013; Williams & Buttle, 2013; 2014), I incorporated an interview question for the owner participants perceptions on NWOM in the current study.

Gaps in Literature

The various studies mentioned above generated findings that supported or added to research focused on the personal referral phenomenon. I took a systematic approach and reviewed literature in the fields of marketing management and decision sciences to identify and determine where there are gaps in the current research. The assessment indicated that a gap in the literature exists about how company leaders lack sufficient understanding and do not have the skills to analyze (a) CE and CEB (Eisingerich et al., 2014; Gul, 2013; Jaakkola & Alexander, 2014; Kumar, Petersen, et al., 2010), (b) customer contributions (Gul, 2013; Jaakkola & Alexander, 2014), and, (c) the customer-

to-customer interactions and the effects on the consumer decision-making process (Gul, 2013; Libai et al., 2010).

Bamiatzi and Kirchmaier (2014) identified successful indirect marketing strategies but did not analyze the referral programs, creating a research gap to provide a better understanding of the WOM phenomenon. Han and Ryu (2012) noted that most restaurant operators miss opportunities and lack knowledge of how to promote loyalty programs and encourage repeat businesses. Han and Ryu did not examine what drives favorable or negative WOM and why most online restaurant reviews are favorable, and suggested that future research should address the contradictory explanations and views of service performances. Little research has been done to examine the contributing factors (and why) marketing strategies are successful (Bamiatzi and Kirchmaier,2014).

Additionally, little to no current research was found that could help me to answer the two central research questions and the subquestions of the current study, which were as follows: What successful referral marketing strategies do small AHCB leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and, what are the motivating factors that lead people to refer others to a business, service, or product? The subquestions were the following:

1. What types of marketing strategies do small AHCBs use?
2. What types of marketing strategies work best?
3. Where does WOM rank as a strategy?

4. What is the perception of owners, staff, and clients regarding personal referrals?
5. What is the motivation to make referrals?
6. What is the perception of the effectiveness of social media?

Three articles were similar to the current study (Bamiatzi & Kirchmaier, 2014; Dobele & Ward, 2003; Haenlein & Libai, 2017), yet I offer an explanation why more research is still needed on the personal referral phenomenon. Bamiatzi and Kirchmaier (2014) provided further support about the importance of indirect marketing approaches when analyzing very successful small and medium-sized enterprises (SMEs) to understand, “What strategies are employed by high-growth SMEs such that they continue to thrive within the context of declining industries” (p. 260). The researchers identified that 15 of the 20 ‘over-performers’ SMEs studied, preferred indirect marketing activities, such as personal relationships and WOM rather than advertising on the TV, radio or press. The remaining five firms still recognized the importance of maintaining personal relationships with existing customers as part of their marketing policies. The Bamiatzi and Kirchmaier analysis suggested a start in identifying successful indirect marketing strategies, yet they did not analyze the actual referral programs, creating a research gap to provide a better understanding of the personal referral phenomenon.

Dobele and Ward (2003) conducted an exploratory study of an Australian accounting firm (with 15 client participants) and South African firms (with eight business participants described as owners, CEOs or Directors of their respective companies) that directly influenced PWOM referral generation from their current clients. Participants

were asked to “consider the activities currently in place by their accounting firm which they considered were aimed at referral generation” (p. 3). The positive activities that both sites (i.e., an Australian accounting firm and eight South African firms) had in common included (a) additional services to provide to the clients giving referrals, (b) customer service and communication (e.g., acknowledging the client and allowing client to communicate and offer feedback), (c) reciprocal referrals (e.g., exchanges of referrals from two businesses), and, (d) rewards (e.g., clients wished to receive something after offering referrals as an encouragement for their past referrals). However (and compared to the current study), Dobeles and Ward’s research included data from owners and CEOs from accounting firms (vs. this study’s population of alternative health care professions), the location of their study was in two separate countries (vs. this study’s location in a Midwestern U.S. state), and the researchers did not provide a list of interview questions so I could not clearly define if either study results were transferable.

Finally, the closest article found that was similar to the current study was by Haenlein and Libai (2017). Haenlein and Libai called for more qualitative case studies to gain insight about identifying and measuring personal referral marketing strategies and the motivation to make referrals, from consumer perspectives. However, their research was based on a model measuring Internet activities in marketing strategies, and not researching offline marketing strategies as this study was based on. Their research was also based on products instead of the service industry, such as this study is based on. The gaps that were not addressed in the existing literature create a need for future research to

identify and document effective strategies for successful referral programs and the motivating factors that lead customers to make referrals.

Future Research Opportunities

Researchers have called for more for more qualitative study to add to the literature in marketing management, decision sciences, and referral marketing. Henning-Thurau et al. (2010) suggested that future research includes “marketing’s understanding of consumers, the management of customer interactions, and the measurement of customer data and relationship outcomes” (p. 324). Woodall (2011) recognized how marketers know much about the consumer’s behavior, yet little is known about how marketers think and feel about their discipline. As a result, Woodall (2011) recommended for future research on marketer behavior. Henning-Thurau et al. (2010) called attention to how the expansion of new media disrupted the management of relationships with customers and suggested that future research include (a) marketing’s understanding of consumers, (b) management of customer interactions, and, (c) measurement of customer data and relationship outcomes. Kumar, Petersen, et al. (2010) also stressed that managers need to understand the importance of social networks, both online and offline. Moyes et al. (2012) indicated that little research has been done to examine why SMEs in rural communities are thriving beyond 5 years in a declining economy, and recommended for future studies on measuring successful marketing strategies. Haenlein and Libai (2017) asserted that in order to develop marketing strategies for WOM programs, firms should understand what drives WOM activities and the planning parameters of the programs.

Researchers have also called for more qualitative studies on CE and CEB. Van Doorn (2011) noted that CE is considered a new perspective and in the developmental phases of customer management literature, but that further research is needed to refine and conceptualize CE. Future studies are needed to compare actual consumers' behavior before and after participation in a customer referral (see Garnefeld et al., 2010). Jaakkola and Alexander (2104) examined CEB and recommended that future research be executed how firms can demonstrate current customers' experiences to new customers. There are ample studies relating to CE theories and customer engagement behavior (CEB) principles, but little evidence for existing theories of WOM activities particular to referral marketing and related to NWOM (Schreffler & Ross, 2013) and in the NP communities (Williams and Buttle, 2013; 2014). More studies are also needed to fill the gap in consumer's perceptions of when they receive or give personal referrals from professionals versus trustworthy sources (e.g., family, friends, and people who are similar) (Asada & Ku, 2016; Huang, 2010), and about WOM personal referrals in general (Askoy et al., 2011; Eisengerich et al., 2014). Another future research potential is, understanding what motivates consumers to make referrals in the first place.

Although two examples of research are not directly related to personal referrals (Ostrom et al., 2010; Schrift et al. 2011), it is important to recognize the gaps in marketing management literature. Ostrom et al. (2010) examined and suggested research priorities for the science of service from a worldwide perspective. Two examples of further research needed were as follows: What processes, tools, and business practices are useful in defining, motivating, and managing customer and employee roles, and, how can

rich, contextual knowledge be acquired and shared, given that it seems to be facilitated by informal, person-to-person solution-sharing networks (unlike digitized information.

Schrift et al. (2011) demonstrated that under certain conditions, consumers (in their subconscious) complicated their choices and bolstered inferior options. These findings are particularly valuable, as it supports how consumers confuse what should be more natural options and simplify their decision process when a decision seems more difficult. This effort compatibility principle could be used as a marketing strategy to boost a product or service one represents, and future research is needed on this topic.

Haenlein and Libai (2017) recommended that in order to develop marketing strategies for WOM programs, firms should understand what drives WOM activities and the planning parameters of the programs. Also, that there is difficulty in measuring WOM programs because of the “nonlinear effects of WOM” (p. 88) and further posited

Managers, consultants, and research organizations should continue to monitor the emerging research stream on WOM and WOM marketing, examine the applicability of the findings to their specific case, and see how they can further use informed decision making to enhance customer equity. (p. 88)

Current researchers, as they explore and review, develop new ideas that need to be examined for further understanding. This study was needed to understand the personal referral phenomenon and fill the gap in referral literature by identifying effective marketing strategies and the motivating factors why persons make or receive referrals. The current study contributes to the marketing management, decision science, and personal referral literature.

Summary and Conclusions

All studies included in this section provided insight into the WOM referral phenomenon. Examined current research included marketing management and decision sciences related to WOM personal referrals. The literature review revealed that personal referrals are more efficient and influential than any other forms of advertisement. The marketing industry has evolved from traditional advertising (e.g., TV, radio, newspaper) to nontraditional marketing (e.g., WOM referral programs and social media platforms). WOM is more influential on behavior than other marketer-controlled sources. Industries such as the travel, hotel, and restaurants, thrive on WOM promotions. Customer-initiated referrals originate from current or former customers who have been satisfied or delighted with their experiences. They act as unpaid advocates.

However, company leaders lack sufficient understanding of how to analyze CE; CEB; contributions; referral programs how to measure CE strategies; in the decision-making process. Many companies do not understand who their greatest advocates are, as companies have not fully committed to CE programs, nor do they understand how to harness the power of customer influencers. Businesses are still trying to figure out what works best and how they can add WOM type activities in their marketing mix.

However, NWOM leaves more of an impact than PWOM, and companies do damage control once NWOM exists. There is more damage to a company when negative information is shared on the internet, than positive information. Research also supports that it is unfavorable for companies to offer financial incentives for referrals (i.e., it appears to the receiver that there is an ulterior motive when their friend receives money).

People engage in WOM to help others, for perceived usefulness, share experiences of others, promotion of self-concept, and loyalty. Market mavens, opinion leaders, and influentials can be reliable sources of information, but WOM has more of an impact when coming from trusted friends, family, and neighbors. However, when seeking advice where more complex information is needed to decide, people will find those who obtain a better source of knowledge (e.g., seeking a doctor or a lawyer's advice).

There is little research examining what are the contributing factors (and why) marketing strategies are successful. This research was needed to understand further the personal referral phenomenon and to fill a gap in referral research and to identify effective marketing strategies businesses use to increase profits, obtain new customers, and maintain their current client base and research. Firms would benefit by concentrating on what motivates customers to contribute to CEB; what are the various resources customers implore; and what the outcomes of such behaviors are. The research also contributes to marketing management, decision science, and personal referral literature.

Chapter 2 included a review of the literature on the personal referral phenomenon. I used the two central research questions and the subquestions to guide me in narrowing down the focal point of the research reviewed. Throughout the review, I compared, contrasted, and synthesized the literature to understand further what the current thoughts scholars have on the subject. I identified the controversial literature and ways researchers addressed the issues and identified gaps in the literature; to understand if any such study, such as the current study, had been done before, and to understand further how my study

would contribute to the already existing literature on personal referrals and consumer decision-making.

Chapter 3 includes a review of the literature to identify the research methodology of the study. Subtitles of the chapter include Research Design and Rationale, Role of the Researcher, and Methodology. I also examine and present issues of trustworthiness (i.e., credibility, transferability, dependability, confirmability and transferability issues), and provide a summary of the chapter.

Chapter 3: Research Method

The purpose of this qualitative case study was to identify and document what business leaders of small alternative health care businesses (AHCBS) perceived are effective referral marketing strategies, and to explore the motivating factors that lead people to refer others to a business, service, or product. This chapter includes (a) the rationale for choosing the study methodology and research design most suitable to answer the research questions, (b) a description of my role as a researcher, and (c) details of the methodology used in the study. I also address issues of trustworthiness (credibility, transferability, dependability, confirmability, ethical procedures) and provide a summary of the chapter.

Research Design and Rationale

In this section, I restate the two central research questions and the subquestions (RSQs) of the study. I also identify the conceptual framework and define the core concepts and phenomena pertinent to this study. In addition, I provide the rationale for choosing a qualitative case study, including reasons why other designs were not appropriate.

Research Questions

The two central questions and the subquestions for the study were the following:

What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and what are the motivating factors that lead people to refer others to a business, service, or product?

1. What types of marketing strategies do small AHCBs use?
2. What types of marketing strategies work best?
3. Where does WOM rank as a strategy?
4. What is the perception of owners, staff, and clients regarding personal referrals?
5. What is the motivation to make referrals?
6. What is the perception of the effectiveness of social media?

Conceptual Framework

In any field of study, there are pioneers and research leaders who pave the way for future research (Webster & Watson, 2002). Reviewing a few pioneers (e.g., Porter, Kidwell, and O'Brien) helped me identify their contributions to the earlier stages of consumer decision-making literature. There was little evidence of existing theories of WOM activities particular to referral marketing compared to other forms of marketing research (Haenlein & Libai, 2017). Therefore, the conceptual framework for this study added to marketing management and decision science literature.

The theoretical frameworks found in the marketing management and decision sciences literature that influenced the conceptual framework of my study included Maslow's need hierarchy theory of motivation, organizational knowledge concepts, contingency theory, organizational learning theory, relationship marketing capital and networking theories, and social identity theory. Other concepts reviewed included customer engagement (CE) and customer engagement behavior (CEB) concepts, customer loyalty and customer expertise concepts, critical service logic, customer-related

value, loyalty behaviors, and service-dominant logic. Researchers often create terminology, models, or concepts needed for their conceptual framework (Delre et al., 2010; Moyes et al., 2012; Wirtz et al., 2013) and that are consistent with definitions in current, peer-reviewed literature (Emrich, 2015). I provided an explanation of consumer decision-making, personal referrals, WOM activities, referral programs, and marketing approaches to assist the reader in understanding this study.

Consumer decision-making occurs in the customer's mind starting from the moment when the customer receives stimuli from the outside until he or she makes a purchase decision (Svatosova, 2013). When a customer is satisfied with the quality of a product or service, he or she will often make a personal referral to others about those goods or services (Chan et al., 2014). I wanted to explore the personal referral phenomenon for further understanding.

Another concept that was important to this study was the nuances and benefits of WOM interaction. Stokes and Lomax (as cited in Han & Ryu, 2012) defined WOM as informal interpersonal communication between customers that is independent of corporate influence. Businesses are interested in customer behavior and in developing effective marketing strategies such as personal (WOM) referral programs (see Lu et al., 2013). Corporations adopt referral programs (often using WOM activity) as a standard marketing tool to attract new members (see Chan et al., 2014).

Other concepts important to this study were traditional advertising, nontraditional marketing, and grassroots marketing. Examples of traditional advertising include TV and radio advertising, direct mail, and newspaper advertising. Examples of nontraditional

marketing include WOM referral campaigns, personal conversation and recommendations, and interactions either face-to-face or through online venues (e.g., Facebook, Google, Pinterest, Twitter, or blogging) to attract new customers. Myers (2013) suggested that grassroots marketing is another form of nontraditional marketing, and posited

Grassroots marketing, sometimes known as guerilla marketing, starts from the ground up. Instead of launching a message you hope will appeal to many people, you target your efforts to a small group and hope the group will spread your message to a much larger audience. Grassroots marketing often uses unconventional or nontraditional methods. Grassroots marketing often costs less than more conventional marketing efforts, but can produce big results. (para. 1)

Research Method

I conducted a literature review on research methodologies and examined what methodologies were currently used in referral marketing research to identify the research method best suited for this study. Factors that set qualitative and quantitative methodologies apart include (a) how the researcher views the world (Maxwell, 2013), (b) the type of information gathered (Lawrence & Tar, 2013; Merriam, 2002; Patton, 2002), (c) the emotional involvement of the researcher (Merriam, 2002; Patton, 2002), and (d) the sample size (Miles et al., 2014). Quantitative researchers think about the world in terms of variables and seek statistical significance, whereas qualitative researchers reflect on people, situations, events, “and the processes that connect these” (Maxwell, 2013, p. 29). Qualitative researchers gain information that may be overlooked by traditional data

analysis techniques (Lawrence & Tar, 2013), and they prefer the qualitative approach “to gain further insight into the participants [sic] experience” (Harper & Cole, 2012, p. 514). Using the qualitative approach allows researchers to interview or observe participants in their natural surroundings, such as an office, home, or workplace (Merriam, 2002; Patton, 2002). Qualitative research is also conducted to understand a particular phenomenon (e.g., personal referrals) of a business (Gill, 2014; Zivkovic, 2012). Researchers follow their philosophical assumptions and use “the nature of the research question” and the “intended research outcomes” to select a methodology for their study (Gill, 2014, p. 127). Considering the research question as a guide, I chose to use a qualitative approach (i.e., open-ended interview questions) to answer the research question.

Research Design

Conducting a literature review of research designs and identifying the design most commonly used in articles on referral marketing research helped me to determine the research design suited for this study. “Your research questions identify the things you want to understand” (Maxwell, 2013, p. 77), and a researcher chooses the design according to the research question and the data needed for the study (Janesick, 2011; Maxwell, 2013; Merriam, 2002; Yin, 2013). I considered the grounded theory and phenomenological designs as options for this study. However, these options were less appropriate than a case study design.

Grounded theory. In grounded theory, the researcher seeks to develop a theory of the process or action that is grounded in the data from the participants who have experienced the process or action (Maxwell, 2013; Patton, 2002). The grounded theory

approach is used when a method is not available to explain or understand the process, and the study may end with the generation of a theory as the goal of the research (Lawrence & Tar, 2013; Patton, 2002). Selective coding (e.g., the assignment of themes and concepts into related categories) attempts to integrate the categories into a theory, which accounts for the phenomenon being investigated (Lawrence & Tar, 2013).

In grounded theory, the researcher is required to demonstrate theoretical sensitivity, with a constant movement between concept and data, “requiring a constant comparison across types of evidence to control the conceptual level and scope of the emerging theory” (p. 30). Researchers that use grounded theory can be challenged by not recognizing when data saturation exists or when the theory is sufficiently detailed (Creswell, 2013; Maxwell, 2013). Researchers constantly compare and link sensitive theoretical sampling and appropriating data to the grounded theory to develop categories of concepts (Maxwell, 2013). Glaser (2012) stressed that generating a grounded theory is hard work and only people who can conceptualize should do grounded theory. The grounded theory design was not a good fit for this study because the focus of the research was not to develop a theory, but to identify and understand effective referral marketing strategies and the motivating factors that lead people to make referrals.

Phenomenology. In phenomenology, the focus is to understand what all the participants have in common and have mutually experienced (Patton, 2002). Researchers tend to look at data “thematically to extract essences and essentials of participant meanings” (Miles et al., 2014, p. 8). The focus of inquiry in phenomenology studies may be an emotion such as grief, loneliness, jealousy, or anger. An example of a

phenomenology study is a group of individuals whom all have experienced grief from the loss of a family member murdered. Other examples of a phenomenon studies include a relationship, a program, an organization, or a culture (Maxwell, 2013; Miles et al., 2014; Patton, 2002).

One challenge in a phenomenological study, is that the researcher may have difficulty finding individuals who have experienced the same problem (Creswell, 2013). The researcher may also find it difficult to separate his or her personal experiences from the person interviewed, as “interpretations of the data always incorporate the assumptions that the researcher brings to the topic” (p. 83). Using the phenomenological design was not a good fit for the current study because the intent of the research was not to understand a particular phenomenon that a whole group is experiencing, but to identify and understand the individualized nuances and individualized perceptions on what business leaders perceived were effective referral strategies.

Case studies. In case studies, the focus is to understand a specific case within real-life, contemporary context or setting, and becomes the basis for purposeful sampling in qualitative inquiry (Patton, 2002). Merriam (2002) recognized case studies as a fundamental research strategy that is specific, while searching for meaning and understanding, with the result richly detailed. Simply put, “the case, in effect, is your unit of analysis” (Miles et al., 2014, p. 28). Examples of case studies include researching a person, a small group, a program, an organization, a community, an event, a decision, or a specific project process (Miles et al., 2014; Patton, 2002; Stake, 1995). Maxwell (2013) suggested that researchers generally choose the case, and then form the research

questions around that case. The information gathered in case study research is typically extensive (Maxwell, 2013; Miles et al., 2014; Stake, 1995). The data collection could include semi-structured interviews, observations, documents, audiovisual materials, participant observation, and physical artifacts (Janesick, 2011; Maxwell, 2013; Merriam, 2002; Patton, 2002).

A researcher analyzes the case(s) to identify themes or issues that he or she has uncovered, then draws conclusions about the overall meaning and general lessons derived by making sense of the who, why, how and where questions of the study (Janesick, 2011, Kemparaj & Chavan, 2013; Maxwell, 2013; Miles et al., 2014). Examining the case “intuitively” (Miles et al., p.30) helps the researcher to establish a boarder as to what and who will (and will not) be studied. Miles et al. suggested to define the case as early as possible in the study, and to “remember that sampling will define the case(s) further” (p. 30). In this study, I did not want to consider all aspects of the WOM phenomenon, and narrowed the gap from all WOM literature, to exploring personal referrals, and understanding effective referral strategies.

Before choosing the case study for this research, I examined weaknesses in the design the that include (a) more demand of the researcher’s time for conducting the study than is available (Patton, 2002; Stake, 1995), (b) it can be expensive to carry out a case study, and researchers often, do not have the financial resources necessary for an in-depth study (Maxwell, 2013), and, (c) there is a chance that researchers do not have a good representation of the population they are studying (Simon and Goes, 2013). However, this study was a “snapshot” of time (with limited time and financial resources);

so, I targeted the best population that could best answer the research questions (Gull, 2013), and maximized the lessons learned about effective referral marketing strategies.

Merriam (2002) suggested using a case study research design if the researchers' intent concentrates on a single phenomenon or entity (i.e., the case), in which the approach seeks to describe the phenomenon in depth. Similarly, Stake (1995) recommended that researchers should use case studies when they want to learn about a particular case, and when the opportunity to learn is of primary importance. Zivkovic (2012) suggested that stronger studies emerge when the researcher conducts a case study of a particular phenomenon that is business related. Janesick, 2011, Kemparaj and Chavan, 2013, Maxwell, 2013, Miles et al., 2014, and Yin (2009) suggested that researchers use the case study research design when trying to make sense of the 'who, what, why, how, and where' research questions of the study.

I followed researchers suggestions (Janesick, 2011; Maxwell, 2013; Merriam, 2002; Yin, 2014), and chose the research design according to (a) the research questions and the data needed to be collected, (b) what I wanted to understand (i.e., effective marketing strategies and the nuances of the personal referral phenomenon), (c) the population that could best answer the research questions (i.e., business owners who perceived had successful referral programs, and their staff and clientele as participants) (Gull, 2013), and, (d) the lessons learned from understanding further the "who, what, how, why, and where" questions during the semistructured interview sessions. Therefore, after examining the strengths and weaknesses of each qualitative design (i.e., grounded theory, phenomenological, and case studies), and considering the research questions and

the data needed to best answer the research questions (i.e., open-ended interview questions served as the primary source of data needed to answer the research questions), the case study design was the best fit for this study.

Role of the Researcher

In qualitative research, the researcher is the primary instrument of the data collection and analysis (Maxwell, 2013; Merriam, 2002; Miles et al., 2014; Morrow, 2005). As the key instrument in this case study, I collected the primary source of data, which was from semistructured interviews, using open-ended interview questions (IQs). My other role as a researcher was to identify the population, participants, and location of the interview, and conduct the data collection and data analysis process.

A researcher's experiences, personal values, and perspectives can create bias in the analysis of research data (Maxwell, 2013; Miles et al., 2014; Stake, 1995). Therefore, I made every attempt that the interpretation of the results was from the participant's point of view and not that of my own. Written accounts of my personal feelings during the data collection process also helped me to identify any personal biases that affected interpretations, as the quality of the research depended on the ability for me to reduce bias and validate the correct interpretations of the data (e.g., re-coding the data multiple times and conducting the member-checking process).

Additionally, and although I could leverage my over thirty-five years' experience in marketing, sales and field management, and directorship positions, I had no conflict of interest regarding supervisory or instructor relationships involving positions of power with the participants because at the time the data was collected, I held no position for that

type exposure of relationships. I also did not anticipate a conflict of interest with two business owners that I knew as acquaintances (i.e., a friend and owner of an AHCB whom I do not see on a professional basis, and an acquaintance, but I was not affiliated with her or her business).

In summary, my role as a researcher was to identify and secure the participants for this study, collect the data, and analyze the data collected. I reflected on what experience, training, perspectives, and prior knowledge about the research topic that I brought to the study, and concentrated on using rigorous methods that provided high-quality data. It was also important that I reported any personal and professional information (or biases) that may have affected the data collection, analysis, and interpretation process, so I journaled my personal bias concerns and shared those thoughts in the Chapter 5 Summary, Conclusions, and Recommendations sections. I also reported my background characteristics, that is (a) gender: female; (b) age: 61 (at the time of near completion of this dissertation); and, (c) race, and ethnicity: white, Anglo-Saxon, as it may have affected how others perceived me as a researcher (Patton, 2002). I also complied with all of the ethical protections required in Walden's criteria. (IRB approval No is 08-16-17-0154333.)

Methodology

In this section, I provide the methodology procedures for this qualitative case study. Subtitles and topics of discussion in this section include Participant Selection Logic; Instrumentation; Field Test; Procedures for Recruitment, Participation, and Data Collection; and the Data Analysis Plan.

Participant Selection Logic

Business criterion. Miles et al. (2014) conveyed that sampling is “taking a smaller chunk of a larger universe” (p. 35) and suggested to researchers that sampling should be relevant to the researcher’s conceptual framework and research questions. Similarly, Maxwell (2013) suggested that researchers select a sample that is representative of the population who can best answer the research questions. The first criterion for choosing my sample was to maximize what could be learned (Stake, 1995) and who could best answer the two research questions and the subquestions.

Typically, qualitative researchers work with small samples of people, and the “samples tend to be purposive rather than random” (Miles et al., 2014, p. 31). The type of sampling strategy that was the closest fit for this case study was criterion sampling, where all cases met the criterion which included (a) those AHCBs that have established (as the business owners perceived) successful referral programs (whether formal or informal), and, (b) where the business owners perceived that personal referrals were the main nontraditional marketing source that they used to maintain and establish new clientele.

Population criterion. Other criteria for the study included selecting a sample from a Midwestern U.S. state. According to the Suburban Stats website for 2015/2016 (<https://suburbanstats.org>), the population demographics of the area was slightly under 362,000. However, I expanded the study population to include the larger demographic region and the 2017/2018 Suburban Stats was 947,735; making the total population count of 1,309,569.

Population size. Additionally, in January 2018, I conducted a Yellow Pages search for the number of chiropractor offices, weight loss clinics, health food and nutrition stores, massage therapists, and yoga and meditation centers, all representing those type AHCBs in the Midwestern U.S. state chosen for this study. The total of the AHCBs (of the above-mentioned AHCB categories) included (a) 501 chiropractic offices, (b) 255 weight loss clinics, (c) 135 health food and nutrition stores, (d) 260 massage and therapist businesses, and, (e) 51 yoga and meditation businesses, totaling the population of 1,202 AHCBs in the Midwestern U.S. state region chosen for this study.

Sample criterion. The criteria to identify the OP sample were (a) an AHCB owner from a Midwestern US state, (b) an AHCB owner who already established successful referral programs or strategies (whether formal or informal), and (c) an AHCB owner who perceived personal referrals as the primary nontraditional marketing source used to maintain and establish new clientele. The criteria used to identify the SMP and CP sample were (a) either a staff member or client from the AHCB in the study, (b) an adult (18 years or older), and, (c) a person who made personal referrals.

Sample size. Patton (2002) suggested that there are no steadfast rules for what the sample size should be in a case study, and offered that researchers base the sample size on (a) what the researcher wants to know, (b) the purpose of the inquiry, (c) what will be useful, (d) what will have credibility, and, (e) what can be done with the available time and resources. Keeping the sample size small and relevant to the conceptual framework of this study and selecting a sample that represented the population who could best answer the RSQs were the final criteria I used to determine the appropriate sample size

for this research (Maxwell, 2013; Miles et al., 2014). I projected that I would retrieve meaningful and enough data to satisfy the scope of the study, interviewing 15 to 18 participants. I conducted 16 interviews: Four OPs, two SMPs, and ten CPs all met the criteria for selection and satisfied the data saturation point.

Data saturation. O'Reilly and Parker (as cited in Emrich, 2015) stated that for data saturation, the sample should consist of those with the most knowledge to answer the research topic (i.e., OPs, SMPs, and CPs). The trick to identifying the appropriate unit of analysis is to “decide what it is you want to be able to say something about [sic] at the end of the study” (p. 229). Maxwell (2013) suggested that a researcher is satisfied with the amount of data collected when he or she can develop an adequate description, interpretation, and explanation of the case. Keeping the sample size small and relevant to the conceptual framework and research questions in this study (Miles et al., 2014) and a good representation of a population who can answer the research questions adequately (Maxwell, 2013) was the final criteria I used to determine the appropriate sample size for this case study.

I initially secured three AHCBs as a part in this study but soon discovered that finding people to participate in this investigation took more time than anticipated. After discussing the situation with my committee chair, academic student advisor, and Walden's Institute Review Board's (IRB) liaison, I felt the best option to reach the optimal participant count was to add a fourth business, and Walden's IRB approved the change in the data gathering process to add a fourth business to this study (IRB approval No is 08-16-17-0154333).

After adding the fourth business to this study, I still anticipated that a sample size of 15 to 18 participants (whom either knew about the business's successful referral programs or had made referrals to the business) would be an acceptable representation of what I could learn about the personal referral phenomena and of effective referral marketing strategies. (I did, in fact, reach the data saturation point by the tenth and eleventh interviews, when the responses were similar and when I gained no other new knowledge but added support to the already existing data collected.)

Recruitment steps for OPs. Initial contact of the business owner(s) was a personal visit to the business or by a phone conversation with the owner to identify if the business (and business owner) met the sample criterion, was appropriate for the study, and interested in hearing more details about the study. I explained the purpose of the study to the owner(s) and provided any information needed to frame the context of this research. In this study, the owner(s) were both gatekeeper and a participant. Hence, I needed to obtain approval in his/her role as the gatekeeper first, then, once appropriate approvals were in place (by Walden's IRB), I contacted the owner to obtain his or her consent as a participant.

Once established that the business met the sample criteria, and owner(s) expressed interest in participating in the study, I sent a Letter of Cooperation (LOC) as an attachment via e-mail to the business owner candidate(s) for permission to conduct the study and to meet the requirements listed on the LOC. The details and requirements listed on the LOC included (a) identifying the purpose of the research study, (b) seeking the owners' permission to use their business for the study, (c) seeking authorization to use

their business location to hold the face-to-face interviews, (d) seeking agreement for the business owners' participation, (e) seeking permission to interview staff and clients of their business, (f) seeking permission to leave a Participant Invitation Letter (see Appendix A) posted in the lobby area or on the counter of the business, and, (h) seeking permission for the owner to provide any secondary data (i.e., flyers and brochures) on referral programs (whether formal or informal) for the study (Emrich, 2015). (I protected the identity of the participants partaking in this study by devising the Participant Invitation Letter, where even the owners did not know the identities of the staff or client participants.) (See Appendix A.)

The owner(s) e-mailed the LOC back to me via attachment and cc Walden's IRB at irb@waldenu.edu (via e-mail signed signature) that confirmed permission to use their business for the study and that met the requirements listed on the LOC. After I received the LOC, the business owner(s) then signed an owner consent form and returned it to me via e-mail with the words "I consent" in the title of the e-mail (or the context section of the e-mail) before I could conduct any research and interview the owner(s).

Recruitment steps for SMPs and CPs. Per the LOC, the owners provided contact information (i.e., e-mail address and phone number) of their staff (if there was a staff member). I contacted the staff via e-mail, and as an attachment, sent a copy of the Participant Invitation Letter (see Appendix A) in the context of the e-mail. The recruitment of clients affiliated to the businesses were also in the form of the Participant Invitation Letter that was either posted on the bulletin board or placed on the counter in the lobby (per owner's responsibilities agreed upon in the LOC).

On the Participant Invitation Letter, it listed that if someone was interested in partaking in the study, that he or she should email me stating “I am interested.” This process applied to both staff and clients. Once I obtained information of potentially interested participants (i.e., they e-mailed me stating as such), I contacted each interested staff and client candidate via e-mail and included an attachment of the participant consent form for their review.

The participant consent form provided information for the potential participant to decide whether he or she wished to take part in the study. Details on the form for the potential participant candidate to consider included (a) participation is voluntary, (b) the participant has the right to voluntarily withdraw from the study before, during, or after the interview until the completion of the dissertation; (c) if the participant is known to the researcher, declining or discontinuing the study will not negatively impact the participant’s relationship with the researcher; (d) the purpose of the study, (e) how the participant’s opinions will matter to the research, (f) how the participant could choose the location of the interview (but I noted on the consent form that preferably the choice would be in a public space such as the local library), and, (g) that the participant must be 18 years or older. (See Appendix A.)

The participant consent form also informed that if choosing to participate, that (he or she) will be asked to (a) return the consent form signed by them via e-mail, (b) participate in a face-to-face, phone or Skype interview that would last approximately 1 hour (at a location of her or his choosing); (c) after the interview, the participant read and review the portions of the transcripts that were transcribed by me, for accuracy, providing

comments if desired, and a confirmation that the transcript is accurate (that would last approximately 45 minutes); and, (d) have the opportunity to do the interview over or add to the interview content. (See Appendix A.)

Additional details on the participant consent form also informed the potential participant to (a) feel free to ask any questions about the study either before participating or during the time that of participation, (b) any information provided would be kept confidential, (c) I was the only one who would know his or her identity as a participant, and, (c) his or her name would not be associated with the research findings in any way, or anything else that could identify him or her in the study reports. (See Appendix A.)

Finally, on the consent form, it informed the potential participant that (a) there were minimal to no risks or discomforts associated with the study, (b) that the expected benefits related to his or her participation was the opportunity to participate in a qualitative research study, and to gain better insight regarding referral programs; (c) that he or she would receive a Starbucks \$10 gift for participation in this study, (d) the data would be kept secure by using password-protected files and stored for at least five years (required by Walden University), (e) that he or she should save/print a copy of the consent form for his or her records, (f) my contact information (cell phone and Walden email address), and (g) contact information (i.e., phone number is the USA, and e-mail address) for the Walden University Research Participant Advocate. (See Appendix A.)

After the review of the participant consent form, and the staff or client candidate was aware of all the informed consent requirements and willing to partake in this study, they were instructed that if they felt they understood the study well enough to decide

about it, to please indicate their consent by replying to the e-mail with the words “I consent.” (See Appendix A.) The date and time on the returned email was verification of the participant’s printed name, and I typed in the name as the participants official signature to the study. According to Walden IRB guidelines, all formal paperwork related to this study (i.e., LOC, confirmed owner and participant consent forms) needed to be in place before any data collection process began.

Instrumentation

I, being the primary instrument in this study (Maxwell, 2013; Merriam, 2002; Miles et al., 2014), personally collected and analyzed the data using the methods semistructured interviews with open-end IQs, and a code-recoding process multiple times and at different times. Preparedness is what helped launch me to conduct a good quality interview (Maxwell, 2013; Miles et al., 2014, Patton, 2002), and I began by drafting an Interview Questionnaire for participants of the study: I designed interview questionnaires for each, the OPs (see Appendix B), the SMPs (see Appendix C), and the CPs (see Appendix D). To obtain the maximum data for the research, I used open-ended IQs (corresponding to understanding the WOM personal referral phenomenon).

I also paid attention to construct relevant IQs that provided me with the information I was seeking (Maxwell, 2013; Miles et al., 2014). Turkey (as cited in Maxwell, 2013) stated that it is “far better an approximate answer to the right question, which is often vague than an exact answer to the wrong question, which can always be made precise” (p. 81). Likewise, Stake (1995) suggested that it is “terribly easy to fail to

get the right questions asked, awfully difficult to steer some of the informative interviewees on to your choice of issues...getting a good interview is not so easy” (p. 64).

Therefore, I conducted a field test to help me identify if the IQs were accurate to best answer the RSQs. The field test also allowed me the opportunity to fine-tune and modify questions, and to get a fuller understanding of the personal referral phenomenon.

Field Test

Conducting a field test allowed me to test the IQs (Stake, 1995). The RSQs guided me as to what needed exploring, and “trying out the questions” (p. 65), it was essential to identify if the IQs were accurate for this study. I drafted a Field Test Questionnaire (see Appendix E) which included a copy of the original-drafted IQs for owners, staff, and clients. I conducted a field test of the interview questions (IQs) to determine whether they were clear, easy to understand, and relevant to my central research question and subquestions. I extended an e-mail invitation to three students from my Walden University research course to review my IQs. All three agreed to participate. These students were familiar with my dissertation and research topic, had a keen eye regarding what to look for, and could relate from a consumer’s perspective. In the invitation e-mail, I offered all supportive information needed for a complete review (see Miles et al., 2014).

Once I got the cohorts’ approval to review my IQs, I e-mailed them background information of this study (i.e., problem statement, purpose statement, central and research questions, and procedural protocol instructions) and asked the cohorts (a) if the IQs were clearly stated, made sense, and were easy to understand; (b) if I was asking the right

questions, (c) what was missing (e.g., a gap or anything that I may have forgotten to ask), and, (d) of the list of IQs, what I should change, add, or leave out. Also, I identified and implemented the changes to the IQs necessary to move on to the dissertation process with a smooth transition. I also included the details and results of the field test (and the lessons I learned) in the Chapter 4 section of this study (Baskarada, 2014; Marshall & Rossman, 2016).

Procedures for Recruitment, Participation, and Data Collection

Qualitative researchers are careful to capture the most significant and meaningful data to answer the research questions (Stake, 1995). Maxwell (2013) suggested that using multiple data collection methods (i.e., triangulation) will allow the researcher to (a) gain a more secure understanding of the data, (b) check one method to one another to identify “if methods with different strengths and limitations all support a single conclusion” (p. 102), and, (c) reduce the risk of potential biases when using only one data collection method. The primary data source I used in this case study were semistructured interviews using open-ended IQs. I also gathered secondary data (i.e., flyers or brochures about referral programs). However, I concluded that using the semistructured interview data collection method (and a re-coding data analyses process and member checking) would suffice and help to address all of the RSQs from one to six. Therefore, after the revisions I made to the IQs (based on the field test results), I drafted three Matrixes: One for the OPs (see Appendix F); one for the SMPs (see Appendix G), and one for the CPs (see Appendix H), that correlated which IQs answered which of the RSQs for this study. Using these Matrixes also helped to guide me in the data analysis process.

The semistructured interview. I conducted semistructured interviews at various locations that were most convenient for the participant. Five of the interviews were conducted at the four business locations in the study. I interviewed five participants in Library 1 and one participant in Library 2. I also conducted three interviews at the participants' homes and conducted two interviews over the phone (totaling 16 interviews conducted for this study).

Once the participant candidates agreed to be a part of the study, I contacted them via e-mail and scheduled the interview (for a one-hour duration) at the participant's earliest convenience, and at the participant's preferred location; and e-mailed a confirmation of the interview date; time and place. I also recorded each interview date, time, and location, in a 'progress' journal. At the beginning of the interview, I reviewed the interview protocol (see Appendix I).

I used a Contact Summary Form to write down the participant's responses for each interview of the OPs (see Appendix J); the SMPs (see Appendix K); and the CPs (see Appendix L). During the interview, I asked each of the participant category (i.e., OPs, SMPs, and CPs), the same interview questions for consistency (see Appendices J, K, and L). However, the order in which I asked the questions was insignificant. Utilizing the Contact Summary Forms assisted where I (a) used as a guide for the next contact, (b) re-oriented myself to the contact when returning to the write-up, (c) assisted in the process for coding and analysis, and (d) helped to identify new or revised codes in the analysis process (Miles et al., 2014). I also observed the behavior of the participants during the interview and made notes of the participant's body language (i.e., verbal or

nonverbal behavior). I jotted notes (in real time) about any inferences to attitudes, or how the participant's demeanor may have changed during the interview, in hopes that the observations would add meaning to the data I collected.

I wrote out my interview notes no later than the day of the field contact, but preferably hours after the interview took place while the conversation was at the forefront of my mind (Miles et al., 2014). There was no need to conduct follow-up interviews to schedule follow-up interviews, as no participants requested that option after they reviewed their transcripts of their initial interview. I transcribed the interview notes in a Microsoft file. I then contacted each participant (via e-mail or phone conversation) to review his or her interview transcript to see if I was on the right track, or that I understood what the participant meant (Carlson, 2010; Harper & Cole, 2012; Krefting, 1991). Once each participant member checked the transcript for accuracy, and gave their approval of her or his transcript, and exited the study, I contacted the participant via e-mail, and attached the final (and approved) transcript, then recorded the activity for my records. I also mailed a thank you note and a Starbucks \$10 gift card for the participant's involvement in this study, and recorded the date when I mailed the card.

Once I completed all ending activities for each participant, I removed all information that would have identified the participant (i.e., names, phone numbers, and address) to begin the coding process. I began the coding process by highlighting all keywords identified (in the literature review), in the left margins of the printed-out transcript. As more transcripts entered the coding process, I identified categories and themes that emerged from the transcripts.

Secondary data. I did gather minimal secondary data, such as a couple of flyers and one brochure from one of the four businesses. However, the data collected was promotional information not related to a personal referral program, and I assessed that the data collected would not contribute to this research findings, so just filed the brochure and flyers in the business folder. I will still store the data in a secured cabinet for five years, after I complete this dissertation, along with the other hard copy data for that business.

Data collection and storage methods. I created (and stored on the computer) an individual file for each participant that included (a) initial responses, (b) interviewee's initial feedback to the IQs. (c) any clarification responses, and, (d) all e-mail correspondence between the interviewee and myself.

I also kept two journals for this case study research. The first journal includes details about the interview data collection process that included (a) when I contacted the participants, (b) any correspondence or communication with participants, (c) scheduling appointments and interview times details, (d) particulars of the interview process and outcomes, and, (e) details on how I organized and documented the rest of the research process (i.e., how I tracked and analyzed the data collected). The second journal included notes about my personal feelings, thoughts or ideas that stemmed throughout the data collection and data analysis process. I also recorded any unexpected discoveries or personal bias issues that arose and how I addressed and acknowledged those situations.

I used both a laptop or desktop computer that was password protected to store the research data in a well-organized database (Miles et al., 2014). "You will also need a

well-organized physical place for storage of raw field notes, audio, and related media, edited paper copies, and so on” (pp. 50-51); and to consider how most data research is invaluable (i.e., irreplaceable). Hence, I backed up all of the work on this study because I did not want to take the risk of lost, erased, vandalized, or damaged data. Once I have completed the dissertation process, I will store the data for at least five years and will securely store all electronic files on a password protected laptop and memory sticks. All physical data will be locked in a fire-proof container and also stored for five years.

Data Analysis Plan

Pre-data analysis process. The advantage of developing a pre-coding structure and ‘start list,’ or a master code of sorts, before starting any fieldwork was that it helped me to lay the foundation for identifying any themes, categories, and even gaps within the second cycling coding data analysis. In the first journal, I wrote down the frequently used words surrounding the topic of referrals and preliminary ‘hunches’ of the results of the data collected on referrals (just in case I got ‘stuck’ in the analysis and couldn’t identify any themes). I had a general idea of the referral literature and did not want to be limited, persuaded, or stagnant on the initial summations about the data. Through the analysis, I let the data itself guide me to discoveries in hopes that new, unthought-of patterns or categories would emerge from the data.

Data analysis. Transcribing the individual interview data and member checking (i.e., participant reviewed her or his interview transcripts for further clarification) was a part of the data analysis process. When interpreting the data, I hand-coded the written interview data onto each of the printed-out transcripts. I utilized the methodological cross

comparisons process (i.e., compared the OPs responses to the SMPs and CP responses for any variations in the data) which enhanced the richness and consistency within the data. To gather the more significant meaning of the data, I looked for detailed descriptions to identify any general patterns and broad themes or categories. I also re-coded the data multiple times and at different times, and on two occasions, waited up to three weeks before analyzing the data again.

Data storage process. Miles et al. (2014) suggested that researchers should use their time wisely, to devote more time to analyzing the data instead of figuring out how to work a software program (p. 50). I originally planned to watch YouTube video tutorials to get reacclimated about how to use NVivo10. However, during the data gathering process and before I analyzed the data, I put in a Request for Change with Walden's IRB to hand-coding and analyze the data without using any software program, and the IRB permitted me to do so.

Issues of Trustworthiness

Qualitative researchers have more responsibility to demonstrate that their entire research process is worthy (Carlson, 2010). The evidence of quality that a researcher brings to ensure quality, trustworthiness, and credibility can vary, depending on the research experience, personal, and professional insights that a researcher brings to their study (Marshall & Rossman, 2016). In this section, I provide the methodology procedures for this qualitative case study. Subtitles and topics of discussion in this section include Participant Selection Logic; Instrumentation; Field Test; Procedures for Recruitment, Participation, and Data Collection; and the Data Analysis Plan.

Credibility

Credibility refers to the “confidence in truth of the data and interpretations of them” (Kemperaj & Chavan, 2013, p. 89). If accuracy and completeness are confirmed, then the research is said to have credibility (Harper & Cole, 2012). There are multiple ways to establish credibility (otherwise known as internal validity) in qualitative research. Examples include triangulation, member checking, saturation, and reflexivity, (Carlson, 2010; Maxwell, 2013).

Member checking. It was essential to ensure that the interpretations of the research represented the voice and experiences of the participants and not that of my own (Emrich, 2015). I confirmed the accuracy of the interview transcripts with the participants after each interview and throughout the study using the methodology quality control measure called member checking. Member checking is an important quality control process in qualitative research, where participants receive the opportunity to review his or her statements for accuracy (Carlson, 2010; Harper & Cole, 2012) Member checking enhances verification of accuracy, completeness of the findings, and helps to improve the validity of the research (Harper & Cole, 2012). If accuracy and completeness are confirmed, then the research is said to have credibility (Harper & Cole, 2012).

I offered the opportunity for each participant in the study to review the transcribed interpretation of the interview for validity and accuracy and respond back to me with any modification, changes, omissions, or acceptance of the interview transcript. (It was particularly important that my interpretation of the interview was accurate because I did

not use a tape-recorder and transcribed the interview responses based on jotted notes taken at the interview.)

Member checking also helped me to improve the validity of the study (Carlson, 2010; Harper & Cole, 2012). The primary source of the data collected were responses from the in-depth semistructured interviews, using open-ended IQs. I compared and contrasted the different perspectives and perceived experiences on the personal referral phenomenon from each category of participants (i.e., OPs, SMPs, CPs) and cross-checked the themes that emerged from the interviews.

Data saturation. Another aspect that enhanced the credibility of the study was reaching the data saturation points. I interviewed 16 participants that had the most knowledge to answer the research topic on personal referrals and when I started to hear the same things repeated, and when there was no new information, reached the data saturation point (Kemperaj & Chavan, 2013; Maxwell, 2013; Yin, 2014). (I started to hear the same things repeated within 9 to 11 interview and transcript reviews, so the credibility of the research was confirmed.)

However, of the 16 participants in the study, 11 confirmed their transcripts were accurate and approved her or his final draft of the interview transcript. My committee chair suggested I had enough 'validated' data, and to make mention how five of the 16 participants transcripts were not member checked in this research study. Additionally, none of the five participants asked to be removed from the study. I included the five transcripts in the data analysis process because of the richness and quality the extra data contributed to the findings of the study. Additionally, I assessed that I reached the

saturation point (between 9 and 11 transcripts data) so the additional data from the five transcripts only supported and enhanced the research findings.

Reflexivity. Hammersley and Atkinson (as cited in Maxwell, 2013) coined the phrase reflexivity: “The fact that the researcher is part of the social world he or she studies and can’t avoid either influencing this or being influenced by it” (p. 90). An indication of reflexivity in the research is by identifying any personal biases that can influence the interpretation of the data and disclose any bias, assumptions, and aspects of the background that might affect the interpretations (Carlson, 2010).

It was inevitable that I would interact with the participants and that the data collection process would continually restructure relationships. I was dutiful to be transparent about the influence of reflexivity, by identifying reflexivity components to the research and by keeping a journal (to record thoughts, feelings, ideas, and beliefs), identified reflexivity; and addressed reflexivity in the dissertation (p. 1104). I also authenticated the results with the supportive literature on personal referrals. My committee chair supervised, and committee assessed my work at every step of the process to ensure this study met the scholarly standards and dissertation protocols at Walden University.

Transferability

The Web Center for Social Research Methods described transferability (external validity) as the degree to which the results of qualitative research can be transferred to other contexts or settings (<http://www.socialresearchmethods.net/kb/index.php>). The “hallmark of qualitative research” (Warren-Findlow, 2013, p. 1) is the rich and thick data

researchers provide for the understanding of the relevance and to obtain dependable results (Carlson, 2010). Research is transferable when researchers provide detailed descriptions of the entire data collection and analysis process (Carlson, 2010). I, as the researcher in this study, provided an adequate database to allow transferability (Carlson, 2010; Krefting, 1991). I did everything possible to provide very detailed descriptions to all of the data, but the decision of transferability and to make transferability judgments will be up to the reader (Krefting, 1991; Web Center for Social Research Methods, <http://www.socialresearchmethods.net/kb/index.php>).

Dependability

A dense description of methods (i.e., the data gathering, analysis, and interpretation) indicates how repeatable the study might be, and Guba (as cited in Krefting, 1991) proposed that the dependability criterion relate to the consistency of findings. Similarly, Kemparaj and Chavan (2013) viewed that in qualitative research, dependability is related to data stability over time and condition. There are multiple strategies to enhance the dependability of a study which include using triangulation methods (ensuring the weakness of one method is compensated by using other data-gathering methods), conducting a single audit, or conducting a code-recode procedure, where the researcher codes the data, waits for a couple of weeks, then recodes the same data and compare the results (Krefting, 1991).

To enhance the dependability of this study, I reviewed the data multiple times; and on different days; and with numerous approaches to review the data through the lenses of each participant category. I also conducted a coded and recoded procedure,

where I waited for a couple of weeks, then re-coded the same data and compared the results. Finally, I offered very descriptive data and analysis procedures that provided dependability to the research.

Confirmability

Confirmability is the degree that other researchers can confirm or support the results of the study (Web Center for Social Research Methods, <http://www.socialresearchmethods.net/kb/index.php>). Confirmity strategies include “triangulation of multiple methods, data sources, and theoretical perspectives tests the strength of the researcher’s ideas” (Krefting, 1991, p. 221) and arrive at comparable conclusions given the same data and research context. However, the audit strategy is the primary technique for establishing confirmability (p. 221). Although I had no intentions of formally auditing the research, I took Krefting’s (1991) suggestions and paid close attention to the records. I used field notes, raw data, process notes, and instrument development (i.e., field test, schedules, consent forms, and Contact Summary Forms) to enhance confirmability to the current study.

Ethical Procedures

Ethical issues surface specifically during the data collection process of qualitative research (Creswell, 2013; Maxwell, 2013). Issues that I needed to pay close attention to include: the informed consent procedures; deception or covert activities; confidentiality towards participants, sponsors, colleagues; benefits of research to participants over risks; and participant requests that go beyond social norms.

I submitted multiple sources of documentation about ethical procedures to Walden's IRB for their approval of the research. In the Methodology section of this research, all data collection steps have been described. Examples included (a) how I obtained contact information of potential participants, (b) a format and context of the initial contact with participants, (c) informed consent procedures, (d) a description of any field study activities, (e) data collection steps, (f) transcript review and member checking procedures, and, (g) how I shared the results with the stakeholders. Harper and Cole (2012) suggested that any benefits that study participants may experience in the member checking process of qualitative interviews be considered noted in the IRB.

I also followed all of Walden's IRB guidelines and did my utmost to ensure I did not breach privacy issues and kept the data for the research confidential. Examples of securing the data are that I will store the data for at least five years and securely store all electronic files on a password protected laptop, and that all physical data will be kept in a fire-proof locked container and stored for five years. (The Walden IRB approval No. is 08-16-17-0154333.)

Summary

The purpose of the qualitative case study in Chapter 3 was to identify and document what business leaders of small alternative health care professions perceived are effective referral marketing strategies, and to explore the motivating factors that lead people to refer others to a business, service, or product. In this section, I offered the rationale for choosing the qualitative research methodology, and why the case study design was the best suited for this study. I also identified the role of the researcher, which

included identifying that I was the key instrument in the study (i.e., collecting the data, making observations, and collecting secondary data for the research). I also provided details of a field test, the procedures for recruitment, participation, and data collection and the analysis of the data plan.

I conducted in-depth semistructured interviews, using open-ended IQs, targeting specific participants (i.e., AHCB owners, their staff, and their customers) to bring further understanding of the two central research questions of this study. I concentrated on using rigorous methods that provided high-quality data; and also reported any personal (and professional) information that would have affected the data collection, analysis, and the interpretation of the data. I reflected on what experience, training, perspectives, and prior knowledge about the research topic I brought to the study, and reported background characteristics, such as gender, age, race, and ethnicity, as it may have affected how I was received as the researcher (Patton, 2002). I completed this chapter by providing my strategies for credibility, transferability, dependability, and confirmability of this study and ending the chapter identifying my compliance with all ethical protections required by Walden University's criteria. (The Walden IRB Approval No. is 08-16-17-0154333.)

Chapter 4 includes the results of this study. I describe details of the field test I conducted; the research setting; the participant demographics as well as the data collection process and the analysis procedures. I also describe strategies used to establish credibility, dependability, transferability, and confirmability. Finally, I present the results as they relate to the RSQs.

Chapter 4: Results

The purpose of this qualitative case study was to identify and document what business leaders of small alternative health care professions (i.e., chiropractors, massage therapists, weight loss clinics, and homeopathic practices) perceived are effective referral marketing strategies, and what motivating factors lead people to refer others to a business, service, or product. Examining the marketing aspects and implications of successful referral programs and strategies, whether formal or informal, and examining the personal perceptions and influencing factors that motivated consumers to make referrals at businesses that have effective referral programs or strategies provided a better understanding of the personal referral phenomenon and add to the existing body of marketing management, consumer decision-making, and word-of-mouth literature. This study also filled a gap in the literature because researchers called for more qualitative case studies to gain insight about identifying and measuring personal referral marketing strategies and the motivation to make referrals, from consumer perspectives (Haenlein & Labai, 2017).

The two central research questions were the following: What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and, what are the motivating factors that lead people to refer others to a business, service, or product?

The subquestions were the following:

1. What types of marketing strategies do small alternative health care businesses use?
2. What types of marketing strategies work best?
3. Where does WOM rank as a strategy?
4. What is the perception of owners, staff, and clients regarding personal referrals?
5. What is the motivation to make referrals?
6. What is the perception of the effectiveness of social media?

Chapter 4 includes the results of this study. I describe details and results of the field test, research setting, and the participant demographics relevant to the study. I also describe the data collection process, data analysis procedures, and strategies used to ensure trustworthiness of findings. Lastly, I present the study results related to the two central research questions and subquestions, and provide a summary and transition to Chapter 5.

Field Test

I conducted a field test of the interview questions (IQs) to determine whether they were clear, easy to understand, and relevant to my central research question and subquestions. I extended an e-mail invitation to three students from my Walden University research course to review my IQs. All three agreed to participate. These students were familiar with my dissertation and research topic, had a keen eye regarding what to look for, and could relate from a consumer's perspective. In the invitation e-mail, I offered all supportive information needed for a complete review (see Miles et al., 2014).

I revised the IQs based on the reviews of the three students regarding rewording, clarifying, elaborating, and digging deeper to learn what I wanted to understand in the study. The first reviewer noted that “according to understanding, and reviewing several scholars’ literature of qualitative research...you may have too many questions” and suggested to ask only those questions that directly answered my research question. “Eight to 10 IQs are recommended.” The second reviewer commented that I demonstrated proper alignment of the IQs to the RSQs, but to “dig deeper” to find out more about what motivates people to make referrals. The second reviewer also offered examples and verbiage for the IQs. The third reviewer gave specific suggestions for the owner, staff, and client questionnaires, and made general suggestions to “focus on questions specific to each participant category.”

I learned numerous lessons from conducting the field test (see Baskarada, 2014; Marshall & Rossman, 2016). Because this was my first formal research project, I anticipated a learning curve in the process. I gained a deeper understanding of the importance and benefits of testing the IQs. The lessons learned from the field test included (a) how an outsider gave a more objective review than my own, (b) how the initial IQs were too vague, and (c) how the revised IQs aligned better with the two central questions and subquestions in the study. These alignment changes also assisted in the coding process by providing the opportunity to compare responses by each category of participants, which helped strengthen the quality, validity, and credibility of the findings (see Carlson, 2010; Harper & Cole, 2012; Krefting, 1991).

Research Setting

I was not aware of any significant personal or organizational conditions that influenced participants or their experience at the time of the study, or that may have influenced the interpretation of the study results. There were only a few minor distractions, and I handled them in a congenial and friendly manner. For example, during one of the interviews at a workplace, the activity in the office was high, and the participant and I were asked to move to another room to free the space where we started the interview. Although there was a break in time (approximately 6 minutes), the participant and I settled into the second interview location. Another example was when I conducted a phone interview. Partially through the interview, I sensed from the participant's short responses that she was somewhat distracted. I overheard sounds in the kitchen, which suggested the participant may have been multitasking, yet I continued with the interview. Of the 16 interviews conducted for the study, this phone interview was by far the shortest (22 minutes), and I concluded that I did not retrieve the same level of rich data as I would have if the interview had been face-to-face.

Demographics

To determine the appropriate sample for this qualitative case study, I used the criteria of keeping the sample size small and relevant to the conceptual framework of the study, and selecting a sample that represented the population who could best answer the research questions (see Maxwell, 2013; Miles et al., 2014). I anticipated that 15 to 18 interviews with owners of alternative health care businesses (AHCBS) and their staff members and clients would be sufficient to retrieve meaningful data to satisfy the scope

of the study. I conducted 16 interviews: Four owner participants (OPs), two staff member participants (SMPs), and 10 client participants (CPs) met the selection criteria. The criteria to identify the OP sample were (a) an AHCB owner from a Midwestern US state, (b) an AHCB owner who already established successful referral programs or strategies (whether formal or informal), and (c) an AHCB owner who perceived personal referrals as the primary nontraditional marketing source used to maintain and establish new clientele. The criteria used to identify the SMP and CP sample were (a) either a staff member or client from the AHCB in the study, (b) an adult (18 years or older), and, (c) a person who made personal referrals. Of the 16 participants, there was only one man (who was a CP). Because the participant's age (other than being 18 years or older) was not a criterion in the study, I did not ask the participants their age. However, I estimated the average age of the participants was 35 to 50 years of age, but there were two outliers. One CP shared that she was over 70 years of age, and another CP shared that she was over 80 years of age.

Initially, I secured three AHCBs as a part of the study. However, finding people to participate in this study took more time than anticipated, and after discussing the situation with my committee chair, academic student advisor, and Walden's institutional review board's (IRB) liaison, I felt the best option to recruit enough participants was to add a fourth business. I prepared a request for change to this study, and Walden's IRB approved the change in the data collection process to add the fourth business. I approached three additional AHCB owners, and one agreed to participate in the study.

Data Collection

I was the primary instrument of the data collection and analysis process (see Maxwell, 2013; Miles et al., 2014; Stake, 1995). To obtain the maximum data, I used open-ended IQs, and sixteen semi-structured interviews with the participants was the primary source of data for this study. I also used multiple methods to record the data and created recording instruments for the study.

Data Collection Process

I drafted a landscaped view Master Participant Flowchart to record each participant's interview and member checking process and progress. Table 1 was derived from the Master Participant Flowchart. I used a three spaced code to protect the identities of the participants. The first space represented business A, B, C, or D. The second space represented if the participant was an owner (O); staff member (S) or client (C). The third space represented the number of OPs, SMPs, or CPs for each business. For example, if the code read DC2, it represented the second CP interviewed from Business D. (See Table 1, column 2.) I conducted interviews at locations convenient for the participant that included (a) the business location, (b) a public library, (c) at the participant's home, and, (d) over the phone. I also recorded the interview day, date, and the time the interview was held (see Table 1, column 4). The first interview for this study was held on September 19, 2017, and the last interview, on December 19, 2017. The interviews lasted between 50 to 60 minutes with two outliers: A phone interview lasted 22 minutes, and a home interview lasted 1 hour, 15 minutes (see Table 1, column 4). I recorded the day and date I e-mailed each participant their transcript for review (see Table 1, column 5); recorded the date

when the final transcript was approved and e-mailed back to the participant for their records (see Table 1, column 6), and recorded the date when I mailed a \$10 Starbucks gift card to the participant as my appreciation for them partaking in the study.

Table 1

Participant Activity Log

Order	Code	Interview location	Interview day/date time/ duration	Transcript & revisions	FINAL transcript approval	Gift Mailed
1	AO1	Home	Tues 9/19/17 11 am / 60 min	Tues 9/19/17 REVISED 1 st Draft 1/09/18		11/02/17
2	BO1	Workplace	Wed 9/20/17 11:15 am / 1 hr 15 min	TH 9/21/17 Rev: 9/24/17	FINAL: 9/27/17	11/02/17
3	AS1	Workplace	TH 9/21/17 12:30 pm / 60 min	FR 9/22/17 FR 10/06/17	FINAL: 10/20/17 Email: 11/2/17	11/02/17
4	CO1	Workplace	TH 9/29/17 10 am / 1 hr 15 min	Mon 10/02/17 Draft 2: 11/01/17	FINAL: 11/01/17	11/02/17
5	CC1	Home	Tues 10/17/17 2 pm / 1 hr 10 min	TH 10/19/17	FINAL: 11/01/17	11/02/17
6	CC2	Library 2	Tues 10/17/17 5:30 pm / 50 min	TH 10/19/17 Draft 2: 12/14/17	FINAL: 12/26/17	11/02/17
7	CC3	Phone	Wed 10/18/17 3 pm / 22 min	FR 10/20/17	FINAL: 10/20/17	11/02/17
8	BC1	Phone	Mon 11/06/17 2 pm / 60 min	Mon 11/06/17 Draft 2: 11/17/17	FINAL: 11/26/17	12/20/17
9	AC1	Library 1	Wed 11/15/17 10 am / 60 min	M 11/20/17 (Sun 11/26/17 reminder) Draft 2 11/28/17	FINAL: 11/30/17	12/20/17
10	AC2	Library 1	Wed 11/22/17 11 am / 60 min	Sun 11/26/17 Draft 2: 11/28/17	FINAL: 12/14/17	12/20/17
11	AC3	Home	Wed 12/29/17 3 pm / 60 min	Fr 12/08/17 Draft 2: 12/14/17	FINAL: 12/19/17	12/20/17
12	DC1	Library 1	Wed 11/29/17 5 pm / 60 min	Mon 12/11/17 Draft 2: 12/19/17 ER: 12/28/17		03/08/18
13	DC2 (AC5)	Library 1	Sat 12/02/17 11 am / 60 min 01/09/18 reminder	Mon 12/11/17 Draft 2: 12/19/17 12/26/17 1/22/18	FINAL: 02/12/18	03/08/18
14	DO1	Workplace	Mon 12/04/17 1:15 pm / 1 hr 15 min	Wed 12/13/17 Draft 2: 12/26/17 1/09/18 reminder		03/08/18
15	AC4	Library 1	Mon 12/04/17 11 am / 60 min	Tue 12/12/17 Draft 2: 12/19/17	FINAL: 12/23/17	12/26/17
16	DS1	Workplace	Tue 12/19/17 11:30 am / 50 min	TH 12/21/17 1/09/18 reminder		03/08/18

Note. See above for three-spaced code explanation: First space was the business in the study (i.e., business A, B, C, or D). The second space was the participant was an owner (O); Staff member (S) or client (C). The third space represented if the participant was the first (1), second (2), third (3), (and so on) of each participant category (i.e., owners, staff, or clients) and for each business.

I drafted a Microsoft Word (MW) Contact Summary Form for each participant category (i.e., OPs, SMPs, and CPs) (see Appendices J, K, and L) to (a) make shorthand notes during each interview and interview process, (b) use as a template for the interview transcripts and for the data analysis process (i.e., hand-coding the data), and, (c) record member checking details. For consistency, I penciled in the same list of interview protocol details to review with the participant before the interview began. Using the Contact Summary Form (the OPs, SMPs, and CPs had their own set of IQs) contributed to the quality and credibility (Emrich, 2015; Miles et al., 2014; Warren-Findlow, 2013), conformity (Krefting, 1991), dependability (Kempara & Chavan, 2013), generalizability (Funder et al. (2014), and transferability (Emrich, 2015) to the study. I also drafted a Daily Activity Log which was a weekly calendar used to document the data collection and data analysis process. Each 8" x 11" page represented one week of Walden's 11-week course quarter. I used The Daily Activity Log primarily as an at a glance visual reminder of daily goals, or tasks completed for the day. Additionally, I drafted a MW Master Dissertation Journal, which I used to record all data collection activities, starting from August 29, 2017, after I received Walden's IRB approval to begin collecting data for my study. It took approximately four months to complete the data collection process for the study. I conducted the first interview on September 19, 2017, and the sixteenth interview on December 19, 2017, with the last participant correspondence activity to the study on December 26, 2017. (I approved a transcript on February 12, 2018 which was an outlier data source). (See Table 1, column 6.) I used a journal notebook to write personal thoughts, reflections, ideas or potential biases experienced during the data collection

process. Lastly, I kept a compilation of (dated) handwritten notes stapled together and kept in a reflection folder labeled 'Reflections' (Funder et al. (2014).

Variations in the Data Collection Process

There were numerous variations in data collection from the plan presented in Chapter 3. Most variations stemmed from my inexperience in conducting formal research (Patton, 2002). According to Walden's IRB requirements and guidelines, I was required to seek IRB approval before making any changes in the data collection plan in Chapter 3, and before advancing to the data collection process. I sought and gained IRB approval for all requests for changes in the data collection process, mentioned below.

Variations in the study and Walden IRB request for changes were (a) adding a fourth business to the study, (b) adding the option to conduct interviews over the phone or via Skype, (c) broadening the region than initially considered to the study, (d) adding the option on the Participant Invitation Letter to contact me via my cell phone (vs. only the only option to inquire about the study was contacting me via e-mail), and, (e) requesting a change in the data analysis process to handcode the data versus using the NVivo10 software program.

Data Analysis

I was careful to capture the most significant and meaningful data to answer the research questions (Stake, 1995). To obtain the maximum data, I used open-ended IQs and 16 semistructured interviews served as my primary source of data for the current research. To reduce potential biases and to gain a more secure understanding of the data, I reviewed the data using multiple approaches, and on different days (Maxwell, 2013;

Miles et al., 2014). As the primary research instrument, I organized and analyzed the data for this study based on the OPs, SMPs, and CPs responses. I recorded and arranged the data which helped me to move inductively from coded units to larger representations, including identifying the central themes or subthemes and categories of the research. Throughout the data collection and analysis process, I complied with all of the ethical protections required in Walden's criteria.

How Data Were Recorded / Three Main Data Analysis Stages

I conducted the interviews in a relaxed and conversational manner to establish a rapport and trust between the interviewer and myself. I chose not to tape record the interviews because being tape recorded could have caused anxiety in the participant and I wanted to avoid any discomfort, tension, or distractions (with the tape recorder) during the interview process (Maxwell, 2013; Patton, 2002). Additionally, when I reviewed the referral literature on customer engagement (CE) and customer engagement behavior (CEB), the element of trust was an essential factor whether one made or received personal referrals (Eisengerich et al., 2014; Wirtz et al., 2013). The nature of this study's research topic (i.e., personal referral phenomenon), and the relevance and importance of trust, led me to want to bond with the participant on a more personable manner, so any interruptions with electronic recordings or other issues with the tape recording process was eliminated (Patton, 2002).

It was essential that I depicted and captured the essence and meaning of the participants responses with accuracy and to establish the credibility of the study findings (Kemperaj & Chavan, 2013). Using the field tested, open-ended IQs helped me stay

focused on the participant's perspective and not that of my own, to protect any personal biases from seeping into the data results (Maxwell, 2013, Miles et al., 2014). To establish consistency, I asked the same IQs per each participant category (see Appendices J, K, and L), but in no particular order. I also focused on the critical points of what the participants were saying and jotted down shorthand notes accordingly. I utilized the Contact Summary Form which allowed me to (a) ask the same IQs for consistency, (b) use as a guide for the next contact, (c) reorient myself to the contact when returning to the write up, (d) assist in the coding and analysis process, and, (e) help to identify new or revised codes in the analysis process (Miles et al., 2014). The three main stages of data collection process were (a) preparations for data analysis, (b) a prereview process, and, (c) a compilation of transcripts stage (see Table 2). A summary of the data collection stages is offered below.

Table 2

How Data Were Recorded: Main Data Analysis Stages and Tasks Within Each Stage

Analysis stage	Tasks within each stage:
Preparations for data analysis	<p>Contact Summary Form (CSF) / Transcript template:</p> <ul style="list-style-type: none"> • Within 1-3 hrs after interview: re-wrote the short-hand notes from interview & stapled to original CSF (in case I needed to refer back to my original notes) • Within same day to 3 days after interview: Typed out transcript using CSF as Transcript Template • Emailed interview transcript via attachment to participant for member checking • Recorded the member checking process on the new typed transcript and on the Master Activity Log
Pre-review process	<p>Steps before data analysis process:</p> <ul style="list-style-type: none"> • Reread Ch 2 literature review • Reread field and summary notes • Jotted down preliminary hunches of the data • Took notice of frequently used keywords in Ch 2 • Looked for potential themes in the data
Transcripts reviews	<p>First transcript review:</p> <ul style="list-style-type: none"> • Removed all identifiable details of the participant from the transcripts (replaced with three-spaced participant code) • Reread each of the 16 transcripts (i.e., 4 OPs, 2 SMPs, and 10 CPs) • Looked for detailed descriptions to identify any general patterns or broad themes • Used first review of transcripts as a 'test' to develop codes <p>Second transcript review:</p> <ul style="list-style-type: none"> • On transcripts, placed the participant's code at the beginning of each IQ response • Placed any keyword codes in front of the participant's code to recognize; streamline; and count repeatable keywords throughout the transcript(s) • Hand-coded and highlighted frequently used words or phrases • Identified potential themes using keywords throughout the transcripts • Wrote notes in the margins of the transcript
Compilation of transcripts	<p>Third transcript review:</p> <ul style="list-style-type: none"> • Compiled transcripts by each participant category (i.e., 4 OP, 2 SMP, and 10 CP transcripts) • Compared and contrasted the data by each category of participants • All 16 participants responded to the same IQs 8-17, so I created a Master Compiled Transcripts document and aligned IQ8-17 of the 16 transcripts by OPs; SMPs; and CPs. • Reviewed the transcripts in the Master Compile Transcripts document for IQs by category; and by individual participant to identify any other emerged codes; refined codes; merged codes; etc. • Conducted a final review to confirm each main theme and sub-categories within the main theme • Created Tables that displayed keywords supported the emergent themes; sub-categories emergent from the main themes; and the IQs that best answered the RSQs. • I was then prepared for the Data Results section

Note. The abbreviated words in Table 3 include: CSF = Contact Summary Form; OPs = owner participants; SMPs = staff member participants; CPs = client participants; and IQ = interview questions.

Preparations for data analysis. Within one to three hours after the participant's interview (and while the conversation was still in the forefront of my mind), I rewrote my shorthand notes taken during the interview. I then stapled the rewritten transcript to the original participant's Contact Summary Form, just in case I had to refer back to the original interview and summary notes. The same day to within three days of handwriting the participant transcript, I typed out the handwritten transcript into a MW document and sent the transcribed interpretation of the interview as an attachment, via e-mail, to each participant to member check her or his transcript (Carlson, 2010; Harper & Cole, 2012).

Of the 16 interviews transcribed, 11 of the transcripts were approved as 'final' transcripts (see Table 1, column 6). However, I included the data from the five transcripts that was not member checked because none of the five participants asked to be removed from the study. The responses in the five transcripts were similar to the other data already collected so the added data provided further "confidence in truth of the data and interpretations of them" (Kemperaj & Chavan, 2013, p. 89), and the credibility of the study was not compromised (Harper & Cole, 2012). Furthermore, I assessed that within nine to 11 transcript reviews, I had reached the saturation point of the data, so adding the five additional transcripts enhanced and supported the quality of the data.

Prereview process. I reread the Chapter 2 literature review, reviewed my field and summary notes, and jotted down preliminary hunches of frequently used words and potential themes that may have developed in the analysis. The prereview process helped me from being limited, persuaded, or stagnant on the initial summations about the data (Svatosova, 2013). Through the analysis process, I let the data itself guide me to

discoveries in hopes that new, unthought of patterns or categories would emerge from the data (Miles et al., 2014).

Transcript reviews. First, I removed all identifiable details of the participants from the transcripts and replaced the information with an assigned, three spaced participant code. Then, I reread the 16 individual transcripts in the study. I used the first review of the transcripts as a testing grounds on how to proceed with the coding and analysis process (Miles et al., 2014). In the second transcript review, I (a) identified keywords or phrases, (b) hand-coded and highlighted keywords and three to eight-word phrases in the transcripts (for potential quotes that would help support or identify themes within the data), (c) ‘lessened’ the transcripts to data that would only answer the RSQs, and, (d) identified commonalities within the data. Examples of word coding were as follows: CUS REL for customer relations, FA for a family, FR for a friend, INCEN for incentives, PERSUA for persuasion, SIM for similar, TR for TRUST, and VAL for validity or value.

After the second transcript review, I revised the 16 MW transcripts in the computer, to mirror the handwritten codes, notes, and highlighted portions of the data, and also eliminated text to lean the transcripts. For the most part, I did the remaining coding process on the computer. (However, I kept the 16 initial handcoded transcripts just in case I needed to refer back to my original codes and notes.) To prepare for a third review of transcripts, I compiled the transcripts by categories, which provided a side-by-side analysis to identify commonalities and contrasts within each transcript and in each category. A side-by-side view of the transcripts also helped me to identify new codes, or

codes needed to be revised, combined, or eliminated, in the data analysis process (Miles et al., 2014).

As a final transcript compilation, I gathered all 16 participant responses to IQs 8-17, into one MW document titled 'Master Transcripts Compilation.' All 16 participants (i.e., four OPs; two SMPs, and the 10 CPs) answered the same IQs 8-17. I compared and contrasted the 16 transcripts (1) individually, (2) then by participants responses within each category, (3) then by one category to another category of participants, and, (4) then by one category to the other two combined categories. This final compilation of transcripts yielded a complete and thorough synthesis of the data. During the initial data analysis phase, there were specific themes that emerged and quotes that emphasized their importance. See Table 3 for the major themes identified through the coding and sample quotes reflecting each theme.

Table 3

Initial Coding Report through Data Analysis

Major theme	Quotes that suggested a theme
Theme 1: Programs / strategies used	(a) "We are a referral business, and news usually travels through WOM. WOM are key." (b) "Free monthly visits/vitamins \$35-\$50 value for each referral." (c) "I developed packages: 3 or 6 packages for ½ hour; 1 hour; or 1 ½ hour sessions at discount they saved when they prepaid." (d) "In December we run a 'New Start' special, a good discount that's only offered 'one time a year' sale. We also kept up with a Facebook Boost with patients and friends' comments."
Theme 2: Informal / indirect strategies used	(a) "The strategy in my office is getting them (a referral) without having to ask for it. I never ask my clients or staff to make a referral." (b) "I have not found that advertising pays for itself in referrals." (c) "Personal referrals are the mainstay of my business."
Theme 3: Where WOM ranks as a strategy	(a) "WOM personal referrals are more successful than normal advertising." (b) "Receiving a referral is the highest compliment." (c) "Word-of-mouth could make or break a business." (d) "Feedback received here is most impactful, says a lot, and very complimentary."
Theme 4: Perceptions of owners, staff, and clients regarding personal referrals	(a) "Be careful who you put your trust in." (b) Figure out the reason why people are giving a referral: as long as getting from a trustworthy source." (c) "Your referrals have worth: don't just give out referrals to everyone because then you lose the 'worth' about the referral (and people begin to not respect you)." (d) "Sometime you don't want to listen to people's advice."
Theme 5: Motivation to make referrals	(a) "I am interested in helping the referred person." (b) "I would give a referral as appropriate. My motivation to do this is always to have the best care for my patients." (c) "If I give an unsolicited referral, it is because I have enthusiasm about my personal experience." (d) "I will not talk about something if I do not believe in it. I want to feel true about it."
Theme 6: Perception of the effectiveness of social media	(a) "Angie's list, Beta stuff on FB would prompt you, Google searches, not Yelp, but review sites like that, yes." (b) "I use social media all the time. It's just one way that I find especially helpful." (c) "I search for information on the internet, like movie reviews, or background information." (d) "I really don't use social media." (e) "The Internet is like a black hole."

Note. The acronyms used in Table 3: FB = Facebook; WOM = word-of-mouth.

Theme 1: Programs/strategies used, addressed RSQ1, RSQ2, and RSQ3, *Theme 2: Informal/indirect strategies used* addressed RSQ1, RSQ2, and RSQ3, *Theme 3: Where WOM ranks as a strategy* addressed RSQ1, RSQ2, and RSQ3, *Theme 4: Perceptions of OPs; SMPs, and CPs regarding personal referrals* addressed RSQ3, RSQ4, RSQ5, and RSQ6, *Theme 5: Motivation to make referrals* addressed RSQ4 and RSQ5, and *Theme 6: Perception of the effectiveness of social media* addressed RSQ4 and RSQ6.

The common thread of keywords or keyword phrases identified in the data helped me to support and identify the main themes, subthemes, and categories that emerged from the data. The keywords (or keyword phrases) that emerged throughout the data were (a) customer relations (CUS REL), (b) emotional ties (EMO TIES), (c) family (FA), (d) friends (FR), (e) helpful (HELP), (f) incentives (INCEN), (g) go-to person (GO-TO), (h) negative word-of-mouth (NWOM), (i) personal referral (PER REF), (j) persuasion (PERSUA), (k) positive word-of-mouth (PWOM), (l) social media (SOC), (m) similarities (SIM), (n) trust or ‘trusted source’ (TR), and, (o) value or validity (VAL). I may not have jotted down the actual amount of times a participant used specific keyword or keyword phrases (e.g., the word trust or friends) during the interview, so I relied on my intuitiveness of the inferred meaning to help me decipher and identify what type phrases should be coded under which keywords or keyword phrases. An example was a participant’s statement, “I always listen and depend on my friend’s advice.” The coding for that sentence could quite possibly read FR, SIM, TR, EMO TIES, GO-TO, HELP, PERSUA, PWOM, and PER REF, concluding that nine of the codes overlapped into multiple main themes, subthemes, or subcategories and keyword phrases in the data

analysis. Hence, I tried to limit phrases to two or three keyword codes. (The two primary keywords I used in the example above were FR and TR.)

Each data analysis stage (i.e., preparation for data analysis, pre-review process, and transcripts review) gave me one more opportunity to review the data, make code revisions, and narrow down and identify central themes, subthemes, or sub-categories that emerged from the data and that would best answer the central and RSQs. I also conducted a code-recode procedure (i.e., reviewed the data, waited for days until the next round of compilations, and reviewed and re-coded the data again), which helped to enhance the credibility (Emrich, 2015) and dependability (Kemperaj & Chavan, 2013) to the main study. I then compared the new concepts in the current study with the existing literature, which confirmed the conceptual basis emerging from the data (Yin, 2014). The review procedure unveiled the subthemes that offered additional detail and insight to the main themes. In Table 4, I listed the final coding outcome, arranged by RSQs, main themes, subthemes, and the IQs that best answered the RSQs.

Table 4

Alignment of Main Themes, Subthemes, and IQs to the RSQs

RSQs	Main themes	Subthemes	IQs
RSQ1, RSQ2, RSQ3	Theme 1: Programs / strategies used	1.1: Current strategies used 1.2: Strategies used in the past 1.3: Incentives 1.4: Keeping track of referrals	OP: IQ4 (Part 1) OP: IQ4 (Part 2) OP: IQ3 (Part 1) OP: IQ5
RSQ1, RSQ2, RSQ3	Theme 2: Informal / indirect strategies used	2.1: How people find business 2.2: Customer relations 2.3: Collaborations 2.4: Countermeasures to NWOM	OP: IQ1 (Part 2) OP: IQ1 (Part 3) OP: IQ3 (Part 2 & Part 3) OP: IQ6
RSQ1, RSQ2, RSQ3	Theme 3: Where WOM ranks as a strategy	Overall perceptions of OPs	OP: IQ1-IQ6
RSQ3, RSQ4, RSQ5, RSQ6	Theme 4: Perceptions of owners, staff, and clients regarding personal referrals	4.1: How to find information 4.2: Element of trust 4.3: Incentives for referrals 4.4 General comments	All: IQ8 All: IQ12 All: IQ15 All: IQ16, IQ17
RSQ4, RSQ5	Theme 5: Motivation to make referrals	5.1: Motivation to give referrals 5.2: Motivation to receive referrals 5.3 Matter who gives the referral 5.4: Go-to person	All: IQ10 All: IQ10 All: IQ11 All: IQ13
RSQ4, RSQ6	Theme 6: Perception of the effectiveness of social media	Overall perceptions of all participants	All: IQ9

Note. Acronyms in Table 4 included: NWOM = negative word-of-mouth; IQ = interview question; OPs = owner participants; PWOM = positive WOM; RSQs = research sub-questions. In IQ column, OP: IQ = interview questions asked only to the OPs; All: IQ = all 16 participants (i.e., 4 OPs, 2 SMPs, and 10 CPs) responded to the IQ.

Evidence of Trustworthiness

Credibility

If accuracy and completeness are confirmed, then the research is said to have credibility (Harper & Cole, 2012). It was essential for me to ensure that the interpretations of the research represented the voice and experiences of the participants and not that of my own (Emrich, 2015). After each interview (and throughout the study) I used member checking as a methodology quality control measure. I asked the participants to review their transcripts for validity and accuracy, and respond back to me with any modification, changes, omissions, or acceptance of the interview transcript. Member checking also helped me to improve the validity of this study (Carlson, 2010; Harper & Cole, 2012).

The main source of the data I collected were responses from the in-depth semistructured interviews, using open-ended IQs. I compared and contrasted the different perspectives and perceived experiences on the personal referral phenomenon from each category of participants (i.e., OPs, SMPs, CPs) and cross-checked the themes that emerged from the interviews. Of the 16 participants in the study, 11 confirmed their transcripts were accurate and approved their final draft of their transcript. I sought the advice from my committee chair about the lack of five responses, and he discerned that after two attempts and not getting any responses to review the transcripts, that it might appear unfavorable if I approached the participant for the third time. He also suggested I had enough validated data, and that since none of the five participants asked to be removed from the study, that I could include the data, but make mention in the study,

how five of the 16 transcripts were not member checked. Additionally, an aspect that enhances the credibility of a study is when reaching the data saturation points (Kemperaj & Chavan, 2013; Maxwell, 2013; Yin, 2014). When I started to hear the same things repeated and when there was no new information (i.e., after reviewing nine to 11 of the interview transcripts), I had reached the data saturation point so the credibility of the current study was confirmed and not compromised. I concluded that the data from the five transcripts that were not member checked still contributed, enhanced, and supported the current study findings.

An indication of reflexivity in the research is identifying any personal biases that can influence the interpretation of the data, and to disclose any bias, assumptions, and aspects of the researcher's background that might affect the interpretations of the data (Carlson, 2010). I was dutiful to be transparent about the influence of reflexivity and identified and addressed any reflexivity components to the research by keeping a journal to record my thoughts, feelings, ideas, and beliefs during the data collection and analyzation process. I also authenticated the current study results with the supportive literature on personal referrals. My committee chair supervised, and my committee members assessed my work at every step of the process to ensure this study met the scholarly standards and dissertation protocols at Walden University.

Transferability

Research is transferable when researchers provide detailed descriptions of the entire data collection and analysis process (Carlson, 2010). Transferability (external validity) is the degree to which the results of qualitative research can be transferred to

other contexts or settings (<http://www.socialresearchmethods.net/kb/index.php>). I provided an adequate database and data collection process to allow for transferability (Carlson, 2010; Krefting, 1991). I also did everything possible to provide very detailed descriptions to all of the data. However, it is up to the reader and others to decide and make transferability judgments (Krefting, 1991; Web Center for Social Research Methods, <http://www.socialresearchmethods.net/kb/index.php>).

Dependability

In qualitative research, dependability is related to data stability over time and condition (Kemperaj & Chavan, 2013). There are multiple strategies to enhance the dependability of a study such as using triangulation methods, conducting a single audit, or conducting a code-recode procedure, where the researcher codes the data, waits for a couple of weeks, then recodes the same data and compare the results (Krefting, 1991). To enhance the dependability of this study, I reviewed the data multiple times, on different days, and with numerous approaches to review the data through the lenses of each participant category (i.e., OPs, SMPs, and CPs). I also conducted a code and recode procedure, where I waited for a couple of weeks, then recoded the same data and then compared the results. Finally, I offered very descriptive data and analysis procedures that provided dependability to the research.

Confirmability

Confirmability is the degree that other researchers can confirm or support the results of the study and arrive at comparable conclusions given the same data and research context (Krefting, 1991). Krefting suggested that the audit strategy is the

primary technique for establishing confirmability. Although I had no intentions of formally auditing the research, I paid close attention to the records in this study. I used field notes, raw data, process notes, and instruments development (i.e., Field Test, Master Activity Log, Contact Summary Form, Daily Activity Log, schedules, and consent forms) to enhance confirmability to the study.

Ethical Procedures

Ethical issues surface specifically during the data collection process of qualitative research (Creswell, 2013; Maxwell, 2013). Issues that I paid close attention to include the informed consent procedures, the confidentiality towards participants, sponsors, and colleagues; and, the benefits of the research to the participants over the risk. I submitted multiple sources of documentation about ethical procedures to Walden's IRB and received IRB approval before I began collecting any data. I followed all of Walden's IRB guidelines and did the utmost to ensure that I did not breach the privacy issues and kept the data for the research confidential. (The Walden IRB Approval No is 08-16-17-0154333.

Study Results

The two central research questions were: What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base, and, what are the motivating factors that lead people to refer others to a business, service, or product?

The subquestions (RSQs) that guided this study were as follows:

1. What types of marketing strategies do small alternative health care businesses (AHCBS) use?
2. What types of marketing strategies work best?
3. Where does Word-of-Mouth (WOM) rank as a strategy?
4. What is the perception of owners, staff, and clients regarding personal referrals?
5. What is the motivation to make referrals?
6. What is the perception of the effectiveness of social media?

The interview questions (IQs) were aligned with the conceptual framework and designed to collect participants' perceptions that best answered the RSQs. The analysis of the interview data resulted in the emergence of six themes: programs/strategies used; informal/indirect strategies used; where WOM ranks as a strategy; perceptions of owner participants (OPs), staff member participants (SMPs), and client participants (CPs) regarding personal referrals; motivation to make referrals; and the perception of the effectiveness of social media. In Table 5, I listed which RSQs were best answered from the data that emerged through the six main themes. The main themes and subthemes developed through multiple rounds of selective and open coding are discussed in the following section.

Table 5

RSQs That Were Answered by the Main Themes in the Study

RSQs:	Main themes that best answered the RSQs:
RSQ1, RSQ2, RSQ3	Theme 1: Programs/strategies used
RSQ1, RSQ2, RSQ3	Theme 2: Informal/indirect strategies used
RSQ1, RSQ2, RSQ3	Theme 3: Where WOM ranks as a strategy
RSQ3, RSQ4, RSQ5, RSQ6	Theme 4: Perceptions of owners, staff, and clients regarding personal referrals
RSQ4, RSQ5	Theme 5: Motivation to make referrals
RSQ4, RSQ6	Theme 6: Perception of the effectiveness of social media

Note. The acronyms in Table 5 included: RSQs = subquestions; WOM = word of mouth.

Theme 1: Programs/Strategies Used

This theme identified and documented what referral marketing programs or strategies the four OPs in the study used in their business. Identifying the current strategies, the OPs used, helped to identify what types of strategies the OPs perceived worked best and where WOM ranked as a strategy. The four subthemes that emerged from the data include: Subtheme 1.1: Current programs/strategies used; subtheme 1.2: Strategies used in the past; subtheme 1.3: Incentives, and, subtheme 1.4: Tracking referrals. In Table 6, I listed the types of strategies OPs from businesses A, B, C, and D indicated using at the time the data was gathered (i.e., subtheme 1.1). See the summary below.

Table 6

Theme 1: Programs/Strategies Used: Subtheme 1.1: Current Programs/Strategies Used Results

Subtheme 1.1: Current programs/strategies used:	Business A	Business B	Business C	Business D
Traditional strategy:	NN	NN	NN	NN
Nontraditional strategy:	WOM	WOM	WOM	WOM
Formal strategy:	NN	NN	NN	Y
Informal strategy:	WOM	WOM	WOM	WOM
Social media:	NN	NN	NN	Y
Website:	NN	NN	NN	Y

Note. The acronyms in Table 6 included: NN = not necessary; WOM = word-of-mouth; and the abbreviation Y = yes.

Subtheme 1.1: Current programs/strategies used. Current programs/strategies used is a collection of the four OPs (i.e., AO1, BO1, CO1, and DO1) perspectives on what marketing programs or strategies were used at the business during the time the current study was conducted. (Identifying the current strategies the OPs used also helped me to identify what types of marketing strategies the OPs perceived worked best and where WOM ranked comparatively as a strategy.) None of the OPs used traditional marketing strategies such as TV advertisements, radio, or ads in the newspapers, and all of the OPs indicated that traditional advertising campaigns were not necessary (NN). (BO1 and CO1 both suggested they did not find advertising paid for it in referrals.) All of the OPs identified that WOM was the key nontraditional strategy used in their marketing mix, and that WOM was the primary means to reach new clientele. All of the OPs also used WOM as an informal strategy in their marketing mix. Out of the four OPs, 75 %

(i.e., AO1, BO1, and CO1) did do not use formal referral strategies in their marketing mix, and they further indicted that formal referral strategies were NN. DO1 was the only OP that used formal referral strategies in her business (i.e., in December runs a ‘New Start’ special.)

AO1: WOM personal referrals work just fine. The strategy in my office is getting them (a referral) without having to ask for it. I never ask my clients or staff to make a referral.

Business D was the only business that ran formal referral programs.

DO1: In December we run a ‘New Start’ special, a good discount that’s only offered ‘one time a year’ sale, this is a program designed to keep the flow (of patients) going into our office (not a busy season), and an incentive to the potential client to ‘start now’ instead of waiting until January. We also keep up with a FB Boost with patients and friends comment.

Seventy-five percent of the OPs (i.e., AO1, BO1, and CO1) indicated they did do not use social media and that it was NN to use social media for their business. DO1 was the only OP that actively used social media for her business. (DO1 was also the only OP who indicated she frequented social media in her personal life.)

AO1: No social media.

BO1: No, I do not use social media. I am not on Facebook personally or professionally. I did sign up for a short time on LinkedIn, as I was told this was an optimal thing to do to nurture professional acquaintances, but I did not find it of benefit and decided to ‘Link out.’ Social media requires time, and this is a factor often I find in

short supply. Hearing about a person's profession does not necessarily mean they do good work. I think if one is looking for a good referral, they need to meet the individual and possibly experience their work first hand; so, I "Linked Out!" I know how to find people. I do not need social media.

CO1: The Internet is like a black hole (referring to her continual use) ...I research for clients and build good information to print out and offer to my clients (example: a homemade recipe for Gatorade online). However, it is hard to "get through the muck" of negative self-promotion. I weed through it (the information) to get to the core; rather than listen to snake oil commercials. (For example) A commercial displays happiness and showing beauty, meanwhile, and if you close your eyes, you would hear nothing but negatives. So "NO" I do not use social media. If I have questions, I change to private email, private chat, or a phone call.

DO1: Yes. I look for ratings; Instagram; a particular blogger that is more focused... Facebook and Google reviews. Yelp reviews help me out a lot I post positive and negative reviews when it is negative, "I warn the people about a bad experience."

Seventy-five percent of the OPs (i.e., AO1, BO1, and CO1) did not have an official website for their business, and further indicated that a business website was NN. Business D was also the only OP in the study that had an official website for her business. Two OPs (i.e., AO1 and BO1) stated they were listed on special health related field websites. (BO1 also stated that she started the process of developing a website, but it was never completed.) In Table 7, I listed the results for subtheme 1.2: strategies used

in the past, subtheme 1.3: incentives as a strategy, and subtheme 1.4: tracking strategies.

A summary is offered below.

Table 7

Theme 1: Programs/Strategies Used: Subthemes 1.2, 1.3 & 1.4 Results

Subtheme/Strategy:	Business A	Business B	Business C	Business D
Subtheme 1.2: Strategies used in the past	Indirect (no longer)	NN	Indirect (still implemented)	Indirect (no longer)
Subtheme 1.3: Incentives as a strategy	NN	NN	Informal	Formal
Subtheme 1.4 Tracking strategies	NN	Informal	Informal	Y

Note. The acronyms in Table 7 included: NN = not necessary; WOM = word-of-mouth; and the abbreviation Y = yes. In parenthesis, (no longer) indicated that at the time the study was conducted, the OP no longer used as a strategy for the business; (still implemented) indicated that at the time the study was conducted, the OP still implemented the strategy in the business.

Subtheme 1.2: Strategies used in the past. Strategies used in the past is the collection and documentation of strategies the four OPs indicated they used in the past. It was important to document all strategies used (including strategies used in the past) to identify what types of strategies the OPs perceived worked best, and where WOM ranked comparatively as a strategy. Seventy-five percent of the OPs (i.e., AO1, CO1, and DO1) used indirect referral strategies in the past. AO1 “dabbled” in the past about complimentary services; but no longer offered complimentary services. CO1 offered discounted packages if the client was seeing her more than once a week (and at the time of the study, continued to do so). DO1 ran an awareness campaign that was unsuccessful: “it was self-supporting and didn’t work” so no longer used in her business. Twenty-five

percent of the OPs (i.e., BO1) indicated that they did not use any strategies in the past, stating “I have not found that advertising pays for itself in referrals.”

AOI: I have ‘dabbled’ in the past (about complementary services; however), “The strategy in my office is getting them (a referral) without having to ask for it.”

BO1: I have not found that advertising pays for itself in referrals. I do not at this time have an individual website, possibly in the future.

CO1: Personal referrals are the mainstay of my business, it is an “out of pocket” expense to see me. I developed (discounted) packages to see me multiple times a week or month (depends on the need). I also offered a personal birthday card where I offered a discount for self or significant other to use within the next 3-6 months.

DO1: A couple of years ago, when opening the business in a new community, I ran an awareness campaign, introducing my business to the local businesses. The promotion ran for a small time-frame, and there was not much feedback. People respond so much better with WOM. Moreover, our goal to connect with (the local) businesses were a bit more ‘self-promoting’ and didn’t work.

Subtheme 1.3: Incentives as a strategy. Incentives as a strategy is the documentation of the four OPs perspectives on offering incentives for referrals as a marketing strategy. (The current study results also helped me to identify the OPs perceived value in offering incentives for referrals, and where WOM ranked comparatively as a strategy.) Fifty percent of the OPs (i.e., AO1 and BO1) indicated that they did not offer incentives for referrals, and indicated further, that offering incentives for referrals were NN. Twenty-five percent (i.e., CO1) offered an informal incentive

strategy (i.e., a discounted package of services if the client saw her more than once a week); and 25% of the OPs (i.e., DO1) offered a formal incentive program for referrals (i.e., a patient who referred someone gets discounts for free follow-up and product, and the business abiding by all HIPAA Laws).

AO1: No, I do not give incentives for referrals to the business but will thank those who make a referral.

BO1: No. I found that referral incentives did not seem to make a difference. They come back if they are satisfied and still want and need me to assist them on their health journey.

CO1: I send a personal birthday card and include a discount. I have offered clients to buy discounted packages.

DO1: A patient who referred someone gets discounts for free follow-up and product. However, because of HIPAA regulations, we cannot tell the name of the person who used their name as a referral to protect the new client's identity.

Subtheme 1.4: Tracking Strategies. Keeping track of referrals as a strategy is the documentation of the four OPs perspectives on an internal and organizational measurement to track referrals (i.e., documentation of the frequency of referrals, who made the referrals, and how often individual clients made a referral) as a marketing strategy. (The current study results also helped me to identify the OPs perceived value for keeping track of referrals as a strategy, and where WOM ranked comparatively as a strategy.) Twenty-five percent of the OPs (i.e., AO1) indicated they did not keep track of referrals; and further suggested that keeping track of referrals was NN. Fifty percent of

the OPs (i.e. BO1 and CO1) kept track of referrals informally. At BO1 business, the receptionist took the information, and at CO1 business, the owner had an informal ‘note-take’ system on the intake form. Twenty-five percent of the OPs (i.e. DO1) had a formal tracking software program in place. Business D used ‘Bend’ which was an accounting software tracker.

AO1: This office is very laid back... does not do any formal tracking of referrals activity.

BO1: My receptionist is expected to ask each new patient how they heard of the practice, and that way, I am aware of this when they come for their first visit.

CO1: I have a ‘note-take’ system on the intake form, “referred by.” However, some new clients found out about me by picking up my card, or saw me out and about, and in passing.

DO1: Yes, we record activity: we use a program called ‘Bend’ which is an accounting software tracker. We track who receives credits; it is removed once used. Seven years ago, we did have our system of tracking, but three years ago we started this better tracking method.

Theme 2: Informal/Indirect Strategies Used

This theme identified and documented what informal, indirect, or underlying marketing strategies the four OPs used at the time the study was conducted. (The current study results also helped me to identify the OPs perceived value of those strategies used, and where WOM ranked comparatively as a strategy.) Considerations such as, whether indirect and straightforward means could even be considered as a strategy, and compared

to formal strategies, were a part of the analysis process. Since I based this study on WOM personal referrals, and that most persons were referred to (or referred others to), by a personal; indirect, and informal manner; there were other informal business strategies to consider. The four indirect or straightforward strategies that emerged from the data included, subtheme 2.1: how people find the business; subtheme 2.2: customer relations; subtheme 2.3: collaborations; and, subtheme 2.4: counter-measures to negative word-of-mouth (NWOM). In Table 8, I listed the types of indirect marketing strategies businesses A, B, C, or D used for their business, and the study findings. A brief discussion is below.

Table 8

Theme 2: Informal/Indirect Strategies Used: Subthemes 2.1, 2.2, 2.3, & 2.4 Results

Subtheme/Strategy:	Business A	Business B	Business C	Business D
Subtheme 2.1: How to find business:	WOM	WOM	WOM	WOM
Subtheme 2.2: Customer relations:	“Is key”	“Is key”	“Is key”	“Is key”
Subtheme 2.3: Collaborations:	Y	Y	Y	Y
Subtheme 2.4: Counter-measure to NWOM:	NN	NN	NN	NN

Note. Abbreviated word in Table 8 is Y = yes. The acronyms used in Table 8 are NN = not necessary; and WOM = word-of-mouth.

Subtheme 2.1: How to find business. How to find the business is the collection and documentation of the four OPs perspectives of how people found out about their business as a marketing strategy. (The current study results also helped me to identify the OPs perceived value in how to find one’s business ranked as a strategy, and where WOM ranked comparatively as a strategy.) One hundred percent of the OPs indicated that

persons primarily found out about their businesses through WOM. Secondary means how persons found out about the OPs businesses: BO1 stated she was listed in an ‘industry’ website, and on a website where she rents office space (along with all tenants in the building who were also AHCB owners/providers). CO1 provided cards and flyers throughout various AHCBs; alternative shops; health food stores; various hair salons, and coffee shops.

AO1: (Besides client and personal referrals from friends and family), People find out about my business through the website; Google; yelp; and the white & yellow pages.

BO1: People find out about my business through other clients... often I am aware of who they are because they are a family or friend of someone who comes with them for their first appointment. Indirectly, they find me listed on the website for a specialized area of medicine.

CO1: Ninety percent of my business is from WOM. Persons have been referred to me, or perhaps heard about me somewhere or through someone, or I may have met somewhere.

DO1: My business has a website presence with over 7500 followers and active postings nearly every day. Through WOM people can find us. We reward those who are open and tell others about us; so, when a person joins and tells us who referred them to us, the person who made the referral gets a free follow-up and vitamins (however we cannot divulge the names of those who joined because of HIPAA regulations). On FB...a nonjudgmental atmosphere; a level of trust.

Subtheme 2.2: Customer relations. Customer relations is the collection and documentation of the four OPs perspectives of ‘customer relations’ as a marketing strategy. (The current study results also helped me to identify the OPs perceived value in how customer relations ranked as a strategy, and where WOM ranked comparatively as a strategy.) The four OPs in the study suggested customer relations an important aspect of their business. Hence, 100% of the OPs indicated that customer relations were ‘key’ and factored heavily as an informal referral strategy for their business.

AO1: The key to my success is the personal relationships and the way I relate to my clients, resulting in success.

BO1: Patients want to come back because they feel heard and helped in ways that they do not get with a more conventional medical approach.

CO1: Customer relations are a big part of my business. My clients need to feel comfortable, and it also depends on the relationship with the person who referred the business.

DO1: My particular AHCB is a huge industry, but some of those businesses are “jaded,” and that is very difficult to establish trust. WOM gets us around (a positive image) ... we can answer their questions, and there are more confidence and trust.

Subtheme 2.3: Collaborations. Collaborations is the collection and documentation of the four OPs perspectives of collaborations as a marketing strategy. (The current study results also helped me to identify the OPs perceived value in how collaborations ranked as a strategy, and where WOM ranked comparatively as a strategy.) All of the OPs further indicated that collaborations with other businesses and AHCB

professionals were important and helped to maintain their current customer base and offered examples. Most examples were specific to their particular field in alternative health care; so, (and in following Walden's IRB protocol on ethical standards) I could not disclose their comments. However, 75% (i.e., AO1, AO2, and AO3) indicated that there were not as many community business collaborations as there were "in the past." AO1 stated that her clients that own their own businesses were welcome to leave business cards or brochures in the lobby area of her business. DO1 was asked by other business professionals for her business brochures, and she was happy to oblige.

BO1: There are many paths to wellness, and if I do not see improvements I brainstorm with the patients to someone who can help.

DO1: I make informal collaborations. When I know someone in a different profession that may be able to help the client. "Yes, informally."

Subtheme 2.4: Countermeasures to NWOM. Countermeasures to NWOM is the collection and documentation of the four OPs perspectives of 'countermeasures to NWOM' as a marketing strategy. (The current study results also helped me to identify the OPs perceived value in how countermeasures to ward off NWOM ranked as a strategy, and where WOM ranked comparatively as a strategy.) All of the OPs indicated that they did not develop pre-emptive strategies to ward off NWOM; and further indicated that 'those type strategies' were NN for their business. Additionally, the OPs indicated that they had not even thought to develop such as strategy (to ward off harmful talk). However, the OPs did share their thoughts on NWOM, and the action steps they would take (or took), to remedy situations.

AO1: Negative talk has a backward effect. What is the purpose and motivation?

There are different ways to measure negativity.

BO1: I get positive and negative feedback directly from my patients, and I like to let them know I heard them, and if something needs to be changed, I will work to make that happen.

CO1: I try to stress to people who come in, that I will accept and need the client's feedback, yet I can only proceed by what they say or act. I want to know if something is amiss.

DO1: Perhaps there was a particular issue, such as the client did not understand the referral process. Alternatively, "My friend Mary joined, and I did not get a referral bonus." We cannot break HIPAA regulations so can't tell Mary who got the credit for her friend joining. For example, perhaps Mary put down another person's name on who referred her to the business... we cannot tell the client.

When asked if the OPs could provide an example how they changed their methods when they received either positive word-of-mouth (PWOM) or NWOM, examples included: A customer mentioned to BO1 that there was no place to set her tea in the lobby area, so BO1 rearranged the space to be more customer-friendly. BO1 also considered starting a suggestion box in the lobby area, where people could make their suggestions anonymously. CO1 remembered one incident that she smoothed over, and, "the client even referred others to me." DO1 mentioned how once a month they do training; and also do morning updates and have good communication.

DO1: Some people learn better by hearing and talking instead of reading... this gives me an opportunity to address missed stuff and for clarification. (DO1 also shared her thoughts about potential issues and how she would address them): When I get a private message or email about an issue, I call to see what happened, perhaps the patient did not clearly understand the water intake process. Perhaps the staff was 'short' with the client and did not give a thorough enough explanation. When the staff member is in the 'hot seat,' and I need to smooth things over again and again about water intake, I'll talk to the staff member and say, "Let's work together to lessen the confusion, can you explain to me your procedure?" The staff may need more finesse or perhaps her description is too complicated. I will then know I have to 're-teach it.'

Theme 3: Where WOM Ranks as a Strategy

The four OPs in this study represented industry leaders of AHCBs, so it was important to document their perceived value of strategies used in their businesses. This theme identified and documented the OPs perceived value where WOM ranked as a strategy. The results of this study's data also specifically answered RSQ3: "Where does WOM rank as a strategy?" However, in order to identify where WOM ranked as a strategy (and from the OPs perspective) there were two primary factors I considered. First, I identified the marketing strategies the OPs used. Secondly, I conducted a ranking process to identify what types of marketing strategies the OPs perceived, worked best. The data gathered from the first two main themes of this study: Theme 1: Programs/Strategies Used; and theme 2: Informal/Indirect Strategies Used, helped to

identify the marketing strategies (whether formal or informal) that OPs used in their business at the time the study was conducted.

Thirteen subthemes emerged from the data and each subtheme helped to identify a referral marketing strategy. In the main theme 1: Programs/strategies used, the subthemes that emerged as strategies included, (1) traditional strategy, (2) non-traditional strategy, (3) informal strategy, (4) formal strategy, (5) social media, (6) website, (7) strategies used in the past (8) incentives as a strategy, and, (9) tracking referrals as a strategy. The subthemes that emerged as strategies under the main theme 2: Informal/indirect strategies used included, (1) how to find business, (2) customer relations, (3) collaborations, and, (4) counter-measures to NWOM. Table 9 is a complete compilation of the thirteen marketing strategies identified in the study, and in the order the strategies were presented (i.e., Tables 6, 7 and 8); and, study results of each strategy.

Table 9

Thirteen Marketing Strategies Emerged from the Data & Business A, B, C, and D Results

Strategies:	Business A	Business B	Business C	Business D
Traditional strategy:	NN	NN	NN	NN
Nontraditional strategy:	WOM	WOM	WOM	WOM
Formal strategy:	NN	NN	NN	Y
Informal strategy:	WOM	WOM	WOM	WOM
Social media:	NN	NN	NN	Y
Website:	NN	NN	NN	Y
Strategies used in the past:	Indirect	NN	Indirect	Indirect
Incentives:	NN	NN	Informal	Formal
Keeping track of referrals:	NN	Informal	Informal	Y
How to find business:	WOM	WOM	WOM	WOM
Customer relations:	“Is key”	“Is key”	“Is key”	“Is key”
Collaborations:	Y	Y	Y	Y
Countermeasures to NWOM:	NN	NN	NN	NN

Note. Abbreviated word in Table 9 is Y = yes. The acronyms used in Table 9 are NN = not necessary; and WOM = word-of-mouth.

Table 10

Statistical Results of the Thirteen Marketing Strategies Identified in the Study

Strategies:	Statistical Results: Business A, B, C, and D Perspectives:
Traditional strategy: (See Table 6.)	<ul style="list-style-type: none"> • 0% OPs used <i>traditional</i> [emphasis added] marketing strategies such as TV advertisements, radio, or ads in the newspapers. • 100% OPs indicated traditional advertising campaigns as NN.
Nontraditional strategy: (See Table 6.)	<ul style="list-style-type: none"> • 100 % OPs identified WOM as the ‘<i>key</i>’ [emphasis added] non-traditional strategy used in their marketing mix; and that WOM was the primary means used to reach new clientele.
Formal strategy: (See Table 6.)	<ul style="list-style-type: none"> • 75 % OPs (i.e., AO1, BO1, and CO1) did do not use formal referral strategies in their marketing mix; and indicated further, that formal referral strategies were NN. • DO1 was the only OP that used formal referral strategies in her business (i.e., in December runs a ‘New Start’ special.)
Informal strategy: (See Table 6.)	<ul style="list-style-type: none"> • 100 % OPs used WOM as an informal strategy
Social media: (See Table 6.)	<ul style="list-style-type: none"> • 75% OPs (i.e., AO1, BO1, and CO1) indicated they did do not use social media for their businesses; and indicated further, that using social media for their business was NN. • DO1 was the only OP that actively used social media for her business. (DO1 was also the only OP who indicated she frequented social media in her personal life.)
Website: (See Table 6.)	<ul style="list-style-type: none"> • 75% OPs (i.e., AO1, BO1, and CO1) did not have an official website for their business; and indicated further, that having a business website was NN. • 50% OPs (i.e., AO1 and BO1) were listed on ‘<i>special health-related field</i>’ [emphasis added] websites. • DO1 was the only OP that had an official website for business.
Strategies used in the past: (See Table 7.)	<ul style="list-style-type: none"> • 75% OPs (i.e., AO1, CO1, and DO1) used indirect referral strategies in the past. AO1 “dabbled” in the past about complimentary services; but no longer offered complimentary services. CO1 offered discounted packages if the client was seeing her more than once a week (and at the time of the study, continued to do so.) DO1 ran an awareness campaign that was unsuccessful: “it was self-supporting and didn’t work.”

(table continues)

Strategies:	Statistical Results: Business A, B, C, and D Perspectives:
Strategies used in the past: (See Table 7.)	<ul style="list-style-type: none"> • 25% OPs (i.e., BO1) indicated that she did not use any strategies in the past. BO1 indicated advertising does not pay for itself.
Incentives: (See Table 7.)	<ul style="list-style-type: none"> • 50 % OPs (i.e., AO1 and BO1) indicated that they did not offer incentives for referrals, and indicated further, that offering incentives for referrals were NN. • 25% OPs (i.e., CO1) offered an informal incentive (a discounted package of services 3/6 sessions bought in bulk). • 25% OPs (i.e., DO1) offered a formal incentive program for referrals. A patient who referred someone gets discounts for free follow-up and product (abiding by all HIPAA Laws).
Tracking referrals: (See Table 7.)	<ul style="list-style-type: none"> • 25% OPs (i.e., AO1) indicated they did not keep track of referrals, and that keeping track of referral was NN. • 50% OPs (i.e. BO1 and CO1) kept track of referrals informally. At BO1 business, the receptionist takes the information; and at CO1 business, the owner had an informal ‘note-take’ system on the intake form. • 25% OPs (i.e. DO1) had a formal tracking software program in place. Business D used ‘Bend’ which is an accounting software tracker.
How to find business: (See Table 8.)	<ul style="list-style-type: none"> • 100% OPs indicated that persons primarily found out about their businesses through WOM.
Customer relations: (See Table 8.)	<ul style="list-style-type: none"> • 100% OPs indicated that customer relations were ‘key’ [emphasis added] and factored heavily as an informal referral strategy for their business.
Collaborations: (See Table 8.)	<ul style="list-style-type: none"> • 100% OPs indicated collaborations with other businesses and AHCB professionals were important and contributed to help maintain their current customer base. AO1 stated that clients that own their own businesses were welcome to leave business cards or brochures in the lobby area of her business. DO1 was asked by other business professionals for her business brochures, and she was happy to oblige. • 75% (i.e., AO1, AO2, and AO3) indicated that there were not as many ‘community’ collaborations as “in the past.”
Countermeasures to NWOM: (See Table 8.)	<ul style="list-style-type: none"> • 100% OPs indicated that they did not develop pre-emptive strategies to ward off NWOM, and indicated further, that those type strategies were NN for their business.

Note. Abbreviated words in Table 6 is Y = yes. The acronyms used in Table 8 are NN = not necessary; and WOM = word-of-mouth.

The Table 10 statistical format view of the strategies (listed above) helped me to sort and rank the thirteen strategies which ultimately helped me answer RSC2: “What type of marketing strategies worked best?” Once I sorted the strategies in a ranking process, I could then answer RSQ3: “Where does WOM rank as a strategy. In Table 11, I ranked the thirteen strategies with a 5-scale measurement. See a summary below.

Table 11

Thirteen Marketing Strategies Ranked 1 (Most Effective Strategy) to 5 (Least effective Strategy)

Ranking	Strategy:	Statistics/results: OPs overall perspectives of strategies:
5	Traditional strategy:	<ul style="list-style-type: none"> 0% OPs used traditional marketing strategies. 100% OPs indicated that traditional advertising campaigns were not NN.
1	Nontraditional strategy:	<ul style="list-style-type: none"> 100 % OPs identified WOM was the ‘key’ non-traditional strategy and primary means to reach new clientele.
4	Formal strategy:	<ul style="list-style-type: none"> 75 % OPs did do not use formal referral strategies and indicated formal strategies NN.
1	Informal strategy:	<ul style="list-style-type: none"> 100 % OPs used WOM as an informal strategy.
4	Social media:	<ul style="list-style-type: none"> 75% OPs indicated they did do not use social media for their businesses, and social media was NN for their business.
4	Website:	<ul style="list-style-type: none"> 75% OPs did not have an official website for their business, and indicated a website was NN for their business.
4	Strategies used in the past:	<ul style="list-style-type: none"> 75% OPs used strategies in the past however; 25% OPs continued to use strategy.
3	Incentives:	<ul style="list-style-type: none"> 50 % OPs did not offer incentives for referrals and indicated offering incentives were NN. 25% OPs offered an informal incentive. 25% OPs offered formal incentives for referrals.
2	Tracking referrals:	<ul style="list-style-type: none"> 25% OPs indicated keeping track of referral was NN. 75% OPs kept track of referrals informally (2) or informally (3)
1	How to find business:	<ul style="list-style-type: none"> 100% OPs indicated persons primarily found out about their business through WOM.
2	Customer relations:	<ul style="list-style-type: none"> 100% OPs ranked customer relations heavily as a strategy.
3	Collaborations:	<ul style="list-style-type: none"> 100% OPs ranked collaborations as important to help maintain their current customer base. 75% OPs stated not as many ‘community’ business collaborations as “in the past.”
5	Countermeasures to NWOM:	<ul style="list-style-type: none"> 100% OPs did not develop strategies to ward off NWOM and all indicated those type strategies were NN for their business.

Note. The 5-scale measurement to rank the thirteen strategies in Table 11: 1 = Most effective; 2 = very effective; 3 = effective; 4 = less effective; and 5 = least effective strategies.

I developed a 5-scale measurement to rank the thirteen strategies: 1 = most effective, 2 = very effective, 3 = effective, 4 = less effective, and 5 = least effective strategies. (See a summary below.) In this study, there were more than a few indications that WOM ranked as the highest strategy, based on the four OPs perspectives. None of the OPs used traditional marketing strategies such as TV, radio, or newspapers in their marketing mix (see Table 5). Traditional strategy was therefore ranked 5, the least effective strategy for referrals, and I eliminated traditional marketing strategies to be compared to WOM. Whereas, all of the OPs identified that WOM was the key nontraditional strategy and primary means to reach new clientele. Therefore, I ranked nontraditional strategy (i.e., WOM) as a 1, as a most effective strategy. Additionally, 75 % of the OPs (i.e., AO1, BO1, and CO1) indicated formal strategies were NN, so I ranked formal strategy as a 4, less effective. However, all of the OPs used WOM as an informal strategy in their marketing mix. Hence, I ranked informal strategy as a 1, the most effective strategy.

Another consideration was where social media ranked as a marketing strategy. In this study, 75% of the OPs (i.e., AO1, BO1, and CO1) indicated they did not use social media for their businesses, and indicated further, that the use of social media for their business was NN. However, 25% of the OPs (DO1) used social media as an effective marketing strategy. This information, comparatively, took social media strategy out of the running as a high ranked strategy. Yet, because DO1 found having a website as useful, I ranked 'social media' strategy as 4, a less effective strategy. (Note that if all OPs did not see any value in this type strategy, the strategy would have been ranked a 5, least

effective strategy.) To add, 75% of the OPs (i.e., AO1, BO1, and CO1) did not have an official website for their business and indicated that a website was NN for their business. Based on this information, and because one of the four OPs (DO1) used the website effectively, I also ranked the website strategy a 4, less effective. As for strategies used in the past, 75% of the OPs (i.e., AO1, CO1, and DO1) used strategies in the past. However, only 25% of the OPs (i.e., CO1) continued to use the past strategy. Therefore, I also ranked strategies used in the past, as a 4, a less effective strategy.

Offering incentives for referrals was another consideration as an effective strategy, so it was important to identify the four OPs perceptions how incentives ranked as a strategy. However, in this study, 50% of the OPs (i.e., AO1 and BO1) did not offer incentives for referrals; 25% of the OPs (i.e. CO1) offered informal incentives, such as discounted packages of services. DO1 was the only OP that offered a formal incentives program in her business. Considering the four OPs overall lower usage of incentives for referrals, took incentives out from a high-ranking strategy. I ranked incentives as a 3, effective, since 50% OPs offered incentives as a referral strategy.

Tracking referrals was another type marketing strategy to consider as a high-ranking strategy. Twenty-five percent of the OPs (i.e., AO1) indicated keeping track of referrals was NN in her business. Whereas, 75% of the OPs kept track of referrals: BO1 and CO1 kept track informally, and DO1, formally used a software tracking program called 'Bend.' Identifying that 75% of the OPs in the study deemed it important to track referrals (whether formally or informally), this information helped me to rank 'tracking referrals' high on the list of effective strategies. Hence, I ranked tracking referrals as a 2,

a very effective strategy. However, considering that keeping track of referrals were more of an internal measurement, (and did not directly relate as a strategy to generate referrals) I eliminated tracking referrals as the highest-ranking strategy for this study.

Four other indirect or straightforward strategies that were considered in the ranking of effective marketing strategies included: how people find the business, customer relations, collaborations, and countermeasures to negative word-of-mouth (NWOM). It was important to document and identify if the four OPs perceived how to find their business as an effective marketing strategy, where it ranked as a strategy, and where WOM ranked comparatively as a strategy. All of the OPs indicated that people primarily found out about their businesses through WOM. This information helped to rank how to find the business (i.e., WOM) at level 1, most effective strategy.

Customer relations were also considered a good business strategy and practice, and it was important to document and identify where the four OPs ranked customer relations as a strategy in their businesses (and compared to WOM as the highest strategy). All of the OPs indicated that customer relations were key and factored heavily as an informal strategy to help maintain their current customer base. Although it is very important for businesses to have good customer relations, the OPs in the study indicated that customer relations were primarily a means to retain current clients versus a means to generate new clientele. Considering the predominating factors where WOM ranks in the study; I ranked customer relations a 2, very effective strategy, but not higher than WOM as a strategy.

I also documented the four OPs perceived value in their collaboration efforts with other AHCBS and professionals. Ranking the importance of collaboration through the OPs point of view, offered a more complete evaluation of indirect marketing strategies the OPs used. All of the OPs claimed collaborations with other businesses were significant. However, 75% (i.e., AO1, AO2, and AO3) indicated that there were not as many community business collaborations as there were “in the past.” Considering this information did rank collaborations as an important strategy, so I ranked the collaborations strategy as a 3, effective strategy, however, not as important as customer relations (ranked a 2) or WOM (ranked a 1).

The last consideration was if any of the four OPs had countermeasures to NWOM strategies in place to ward off NWOM. (In the nonprofit industry, studies suggested that it was more important to invest in monies to do damage control versus promoting positive WOM, so I was very interested to see how this strategy was valued.) All of the OPs indicated that they did not have any significant challenges with NWOM experiences (or that they even thought to develop a formal strategy to ward off harmful talk). This information helped to rank countermeasures to NWOM as a 5, the least effective strategy.

To answer RSQ2: “What types of marketing strategies work best?” Three strategies: (1) WOM as a ‘nontraditional’ strategy (ranked 1), (2) WOM as an informal marketing strategy (ranked 1), and, (3) how persons found out about the business (ranked 1), were main strategies that identified WOM personal referrals were used as the main strategy, which also put WOM activities (whether formal or informal) as the top ranking

marketing strategy. This information also answered RSQ3: “Where does WOM rank as a strategy?” WOM ranked the highest, as a marketing strategy for personal referrals.

Strategies that ranked second highest was tracking referrals (ranked 2), and customer relations (ranked 2). Offering incentives for referrals was also considered an effective strategy that the OPs used (ranked 3), along with collaborations to help me maintain the OPs current customer base (ranked 3). However, the strategies that were less effective and were ranked 4 included, formal strategies, social media, website and strategies used in the past. The least effective strategies, and that were ranked a 5, were traditional strategies, and countermeasures to NWOM.

Theme 4: Perceptions of Owners, Staff, and Clients Regarding Personal Referrals

This theme emerged as an essential factor to directly answer RSQ4: “What is the perception of owners, staff, and clients regarding personal referrals?” All 16 participants in the study (i.e., four OPs; 2 SMPs, and the 10 CPs) answered the same IQs 8-17. I compared and contrasted the 16 transcripts individually, by persons within each category, and then by category, which yielded a complete and thorough synthesis of the data. The subthemes that emerged from the data (and based on the IQs), included: subtheme 4.1: how to find information, subtheme 4.2: element of trust, subtheme 4.3: incentives for referrals, and, subtheme 4.4: general comments. Responses to IQ8, IQ12, IQ14, IQ15, IQ16 and 17, were directly aligned, and best answered RSQ4, and indirectly answered the remaining RSQs. The data was enriched by receiving all participant perceptions about the personal referral phenomenon. This data results also potentially supported, enhanced, added, or contradicted the previous findings of the four OPs perceptions about WOM

personal referrals and marketing strategies from the results found for RSQ1, RSQ2, and RSQ3.

Subtheme 4.1: How to find information (i.e., IQ8). IQ8: “Now about personal referrals as it relates to you, how do you find information?” How to find information is the documentation of the 16 participants’ perspectives of ‘how to find information’ and supported and enhanced the previous findings of the OPs perspectives. Overwhelmingly, participants found their information from trusted sources such as family (7), friends (5), coworkers (4), and those who were similar (likeminded people) (3). Below is a compilation and sample of participant responses on how they found their information:

“I listen to people who I trust.” “My brother-in-law is very knowledgeable.” “I like to get referrals from friends.” “I ask someone.” “I ask people, friends.” “I listen to friends.” “asking real-world co-workers is my second or third choice” “I ask like-minded people whose judgment I may trust.” “I’d go with referrals from people I respect and ask if they had a good experience.” “My first choice would be to ask someone in a field of expertise, if I know one.” “It depends on what it is.” “I ask around, otherwise I Google search.” This information supported the previous findings in the study: 100% of the four OPs indicated that persons primarily found out about their businesses through WOM.

Subtheme 4.2: Element of trust (IQ 12). IQ12: “How does the element of trust play into you’re either giving or receiving referrals?” Element of trust is the documentation of the 16 participants’ perceptions on how the ‘element of trust’ factored into consideration when the participants were in the decision-making process. The ‘element of trust’ was the primary factor participants considered before giving or

receiving referrals. In Table 12, I listed quotes that helped me to identify the importance of trust when participants made decisions. See summary below.

Table 12

Subtheme 4.2: How Element of 'Trust' Plays into Giving or Receiving Referrals (IQ12)

Element of Trust:	Participants Quotes on Trust:
IQ #12: "How does the <i>element of trust</i> play into you're either giving or accepting referrals?"	<p>"A very big impact. Having a conversation with a family member or a <i>trusted</i> friend, I feel comfortable with them." "It's critical. I won't take the referral if I don't have <i>trust</i> in that person or my ability to "tease out" the info." "That's most important, if I <i>trust</i> the person to have the knowledge and will care for me." "<i>Trust</i> is everything! It is the most important thing; however, sometimes you have to take a leap of faith." "The <i>trust</i> in a person plays an important role in whether I listen or give a referral." "It means a lot to whether I give or ask for a referral, I used the restaurant example. However, if looking for a doctor or a dentist there is a little more <i>trust</i> element needed." "I generally take what people say at face value and <i>trust</i> that what they are saying is honest and dependable." "It's key! With a friend, we are similar, I <i>trusted</i> she was on a healthy path, I could relate to her sometimes." "Would I <i>trust</i> just anyone? I <i>trust</i> friends and coworkers that I feel confident about their referral."</p>

Examples of whom the participants trusted included (a) family (5 commented)

DS1: "My whole family comes from a contractor/carpenter employment background."

(b) friends (4 commented) AS1: "I would absolutely trust a referral from friends, I trust

that it is right for them." (c) professionals (3 commented): BO1: "I need to trust (this is

important) that there will be a consistency of service received." (d) similarities (2

commented) DC1: "With a friend, we are similar, I trust that what they are saying" (e)

who it is (4 commented) CO1: “I consider the source.” and, (f) strength of value in trust (3 commented) DS1: “Trust is huge! However, I am going to do my research.”

The data was enriched by receiving all participant perceptions about how the element of trust factored into consideration when deciding. This data results also added to the previous findings of the four OPs perceptions about WOM personal referrals and marketing strategies from the results found from RSQ1, RSQ2, and RSQ3.

Subtheme 4.3: Incentives for referrals (i.e., IQ15). IQ15, Part 1: “How do you perceive receiving money or other incentives for referrals?” Incentives for referrals is the documentation of the 16 participants’ perceptions on ‘receiving money or other incentives’ when making referrals. Quotes helped to categorize the 16 participants’ perceptions of financial incentives for referrals (see Table 13). See below for summary.

Table 13

Subtheme 4.3: Identifying and Categorizing Financial/Incentives for Referrals (Based on IQ15)

Financial/incentives for referrals:	Quotes used to identify & categorize participants' perspectives on receiving financial/incentives for referrals
Yes "I approve"	<p>AC2: "I am perfectly fine with all of that, I consider it to be advertising costs, its fine."</p> <p>CC3: "I understand that it may be part of the marketing strategy for the business."</p> <p>DO1: "It's cool to be acknowledged even if a "thank you" for the referral, I'm not expecting everything."</p> <p>DS1: "An added bonus is a nice incentive for people. It's our way (referring to workplace business) of saying 'thank you' for spreading the word."</p> <p>DC1: "It's great! Let's you know that the company believes in you as well, nice way to treat their customers."</p> <p>DC2: "It's a side benefit, not main, but a nice gesture. I'd rather have an honest opinion, an honest referral."</p>
Indifferent "It depends"	<p>BC1: "It really depends on the situation."</p> <p>CO1: "It depends on the circumstance."</p> <p>CC2: "If it works out its nice, against going there if everything else were equal, I would weigh that against it."</p>
No "I don't like it!"	<p>AO1: "I don't like it, it distracts from the legitimacy of the referral!"</p> <p>AS1: I am more reluctant to give a referral. It's more like a "sellout."</p> <p>AC1: "Not in a positive way. You never know who's making the comments on Yelp or other social media."</p> <p>BO1: "Offering financial incentives does not seem appropriate to me. A medical practitioner worth his or her weight in quality should not need to do this."</p> <p>CC1: "I haven't had the experience of getting money for a referral. However, I'll think is it a scam and be suspicious when others get money for a referral and wonder, "What is the motivation?"</p>
No "Terrible!"	<p>AC3: "I hate that kind of stuff, I don't go for that."</p> <p>AC4: "No, I wouldn't want to."</p>

Opinions about how participants perceived receiving money for referrals varied from one end of the spectrum to the other. Out of 16 participants, five participants categorized as yes “I approve”, three participants categorized as indifferent “It depends”, five participants said, no “I do not like it”; and two participants in the study suggested, no “Terrible!”

In Table 14, I presented the same data results from Table 13, on the participants’ perspectives of receiving financial incentives for referrals, but this time, by each business (i.e., business A, B, C or D). See a summary below.

Table 14

Subtheme 4.3: Perceptions on Financial/Incentives Based on Business Categories Results

Business:	Yes strongly “I approve!”	Yes “I approve”	Indifferent “It depends”	No “I do not like it”	No “Terrible!”
Business A		AC2		AO1, AS1 AC1	AC3, AC4
Business B			BC1	BO1	
Business C		CC3	CO1, CC2	CC1	
Business D		DO1, DS1 DC1, DC2			

Note. The three-digit code in Table 14 represented: First space = business participant was affiliated with (i.e., A, B, C, or D); second space is for the category of the participant (i.e., Owner, Staff member, of Client); the third space represented how many participants were in the category and for which business.

In the Table 14 view, on one end of the spectrum, Business A had three participants in the no “I do not like it!” category (i.e., AO1, AS1, and AC1), and two participants were ranked in the no “Terrible!” for financial incentives category (i.e., AC3, and AC4). However, on the other side of the spectrum, all four participants in Business D (i.e., DO1, DS1, DC1, and DC2) were categorized as yes “I approve.” This information

supported previous findings on the OP perspectives when offering incentives for referrals:

- 50 % OPs (i.e., AO1 and BO1) indicated that they did not offer incentives for referrals, and indicated further, that offering incentives for referrals were NN.
- 25% OPs (i.e., CO1) offered an informal incentive (a discounted package of services 3/6 sessions bought in bulk).
- 25% OPs (i.e., DO1) offered a formal incentive program for referrals. A patient who referred someone gets discounts for free follow-up and product (abiding by all HIPAA Laws).

In Table 15, I offered yet, a third comparison of financial incentives for referrals, but this time, based on ‘participant categories’ (i.e., OPs, SMPs, and CPs). See a summary below.

Table 15

Subtheme 4.3: Perceptions on Financial Incentives Based on Participant Categories Results

Business	Yes strongly “I approve!”	Yes “I approve”	Indifferent “It depends”	No “I do not like it”	No “Terrible!”
Business Owner Participant		<u>DO1</u>	<u>CO1</u>	<u>AO1</u> , <u>BO1</u>	
Staff Member Participant		<u>DS1</u>		<u>AS1</u>	
Client Participant		<u>AC2</u> , <u>CC3</u> , <u>DC1</u> , <u>DC2</u>	<u>BC1</u> , <u>CC2</u>	<u>AC1</u> , <u>CC1</u>	<u>AC3</u> , <u>AC4</u>

Note. The three-digit code in Table 15 represented: First space = business participant was affiliated with i.e., A, B, C, or D); second space is for the category of the participant (i.e., Owner, Staff member, of Client); the third space represented how many participants were in the category and for which business.

DO1 was the only OP in the yes “I approve” category on financial incentives. The three other participants connected with Business D (i.e., DS1, DC1, and DC2) were also in the yes “I approve” for being receptive to receiving incentives for referrals. Notably, Business D was also the only business in the study that offered incentives for referrals.

Two OPs (i.e., AO1 and BO1) that previously indicated they did not offer incentives for referrals at their business (and indicated further, that offering incentives for referrals were NN), were both ranked in the no “I don’t like it” category on incentives for referrals. Additionally, CO1 that indicated previously, she offered an informal incentive (a discounted package of services 3/6 sessions bought in bulk), was ranked by her quote on incentives: indifferent “It depends” category. This information enhanced and further supported the previous findings of OPs perspectives on incentives for referrals.

Subtheme 4.4: General comments (i.e., IQ16 & IQ17). IQ16: “Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?” IQ17: “What other information regarding personal referrals would you like to share?” General comments are the documentation of the 16 participants’ perspectives on personal referral phenomenon, and which ultimately helped to best answer RSQ4: “What is the perception of owners, staff, and clients regarding personal referrals?” This section is a compilation of quotes that best supported the ‘emerging concepts’ in the data and represented the collective voice of the participants. (The general comments were an overview of the participant responses so I removed all individual participant codes to represent OP, SMP, or CP.)

The data results were enriched by receiving all participant perceptions and general comments about the personal referral phenomenon. This data results also added to the previous findings of the four OPs perceptions about WOM personal referrals and marketing strategies from the results found for RSQ1, RSQ2, and RSQ3.

A general comment about personal referrals:

CP: When you give a good referral, you feel you have helped someone... you do not want someone to possibly waste his or her time with a weak provider; you want them to find an excellent service; if I get a referral from my family and trusted friends, I appreciate that. There are so many choices. Whom do you believe? By weeding through “topical” referrals and entrusting the people you love and care about with your concerns, you can make right decisions in selecting a provider. In giving a positive WOM referral,

there is a feeling of accomplishment and satisfaction in helping others make a good decision.

Similarities. The topic of persons who were similar, was brought up by at least nine of the 16 participants in the current study. Participants based their trust into people of like minds. Examples of quotes that made ‘similarities’ a relevant referral concept to consider:

“First I evaluate whether this person is enough like me to have a good basis for comparison when receiving a referral.” “I ask like-minded people whose judgment I may trust.” “When I do not have the same likes and dislikes as them? I will not listen; personal trust is important.” “I take people’s recommendation if I like them, or when they are very similar” “I am a teacher, and some of my co-workers have the same interests so that I will listen to them.” “On FB, my friends are similar, and I know the people, so trust in their comments” “If I think along the same lines of that person and they make a negative comment about something, I would take a more serious look at the comment, with others? With a grain of salt.” “I like referrals because in the end, peoples’ lived experiences are probably similar to mine, I like them (referrals), I seek them out.”

Market mavens. One common thread amongst the data: It appeared that certain participants made more personal referrals than others. In marketing management and decision sciences field, scholars suggested those who make lots of referrals and have an impact on other’s decision-making processes, are often referred to as influencers, leaders, or market mavens. Based on the scholars’ descriptions of the categories, I identified that

at all four OPs; both SMPs; and at least four CPs fit into these influencing categories. A few quotes that made ‘market mavens’ a relevant referral concept to consider:

CP: I am a resource-connector. I run a support group and deal with referrals a lot, my ears are always perked up; I am often consulted for referrals; I like connecting people with resources; where there are a need and resource; I help to make the connection.

CP: I have been a public relations director for one hospital 15 years and another for ten years, so I know about referring people.

CP: If you need to hear about, a place to vacation, personal care, oil change, work or social life, when or where to participate, life insurance, I am the person you will want to talk to!

Perspectives on persuasion. Perspectives on persuasion seemed to strike a nerve with some of the CPs during the face-to-face interviews, and responses ranged from negative influences: “Strong persuasion may not have the best interest in the mind of the referred,” to ‘situational or circumstance’, such as, “If it may be of help” to, positive responses such as, “I’ll always take the advice from a friend.” One quote example identifying ‘persuasion’ as a relevant referral concept to consider:

CP: In general, I think that persuasion is out of place in a referral because it oversteps the bounds of responsibility for the final decision, which is solely for the ‘referees’ to make. Offering extensive information is fine, however; persuading lends itself to being held accountable for the outcome of the decision.

Helpfulness. Being ‘helpful’ was the primary reason persons offered referrals to another person. Quote examples that represented ‘helpfulness’ a relevant referral concept to consider:

SMP: I feel I am helping someone to, in some way find, something. For example; referring here or referring a dentist. This is why I (help) people, to help fulfill a need.

CP: I like to be helpful when I am able, both professionally and personally. I am motivated to receive referrals for my business and motivated to receive referrals for myself.

NWOM. A few participants shared that they were bothered when they heard something negative about a business. Others took the information with a ‘grain of salt.’ The overall response when receiving NWOM was that it depended on the situation. Examples of quotes that made “NWOM” a relevant referral concept to consider:

SMP: I am disappointed. Hearing “not a good place”: unfortunately, the person may have ten positive experiences, then one bad experience. Is it fair? It may detour my actions. Possibly I will lose respect for the reviewer... it is incredible, the speed how negative info (travels) affects negatively on a business.

CP: I appreciate personal honesty... I would ask questions and dig a bit deeper to consider the motivation behind the comment... Other considerations are how long have I known the person (making the negative comment); what kind of attitude or type personality does the person giving the negative WOM have?

CP: I file it for future reference. I am a depository of information, goes into the balance of things. I think twice about the inquiry of that person. The more you hear about something contrary, the more I would not recommend.

CP: I will listen, but not entirely. For example, people who write reviews online typically write the review because they are not happy with the product or service. (Most reviews you see online are negative.) For a restaurant, I would just take the risk... however, if I read that the hotel had cockroaches, then I would take that seriously.

CP: I listen. It does get my attention. I consider who is saying something negative about who. At times, I take the negative comment with a grain of salt. Is this comment coming from someone who is habitually negative or not?

Theme 5: Motivation to Make Referrals

This theme identified and documented the 16 participants (i.e., four OPs, two SMPs, and 10 CPs) perceptions on the motivation to make referrals. Four subthemes emerged from the data included, subtheme 5.1: motivation to give referrals, subtheme 5.2: motivation to receive referrals, subtheme 5.3: matter who gives the referral, and, subtheme 5.4: go-to person. Responses to IQ10: “What is your motivation ‘give’ a personal referral, or motivation to ‘receive’ a referral?” and, IQ11: “Does it matter to you, who gives you the referral?” and, “Why you would take one person’s advice, and not another?” were directly aligned to answer RSQ5: “What is the motivation to make referrals?” and indirectly, to the remaining RSQs. The data was enriched by receiving all participant perceptions about the personal referral phenomenon and the motivation to make referrals. This data results also supported, enhanced, added, or contradicted the

previous findings of the four OPs perceptions about WOM personal referrals and marketing strategies, and the results from RSQ1, RSQ2, RSQ3, and RSQ4.

Subtheme 5.1: Motivation to make referrals (i.e., IQ10). IQ10, Part 1: “What is your motivation (why would you be motivated) to give a personal referral?” Of the 16 participants in the study, all stated either directly, or indirectly, that helpfulness was the main reason why they made personal referrals. One example: OP: “I am interested in helping the referred person.” An example of ‘inferred’ meaning of ‘helpfulness:’ OP: “I would give a referral as appropriate, my motivation to do this is always to have the best care for my patients.”

Other reasons the participants were motivated to make referrals include (a) the participant gave good information (3 commented) SMP: “I will not talk about something if I do not believe in it, I want to feel true about it”; (b) the participant cared about the person (4 commented) CP: “I recently told someone to “go see my doctor” because I care about him, and didn’t want to see him suffer.”; (c) the referrer expressed a need (4 commented) OP: “If I am searching for something and do not know where to go, I will ask someone.”; (d) it made participant ‘feel’ good (3 commented) CP: “If I give an unsolicited referral, it is because I have enthusiasm about my personal experience.”; and, (e) if the participant liked the product, service, quality or value (2 commented) CP: “I would give a referral if I liked the product and service, and I saw value and good quality.”

Subtheme 5.2: Motivation to receive referrals (i.e., IQ11). IQ11: “How about your motivation to receive referrals?” The data results for the motivation to receive

referrals were based on (a) trust (6 commented) CP: “I trust the people I know in the community to know.”, (b) *a* need (3 commented) CP: I would be motivated to receive a referral if there is something I need.”, (c) other’s personal experience or usage (3 commented) CP: “Everything my husband and I have in our lives right now came from referrals, all medical care, personal care, have been through WOM.”; and, (d) other various reasons (listed only once in the data) (6 commented) CP: “Asking for information offers the possibility in “narrowing the field” of the product or service.”

Two quotes in the study related to motivations to ‘receive’ a referral:

CP: I trust people I know in the community “to know,” and I have not gotten burned either (as I have with persuasion) doctors, dentists; you name it, everything we (my husband and I) have in our lives right now came from referrals, all medical care, personal care, have been from WOM.

CP: I listen to other people. I am always looking for new things to do, take in the ‘buzz’ talk and comment, “I have never thought of that before.”

Subtheme 5.3: Matter who gives referral (i.e., IQ13). IQ13: “Does it matter to you who gives the referral?” The data results to support if it mattered ‘who’ gave the referral, ranged from a strong “Yes it matters;” to, “It depends on the situation,” to, “No, it does not matter.” Out of the quotes that helped validate the subject as a subtheme in the data, reasons, why it mattered who gave the referral, included: (a) valued the opinion (3 commented) CP: “Not who it is, things I consider are how long have I known them, and do I value their opinion.”; (b) similarities ‘like me’ (5 commented) OP: “Yes. Friends. I know Jenny gives great referrals because our tastes are aligned, I go to persons whose

standards are similar to mine.”; (c) experience (2 commented) CP: ‘When I am not sure how to understand a situation or form an opinion, I listen to others whom I see as principled and wise.’; (d) trust the person who gave the referral (16 commented) CP: “Yes, it matters. I would keep in consideration the amount of expertise; experience, and how much trust I have for the person;” (e) ‘it depends’ (2 commented) CP: “It depends on what it is. If I am seeking medical advice, for knee surgery, for example, I would ask my doctor whom he would recommend”; and, (f) it does not matter ‘who’ it is (1 comment) SMP: “Regardless of who gives the referral, follow up with people you trust.”

Subtheme 5.4: Go-to person (i.e., IQ13). IQ13: “How about when you have to make a major decision of some sort?” The response to the go-to person(s) varied. Out of 16 participants (and for their first choices), the majority of the participants stated family (10); friends (5), and social media (2). The remaining ‘go-to’ persons were listed once: a neighbor, community connection, professionals, “depends on the situation;” medical advice, and, Consumer Reports.

Theme 6: Perception of the Effectiveness of Social Media

This theme identified and documented the 16 participants (i.e., four OPs, two SMPs, and 10 CPs) perceptions on the effectiveness of social media. The results of the data also specifically answered RSQ6: “What is the perception of the effectiveness of social media?” Although IQ9: “Do you use social media to give or receive personal referrals? If so, what type?” was specific to the topic on personal referrals, much of the feedback was a general overview of the usage of social media (and not specific to personal referrals), so I presented the results as such. The data was enriched by receiving

all participant perceptions about the personal referral phenomenon and their perceptions of the effectiveness of social media. This data results also supported, enhanced, added, or contradicted the previous findings of the four OPs perceptions about WOM personal referrals and social media as a marketing strategy, and added to the results from the RSQ1, RSQ2, RSQ3, RSQ4, and RSQ5. Quotes helped me to categorize the participants' social media usage. In Table 16, I presented all participant responses by the three categories that emerged from the data: 'Yes usage,' occasional usage,' and 'no usage.' See below for summary.

Table 16

Categorized Social Media Usage by Quotes from All Participants in the Study (Based on IQ9)

Social media usage:	Quotes used to identify & categorize social media usage:
Yes usage (5)	<p>AC2: "Angie's list, Beta stuff on FB would prompt you, Google searches, not Yelp, but review sites like that, yes"</p> <p>BC1: "I use social media all the time. It's just one way that I find especially helpful."</p> <p>CC3: "Yes, I definitely have used social media."</p> <p>DO1: "Yes. I look for ratings, Instagram, a particular blogger that is more focused, FB and Google reviews, Yelp reviews help me out a lot, I post positive and negative."</p> <p>DS1: "Yes: Google search to investigate, Google and some FB."</p> <p>DC1: "I do FB; private messaging; Google searches, and read reviews online."</p>
Occasional usage (4)	<p>AC1: "I use <i>Next Door</i>" (a local community-based site per street or small area)</p> <p>AC3: "I search for information on the internet, like movie reviews, or background information."</p> <p>CC2: "I do "listen to" posts and make/post requests for info on FB."</p> <p>DC2: "FB groups, yes. Social media? Not so much, it's a newer avenue for me."</p>
No usage (6)	<p>AO1: "No social media."</p> <p>AS1: "I really don't use social media. Yes, I'm on FB."</p> <p>AC4: "Not regularly. People plant false info. I do sometimes go on the internet for recipes, I do a Google search for them."</p> <p>BO1: "No, I don't use social media."</p> <p>CO1: "The Internet is like a black hole."</p> <p>CC1: "No. I've given up on FB."</p>

Note. In Table 16, the acronyms words included: FB = Facebook; and IQ9 = interview question # 9 in the study: "Do you use social media to give or receive personal referrals? If so, what type?"

Out of 16 participants in the study, six participants were categorized as yes usage; four categorized as occasional usage, and the remaining six participants were categorized as no usage. (Note that if participant commented such as “I rarely use,” I categorized the person as no usage.)

In Table 17, I drafted a second comparison, using the same data of the participants’ usage of social media, however, this time, based the results by each business in the study (i.e., Business A, B, C, and D). See a summary below.

Table 17

Social Media Usage Results Based by Business Categories: A, B, C, or D

Business	Yes usage	Occasional usage	No usage
Business A	AC2	AC1, AC3	AO1, AS1, AC4
Business B	BC1		BQ1
Business C	CC3	CC2	CQ1, CC1
Business D	DO1, DS1, DC1	DC2	

Note. The three-digit code represented: First space = business participant was affiliated with (i.e., business A, B, C, or D); second space is for the category of the participant (i.e., Owner, Staff member, of Client); the third space represented the how many participants were in the category and for which business.

On one end of the spectrum, Business A had three participants (i.e., AO1, AS1, and AC4) that used social media the least amount of time. Yet, on the other end of the spectrum, there were three participants in Business D (i.e., DO1, DS1, and DC1) that used social media on a regular basis.

Finally, In Table 18, I offered a third comparison of social media usage: ‘by the participant categories’ (i.e., OPs, SMPs, and CPs). See a summary below.

Table 18

Social Media Usage Results Based by Participant Categories: Owners, Staff, and Clients

Business	“Yes” usage	“Occasional” usage	“No” usage
Business Owner Participant	DO1		AO1, BO1, CO1
Staff Member Participant	DS1		AS1
Client Participant	AC2, BC1, CC3, DC1	AC1, AC3, CC2, DC2	AC4, CC1

Note. The three-digit code in Table 18 represented: First space = business participant was affiliated with (i.e., business A, B, C or D); second space is for the category of the participant (i.e., Owner, Staff member, of Client); the third space represented the how many participants were in the category and for which business.

In Table 18, it is interesting to note that out the ten CPs in the study, four are in the yes usage category, and four are in the occasional usage category. In other words, 80% of the CPs are familiar with using social media usage. Also, 75% of the OPs (i.e., AO1, BO1, and CO1) were in the category of no usage (or rarely use) social media. DO1 was the only OP that used social media on a regular basis. These results added and also supported the previous findings on the OP perspectives on social media used for their business:

- 75% OPs (i.e., AO1, BO1, and CO1) indicated they did do not use social media for their businesses; and indicated further, that using social media for their business was NN.

- DO1 was the only OP that actively used social media for her business. (DO1 was also the only OP who indicated she frequented social media in her personal life.)

Summary

This chapter included the results of this case study. Company leaders lack sufficient understanding of how to analyze customer contributions, examine efficient marketing strategies, and measure referral programs that are successful. I interviewed four industry leaders of alternative health care professions who already perceived having successful referral programs or strategies, and, also perceived ‘personal referrals’ as the primary nontraditional marketing source used to maintain and establish new their clientele. Two SMPs and 10 CPs from the AHCBs were also a part of the study. The IQs were directly aligned to obtain the best answers to the six RSQs in the study. The main themes that emerged as factors to identify effective referral strategies and the motivation for persons to make referrals to those successful businesses were: programs/strategies used, informal/indirect strategies used, where WOM ranks as a strategy. perception of owners, staff, and clients regarding personal referrals; motivation to make referrals, and, perception of the effectiveness of social media.

Subquestion 1: Marketing Strategies

I explored what type of marketing strategies AHCBs use, and based on the study results, and the four OPs perceptions, thirteen subthemes emerged from the data and each subtheme helped me to identify a referral marketing strategy. In the main theme 1: ‘Programs/Strategies Used,’ the subthemes that emerged as strategies included, (1) traditional strategy, (2) nontraditional strategy, (3) informal strategy, (4) formal strategy,

(5) social media, (6) website, (7) strategies used in the past (8) incentives as a strategy, and, (9) keeping track of referrals as a strategy. (See Tables 6 & 7.) The subthemes that emerged as strategies under the main theme 2: Informal/indirect strategies used include (1) how to find business, (2) customer relations, (3) collaborations, and, (4) countermeasures to NWOM. (See Table 8.)

Subquestion 2: Ranking the Strategies

I developed a 5-scale measurement to rank the thirteen strategies: 1 = most effective, 2 = very effective, 3 = effective, 4 = less effective, and 5 = least effective strategies. All four OPs in this study indicated that WOM as the most effective strategy for non-traditional and informal strategies, and the primary source how persons found out about their business. Hence, WOM was ranked 1, the most effective strategy. Strategies that ranked second highest was keeping track of referrals (ranked 2), and customer relations (ranked 2). Offering incentives for referrals was also considered an effective strategy that the OPs used (ranked 3), along with collaborations to help maintain the OPs current customer base (ranked 3). (See Table 11.)

Subquestion 3: How WOM Ranks as a Strategy

According to the data results and all four OPs perceptions, WOM personal referral ranked the highest as an informal marketing strategy, and was the key factor and primary means to maintain or to reach new clientele. Supportive evidence for these findings included (a) nontraditional strategy (all four OPs identified WOM was the key nontraditional strategy and primary means to reach new clientele), (b) informal strategy (all four OPs used WOM as an informal strategy in their business), (c) how to find

business as a strategy (all four OPs indicated persons primarily found out about their business through WOM). (See Table 11.)

Subquestion 4: Participants' Perceptions Regarding Personal Referrals

Based on the results of the data, and the 16 participants' perceptions, the element of trust was the primary factor participants considered before giving or receiving referrals (see Table 12). Additionally, see 16 participants indicated that they found their information based on strong relationship ties of trusted sources such as family, friends, coworkers, and the person who is similar ("like me") or have similar interests. The majority of participants stated their go-to person when making significant decisions were based on the family, friend, neighbors, coworkers, and social media. Opinions about how participants perceived receiving financial/incentives for referrals varied from one end of the spectrum to the other. Out of 16 participants, five participants were categorized as yes "I Approve"; three participants categorized as indifferent "It depends", five participants said, no "I do not like it"; and two participants suggested no "Terrible!" (See Tables 13, 14, & 15.)

Subquestion 5: Motivation to Make Referrals

Based on the data results and the 16 participants' perceptions, the primary motivation to make personal referrals was to be helpful. Other reasons the participants gave referrals include (a) the participant gave useful information, (b) the participant cared about the person, (c) the referrer expressed a need, (d) it made the participant 'feel' good to offer a referral, and, (c) the participant liked the product, service, quality or value. The

primary motivating factors to receive referrals were based on trust in the referrer, need, and other's personal experience or usage.

Subquestion 6: Effectiveness of Social Media

Based on the data results and the 16 participants' perceptions, quotes helped me to categorize the participants' social media usage and effectiveness. Six out of 16 participants indicated yes usage, four as occasional usage, and the remaining six participants indicated no usage for social media (in general), and to make or receive referrals. (See Tables 16, 17, & 18.)

In Chapter 5, I expand on the results and address the implications of the findings, the limitations of the study, opportunities for further research, and the contribution to social change.

Chapter 5: Summary, Conclusions, and Recommendations

The purpose of this qualitative case study was to identify and document what business leaders of small alternative health care professions perceived were effective referral marketing strategies, and to identify motivating factors that lead people to make referrals. This study provided a better understanding of the personal referral phenomenon. The findings filled a gap in the literature where researchers called for more qualitative case studies to gain insight about identifying and measuring personal referral marketing strategies, and the motivation to give referrals, from the participants' perspective (Gul, 2013; Haenlein & Labai, 2017; Moyes et al., 2012). Six research subquestions (RSQs) guided this study:

1. What types of marketing strategies do small alternative health care businesses (AHCBS) use?
2. What types of marketing strategies work best?
3. Where does WOM rank as a strategy?
4. What is the perception of owners, staff, and clients regarding personal referrals?
5. What is the motivation to make referrals?
6. What is the perception of the effectiveness of social media?

The analysis of the interview data resulted in the emergence of six key themes: programs/strategies used; informal/indirect strategies used; where WOM ranks as a strategy; perception of owners, staff, and clients regarding personal referrals; motivation to make referrals; and the perception of the effectiveness of social media.

There were 16 participants in this study: four owner participants (OPs) from AHCBs, two staff member participants (SMPs), and 10 client participants (CPs) associated with those businesses. Based on the four OPs' perceptions, I identified 13 referral marketing strategies and ranked them as follows: 1 = most effective, 2 = very effective, 3 = effective, 4 = less effective, and 5 = least effective. WOM was the most effective nontraditional, informal, and primary means by which people found out about the business. Strategies that ranked second highest were keeping track of referrals and customer relations. Offering incentives for referrals and collaborations were ranked as average strategies. Formal strategies, social media, having a business website, and strategies used in the past were ranked less effective. Traditional strategies and counter-measures to negative WOM (NWOM) ranked as least effective marketing strategies.

Based on the 16 participants' overall perceptions regarding personal referrals, the element of trust was a primary factor participants considered before giving or receiving referrals. The participants primarily found their information based on strong relationships of trusted sources such as family, friends, and people with similar interests. The primary motivation to make personal referrals was to be helpful, and the motivating factors to receive referrals were based on trust of the referrer, need, and the referrer's personal experience or usage. Participants perceived the benefits of receiving financial/incentives for referrals from favorably to "No, terrible!" Regarding the effectiveness of social media as a referral marketing strategy, the results also varied from yes to occasional to no usage.

Interpretation of Findings

Referral literature includes marketing management and decision sciences research. In this section, I compare the study findings to the peer-reviewed literature reviewed in Chapter 2 using the same topic headings: understanding referral marketing, understanding consumer decision-making, and understanding personal referrals. The systematic and thorough approach in interpreting the findings helped me to not overlook opportunities to confirm, disconfirm, or extend knowledge in the literature. My study findings confirmed other study findings that WOM, face-to-face conversation, was much more effective than any other forms of advertising (see Brown & Reingen, 1987; Delre et al., 2010; Nielsen, 2013).

Understanding Referral Marketing

Nontraditional approach to marketing. Research indicated that the ways small and medium-size businesses (SMEs) advertise to consumers made a significant shift from traditional advertising to nontraditional approaches such as using referral programs or strategies (Henning-Thurau et al., 2010; Lu et al., 2013; Svatosova, 2013). Traditional marketing tools, such as paid advertising, may no longer be as useful as newer nontraditional methods in marketing (i.e., personal referral programs and social networks) (Henning-Thurau et al., 2010; Svatosova, 2013). The current study supported findings from the peer-reviewed literature regarding the significant shift in advertising, as none of the four OPs in this study used traditional means of advertising such as TV, radio, or newspaper. Dobele and Ward (2003) suggested that “word-of-mouth referrals may be the most effective form of marketing and advertising and have the most impact of

any communication channel” (p. 1). This study confirmed Dobeles and Ward’s findings, as all four OPs used nontraditional forms of advertising, such as WOM personal referrals, in their marketing mix.

Formal advertising is self-serving. Kotler (as cited in Buttle, 1998) suggested that even though advertising influences a person’s behavior, it is “probably less important – because it is known to be self-serving – than such influences as peers and personal observation” (p. 241). Below is an example from an owner participant (OP) in this study’s findings that supported Kotler’s suggestion that advertising is known to be self-serving, and that WOM communication is more effective than other forms of advertising:

A couple of years ago, when opening the business in a new community, I ran an awareness campaign, introducing my business to the local businesses... the promotion ran for a small timeframe, and there was not much feedback. People respond so much better with WOM... moreover, our goal to connect with businesses was a bit more ‘self-promoting’ and didn’t work.

Personal referrals are best form of advertising. This study confirmed previous research indicating that “WOM marketing is quickly becoming a driving force behind all strategic marketing campaigns” (Castronovo & Huang, 2012, p. 118). All four OPs in the study ranked WOM the highest as a referral marketing strategy. This study also confirmed previous research (Castronovo & Huang, 2012; Dobeles & Ward, 2003; Moyes et al., 2012) through the finding that WOM was the critical factor and primary means for the four OPs to maintain or reach new clientele, and was an economical approach for their business.

Consumers find information primarily through WOM. Brown and Reigen (1987), Delre et al. (2010), Haenlein and Libai (2017), and Nielsen (2013) suggested that the most efficient way consumers share information about a product or service is through person-to-person communication (i.e., personal referrals). The current study confirmed this finding. The 16 participants reported that the primary way they found their information was from strong relationships with trusted sources, such as family and friends, and from people who had similar interests.

Effectiveness of social media as a referral strategy. Nontraditional marketing practices such as social media (i.e., eWOM) have ever changed the ways companies promote their products or services since the emergence of the Internet (see Weiss et al., 2008; White & Plotnick, 2010). SMEs recognize promoting on the internet is more “cost-effective and more efficient as actively engaging with consumers, than traditional advertising channels” (Castronovo & Huang, 2012, p. 117). The sixth RSQ in the current study was “What is the effectiveness of social media?” and although social media was not the focal point, it was important to identify where the four OPs (i.e., AO1, BO1, CO1, and DO1) ranked eWOM as a referral strategy. The findings disconfirmed current literature (Weiss et al., 2008; White & Plotnick, 2010) on the importance of social media as a referral marketing strategy. Three of the four OPs (i.e., AO1, BO1, and CO1) indicated they did not use social media as a referral program or strategy, and that using social media for their business was not necessary (NN). DO1 was the only OP that actively used social media for her business. DO1 was also the only OP who indicated she frequented social media in her personal life. Additionally, DO1 was the only OP that had

a website presence on the Internet; however, further indicated that WOM personal referrals were still the primary source of communication to obtain referrals for her business.

As far as the overall perceptions about social media, the current study findings could neither confirm nor disconfirm the importance of social media. Out of 16 participants in the study, I categorized six participants as yes usage, four as occasional, and the remaining six participants, as no usage of social media. However, Barreto's (2014) suggestion that "most WOM action seemed to be happening offline" (p. 649) was confirmed by the current study findings. The current study also supports Keller, and Fay (2012) results that "more than 90% of the conversation about products, services, and brands that take place every day in America happen offline" (Introduction, xii)

How NWOM can impact a business. Shreffler and Ross (2013), and Williams and Buttle (2014), argued that negative word-of-mouth (NWOM) may be more detrimental to the company and have a more significant impact than positive WOM (PWOM). For example, when a company has no control over what is being said about their activities on social forums or person-to-person communication, especially when any negative publicity circulates due to disgruntled customers (Williams & Buttle, 2013). However, I could not find any direct support for the notion how NWOM negatively affects a business, as all four OPs in the current study indicated that NWOM had not been an issue at their business; and further indicated that they had not even thought to develop a preemptive business strategy to ward off NWOM. All four OPs did share that excellent customer relations factored heavily as an informal referral strategy for the success of their

business; and that their goal was to meet the needs of the clients, no matter the size of the issue. Reflecting on the feedback from a client after an issue had been resolved one OP (i.e., CO1) stated that “the client even gave me new referrals” once she resolved the issue.

How NWOM spreads. Numerous researchers (Buttle, 1998; Schreffler & Ross, 2013; Williams & Buttle, 2014) agree that NWOM has a more powerful impact than PWOM in the consumer decision-making process. Dissatisfied customers typically tell twice as many people as satisfied customers (Technical Assistance Research Program, as cited in Buttle, 1998.) According to the White House Office of Consumer Affairs, unhappy customers would tell their story to at least nine other people, and 13% of those unhappy people would tell their stories to more than 20 people (p. 242). There are even online sites such as blogs, social networks, chat rooms, and customer forums designed specifically for consumers to express adverse feedback and to alert other potential customers about businesses faulty products and poor service (Williams & Buttle, 2014). However, the current study results neither confirmed or disconfirmed the Technical Assistance Research Program report or the White House Office of Consumer Affairs research.

Table 19

Participants Perceptions when Receiving NWOM (Based on IQ14)

General categorized responses:	Responses to IQ 14: “What’s your reaction when you receive NWOM (i.e., restaurant; clerks are slow, hotel)”?
“Take it with a grain of salt” (consider the source)	<p>OP: I always take the negative word of mouth “with a grain of salt” and try to “consider the source.”</p> <p>CP: I consider the source, it is back to the trust issue. Is this someone who perceives all things negatively? Nevertheless, I will hesitate and ask myself “does it apply even if I disagree with the negativity of the referrer?” The info lodges in my brain and causes me to hesitate.</p> <p>OP: I make a mental note, and “file it for reference.”</p> <p>OP: Of course, it would depend upon who the person was that made the negative comment and what the meaning of the comment. Poor quality in food choices would depend upon the person’s expectations, and this would require some thinking about who was giving the negative feedback.</p>
“I’d question why the person gave me the advice” (ulterior motive)	<p>OP: I do not put too much faith in other’s negative comments.</p> <p>SMP: I may lose respect for the reviewer.</p> <p>CP: Why did the person offer me this advice?</p>
“I’ll listen to people like me or people I trust”	<p>CP: If I think along the same lines of that person (giving the NWOM), I will take a more serious look at the comment... with others? “With a grain of salt.”</p> <p>CP: I consider the source... it is back to the trust issue. Is this someone who perceives all things negatively?</p> <p>CP: I consider it.</p> <p>CP: If it is coming from a friend whom I trust I would listen to it and check it off the list. If a person I trust gives me negative info, I will do more research on my own... venture out a little bit.</p> <p>CP: I take that pretty carefully... that means a lot to me.</p>
“I like to count on my own experiences” (not much faith in others negative comments)	<p>OP: I like to count on my own experiences...” All in all, I do prefer to experience new places and services for myself and would go from that point forward. “Consistency is key.”</p> <p>CP: Receiving positive or negative info? I do not make up my mind unless I have tried it first-hand.</p> <p>SMP: Everybody has a bad day.</p>

Note. The acronyms in Table 19 included CP = client participant; IQ = interview question; OP = owner participant; NWOM = negative word-of-mouth; and SMP = staff member participant.

The findings of the current study, did, however, add to the current knowledge on consumers' perceptions when receiving NWOM. (See Table 19 above.) For example, an OP suggested that she always took NWOM "with a grain of salt" and tried to "consider the source." Another CP suggested it important to trust or have similar likes with the person giving the NWOM: "When I do not have the same likes and dislikes as them? I will not listen; personal trust is important." Table 19 (see above) were the 16 participants perceptions about NWOM, and I broke into four categories of perceptions: (1) "Take it with a grain of salt" (consider the source), (2) "I'd question why the person gave me the advice" (ulterior motive), (3) "I'll listen to people like me or people I trust", and, (4) "I like to count on my own experiences" (not much faith in others negative comments).

The closest support from the current study, to the relevant literature on NWOM (Buttle, 1998; Schreffler & Ross, 2013; Technical Assistance Research Program, as cited in Buttle, 1998; Williams & Buttle, 2014) was how one CP (who indicated during the interview, that she had a strong 'influence' in her circle of friends) confirmed that she would post on the website to warn persons of lousy service. Another SMP that supported the notion how NWOM can rapidly spread stated

I am disappointed when hearing (the comment) "not a good place."

Unfortunately, the person may have ten positive experiences, then one bad experience. Is it fair? It may detour my actions. Possibly I will lose respect for the reviewer. It is incredible, the speed how negative info travels, affects negatively on a business.

Understanding Consumer Decision-Making

Customer engagement behavior (CEB). The analysis of the literature in Chapter 2 revealed how companies would benefit by concentrating on what motivates customers to contribute to CEB such as offering WOM personal referrals (Jaakkola & Alexander, 2014). Referral programs can yield significant results yet have minimal costs to the business (Castronovo & Huang, 2012; Moyes et al., 2012). Alternative health care industries rely on CEB such as personal referrals as the mainstay of current and future business (Bamiatzi & Kirchmaier, 2014; Gul, 2013; Libai et al., 2010). The current study confirmed the importance of CEB, as suggested in the peer-reviewed literature, and in the importance of CEB in consumers' decisions to make personal referrals. All four OPs in this study indicated that customer relations were vital and factored heavily as an informal referral strategy for their business. Also, all four OPs indicated that they used WOM as a simple strategy in their marketing mix.

Adding to existing knowledge in consumer decision-making. Weiss et al. (2008) suggested for more studies on the credibility of the information providers (including their trustworthiness and likeability), and whether the information provided by a marketer or a third-party information provider changes the value or in measuring the usefulness of the information. The current study identified contributing factors that motivated consumers to make referrals. The person's trustworthiness, credibility, and likability in the referrer as to whether one listened to another's advice were critical to the findings in this study. The current study results also indicated the lack of importance in formal advertisement sources, yet the importance of WOM personal referrals. Rather than

advertisement sources, the participants found their information mainly based from the strong relationship ties of trusted sources such as family, friends, and based on people who were similar (“like me”) or had similar interests. All sixteen participants in the study indicated that the most important source of information that helped persons make decisions and referrals was based on the trust in the referrer and personal need. When making significant decisions, the credibility and strong relationship ties of family and friends factored in the decision. The current study contributed to relevant knowledge on consumer decision-making and in personal referrals, and helped fill the gap in existing literature: ‘Trustworthiness’ in information providers, changes the value of the information.

Consumer decisions using WOM. Marketers use WOM activity type promotions because WOM is pivotal attribute consumers apply in the decision-making process (see Brown & Reingen, 1987; Litvin et al., 2008; O’Brien, 1971b). One of the focal points in the current study was identifying how WOM activities impact consumer decisions. The study results confirmed Litvin et al. (2008) findings that identified interpersonal influence (i.e., WOM) as “the most important information source when a customer is making a purchase decision” (p. 1); and also confirmed Brown and Reingen (1987) findings that the consumer is more influenced to act on sources of information when making a purchasing decision, from someone whom he or she has close ties with, such as a close friend. Furthermore, the findings in the current study confirmed O’Brien’s (1971b) suggestions of ranking WOM personal sources as the primary, direct influence on consumer decision-making. O’Brien suggested “commercial information (advertising)

has no direct influence on ultimate purchase for the product studied. Such influence begins solely with personal sources (word-of-mouth)” (p. 40).

Understanding Personal Referrals

WOM in marketing. Many studies have recognized personal referrals (in the form of WOM) as a “vital, influential force” (Han & Ryu, 2012, p. 96) in the marketplace. Chan et al. (2014) suggested that “WOM referrals are regarded as a critical marketing method for effectively obtaining new customers, establishing long-term relationships, and increasing customer value” (p. 893). “Word of mouth (WOM) has been advocated as the elusive missing link and as key [sic] indicator of customer-firm relationship strength” (Eisingerich et al., 2014, abstract). The current study findings confirmed the value of WOM personal referrals. Additionally, Richeins (as cited in Buttle, 1998) suggested that the higher the price, the more significant likelihood that WOM activity was the source of information generated. The current study also confirmed that most participants indicated that when making significant decisions they consulted strong-tied relationships, such as family and friends before making the decision. The findings in the current study also were transferable and confirmed Bamiatzi and Kirchmaier (2014) results that suggest SMEs prefer indirect marketing activities, such as personal relationships and WOM rather than advertising on the TV, radio or press.

However, Castronovo and Huang (2012) suggested that SMEs also benefit from WOM marketing practices because those type firms do not have the capital for generating traditional approaches to marketing. Although I do not question Castronovo and Huang’s research findings; perhaps another consideration why SMEs benefit from WOM

marketing practices could come from a different analogy: not because they do not have the capital, per say, but because SMEs understand the value of WOM personal referrals.

How persons find information. The findings in the current study confirmed the supported the relevant literature (Bamiatzi & Kirchmaier, 2014; Brown & Reingen, 1987; Gul, 2013; Libai et al., 2010; Litvin et al., 2008) that persons primarily find their information through trusted sources. Overwhelmingly, the 16 participants indicated that they found their information from trusted sources such as family, friends, coworkers, and those who were similar (like-minded people).

Who gives and receives personal referrals? Who gives and receives personal referrals has been an interesting topic for marketing management researchers (Delre et al., 2010). Although there were only two SMPs in the study, both employees offered referrals in their workplace which benefited the company. These results in the current study confirmed the Buttle (1998) research on employee contributions to make personal referrals in the workplace.

In Table 20, I identified current research on who gives or receives personal referrals. The current study confirmed how the participants based their decisions from feedback of persons with stronger and established relationships, such as family, friends, and persons with similar interests.

Table 20

Who Gives and Receives Personal Referrals

Researchers / authors:	Peer-reviewed literature on ‘who gives or receives referrals’
Carl (as cited in Barreto, 2014)	Suggested that more established relationships (i.e., best friends, friends, and relatives), have the highest percentage of interactions involving WOM activities (p. 645).
Brown & Reingen (1987)	Suggested that “who-told-whom-about-the-service paths of referral flow” (p. 351) indicated referrals generated from strong ties (e.g., close friends) were more likely to be activated for the circulation of information, versus referrals generated from persons with weak ties (e.g., acquaintances) in relationships.
Rogers & Bhowmik, (as cited in Asada & Ku, 2016)	Suggested that based on homophily (referred to as the ‘like me’ hypothesis), were individuals’ tendency to communicate with those who are similar. Specifically, how consumers relate to people who are more like them, and whom they most likely associated (p. 195)
Huang (as cited in Castronovo and Huang, 2012)	Suggested that consumers have “predispositional ties: preexisting similarities between the source and receiver in terms of their attitudes and interests” (p.118).
Sirakaya & Woodside, 2005	Suggested “Family and significant individuals are two important mediators of decisions” (p. 829).
(Askoy et al., 2011).	Suggested that a person will offer information and make WOM personal referrals to just about anyone if they feel they are helpful in some capacity to the other person.

Why do persons make or receive referrals? The findings of the current study are aligned with the current literature on why persons make referrals. (See Table 21.) Of the 16 participants, all either directly or indirectly, indicated that helpfulness was the main reason why they made personal referrals. The primary reasons the 16 participants were motivated to receive referrals were based on trust; a need; and other's personal experience or usage. These current study findings are also aligned with the current literature of the reason's persons were motivated to receive referrals. (See Table 21 below.)

Table 21

Why Do Persons Make Referrals?

Researchers / Authors:	Peer-reviewed Literature on 'Why Persons Offer Referrals'
Askoy et al., 2011 (p. 357).	The desire to help others; shared experiences of others and promotion of self-concept; and, product involvement
Li & Liu, 2014 (p. 1045).	People do WOM activities for satisfaction, loyalty and repurchase intentions, and "perceived usefulness."
Litvin et al., 2008, (p. 1)	Interpersonal influence (i.e., WOM) is ranked "the most important information source when a customer is making a purchase decision."
Barreto (2014).	Consumers also share information about common interests, and to learn about how to use a product and what kind of new products are in the market.
Ferguson & Paulin, (2010)	A consumer will make a personal recommendation about a professional service if he or she has perceived the business is helpful, empathetic, and reliable providers towards him or her.

However, this study disconfirms Kimmel (2013) research where he viewed that PWOM may be “oversold” (p. 291) promises. Kimmel further suggested that “WOM beliefs are aligned with unsubstantial opinion rather than research evidence” (p. 305) and that the disparity between common wisdom and empirical evidence is perhaps most evident regarding the antecedent factors believed to be most likely to drive WOM. An example Kimmel used was how most studies reviewed by the students and researcher participants in the study seemed to be prompted by customer satisfaction or dissatisfaction with a product, service, or company (p. 306). However, this research provided rich data based on the 16 participants perspectives and not that of my own. The research and interview questions were also reviewed and approved by my committee chair; second committee member, and Walden’s University’s Research Reviewer (URR) for appropriateness for the scope of this study (Walden’s IRB approval No. is 08-16-17-0154333). Neither were the participants prompted by customer satisfaction or dissatisfaction with a product, service, or company. Instead, the study findings were generated from responses from the participant’s general and overall perceptions on personal referrals (see Appendices B, C, & D) and not swayed in one direction or another for responses that would support a theory or concept. Also, there was not an incentive that would sway the participants perceptions.

Opinion leaders, influentials, and market mavens. In marketing management and decision sciences field, scholars (Buttle, 1998; Litvin et al., 2008; Haenlein & Libai, 2017; Sudbury-Riley, 2016) suggested those who make lots of referrals, have an impact on other’s decision-making processes, and are often referred to as opinion leaders,

influencers, or market mavens. No matter the title, some consumers have a more significant sphere of influence over others (Litvin et al., 2008, Sudbury-Riley, 2016.) The current study supported the notion how certain participants have a more significant sphere of influence over others when making personal referrals. Additionally, study results indicated that all four OPs; both SMPs; and at least four of the ten CPs fit into these influencing categories.

Credibility, loyalty, and trustworthiness. The current literature (Asada & Ku, 2016; Birnbaum & Stegner, 1979; Eisengerich et al., 2014; Han & Rye, 2012; Wirtz et al., 2013) suggests that attributes such as credibility, loyalty, and trustworthiness in a person, is the most critical aspect of obtaining reliable information, and from a trusted source. The current study findings supported and confirmed this notion. It is essential for consumers to be trusted and believed in (e.g., credibility) when giving or receiving WOM referrals. Wirtz et al. (2013) suggested that referral reward programs work because “recommendations from friends or relatives are perceived as impartial and trustworthy in analogy to what happens with word-of-mouth recommendations” (abstract, p. 82). The current study also confirmed current research on the importance of the element of trust: The 16 participants indicated that when they were in the decision-making process, the element of trust was the primary factor they considered before giving or receiving referrals.

Incentives for referrals. According to Birnbaum and Stegner (1979), and Frey (1997), consumers have negative perceptions when the giver of the referral gets financially compensated. Frey suggested economic incentives can even destroy a reader’s

actual interest in the content of online comments. Similarly, Birnbaum and Stegner (1979) suggested that there is a potential to compromise credibility when the receiver views the sender is to benefit from a third-party actor from the WOM process. In the current study, of the four OPs' perceptions of incentives for their businesses, AO1 and BO1 indicated that they did not offer incentives for referrals, and indicated further, that offering incentives for referrals were NN. CO1 offered an informal incentive, however the incentive package was a discounted package of services when three or six sessions were purchased in bulk and was not related to incentives when a client gave or received referrals. Of the four OPs, DO1 offered a formal incentive program for referrals. Furthermore, out of the 16 participants when asked to think as a consumer, the overall perceptions on receiving money for referrals varied from one end of the spectrum to the other: Five participants categorized receiving financial incentives as yes, "I Approve", three participants categorized as indifferent "It depends", five participants said, no "I do not like it", and two participants in the study suggested, no "Terrible!" The current study confirmed the hesitancy and questioning of potential ulterior motives when referrers receive compensation for referrals. The participants that were in favor of receiving incentives for referrals, were affiliated with the only business in the study that offered incentives for referrals. Conversely, the participants affiliated with the businesses that did not offer incentives for referrals, indicated they did not support the notion of receiving incentives for referrals.

The use of persuasion in personal referrals. Consumers may perceive that being influenced by another, crosses over to the perception of heavy persuasion (see

Asada & Ku, 2016). For example, opinion leaders have the power to drastically influence and persuade other consumers purchase decisions (Castronovo & Huang, 2012). In the current study, results were that there was a range of responses from negative, such as the comment that “strong persuasion may not have the best interest in the mind of the referred” to situational, such as the comment, “if it may help”; to positive such as “I will always take a friend’s advice”. One CP comment added to the existing body of knowledge of consumers’ thoughts about persuasion with referrals was as follows:

With very strong persuasion, if I don’t know the person making the referral I may feel the person is not reacting honestly with me; I would take the referral with a “grain of salt”. These (referrals) are not as valued as people who are loyal, like my family... I would listen to someone who I know and trust and has given me good advice in the past. It really does depend on the type of relationship you have with the person. (Speaking about her own persuasion) I care for people, so if someone asks for a referral, I would be glad to assist. For example, if someone is looking for a good doctor, I would share my opinion. (To reiterate) It is easy to share with a friend or family member. I use my relationship with people and how comfortable I am in that relationship as my guide as to whether or not I will listen or offer advice.

Limitations of the Study

One limitation was that the small sample size may have prevented me from obtaining relevant data with implications for larger populations. Further research is necessary to verify that this study’s findings would transfer to another population (see

Simon & Goes, 2013). Another limitation was that the selected participants might have had memory loss; therefore, the data may have been incomplete. The possibility also existed that participants were unwilling to share details of their success and may have held back information (see Emrich, 2015). There was also a limitation of time because “a study conducted over a certain interval of time is a snapshot dependent on conditions occurring during that time” (see Simon, 2011, p. 2).

Another limitation is the credibility and dependability of the study. That is, the “confidence in truth of the data and interpretations of them” (Kemperaj & Chavan, 2013, p. 89) may have been compromised. However, I conducted a code-recode procedure (i.e., recoding the same data and comparing the results throughout different times in the data analysis process) to establish data stability and dependability of the results.

The final limitation is any potential ethical issues that can surface specifically during the data collection process of qualitative research. However, I submitted multiple sources of documentation about ethical procedures to Walden’s Institutional Review Board (IRB) for their approval of the research; and to comply with all the ethical protections required in Walden’s criteria.

Recommendations

Recommendations for Future Research Based on Study Results

I recommend any future research that advances the knowledge of WOM activities about personal referrals. I recommend that each research subquestion in the current study be a future individual study, to advance the knowledge on the personal referral phenomenon. I recommend any future research on the effectiveness of social media

venues to generate personal referrals; future studies comparing the effectiveness of online to offline personal referral activities; and, future studies to identify the value of business website as a venue to generate personal referrals. I recommend to expand the current knowledge on the element of trust as it relates to personal referrals, and for studies addressing people of like minds regarding personal referrals, may support the current study findings. Research on financial compensation for personal referrals from a consumer's perspective, could help expand the transferability of the findings in the current study and for similar populations, or for different industries. , I recommend future studies of BBs impact on personal referrals; and, how, or if, BBs look to social media for personal referrals. BBs make up a good percentage of the consumer's population and have discretionary income. I also recommend studies about the perspective's BBs have on the use of persuasion when giving personal referrals.

Recommendations for Future Research Based on Limitations of This Study

Additionally, the sample size was small and may have prevented me from obtaining relevant data with implications and may not depict generalizations to a broader population. Hence, I recommend future studies using a larger pool of participants and more alternative health care businesses (AHCBS) or similar businesses be conducted to identify if the findings in the current study will transfer or generalize to future studies.

Additionally, I conducted the study with a population where the business owners perceived having successful personal referral strategies. However, results can be subjective as the participants' behavior in one researcher's study may (or may not) be indicative of behavior in similar populations or other entities (Simon & Goes, 2013).

Therefore, I recommend that similar studies be conducted to identify similar findings as the current study, to establish credibility and generalization.

Perhaps still, studies using different data gathering techniques such as a study that combines a survey and open-ended interview questions; or a study using a different qualitative design such as a phenomenology study to gain insight about the lived experiences of OPs and effective marketing strategies would add to the body of knowledge on the personal referral phenomenon.

The population in the current study was a niche' (i.e., four OPs of AHCBs, two SMPs and 10 CPs associated with the businesses) and may or may not have represented to other small business types. As a result, further research is necessary to verify that the current study would transfer and generalize to another population (Simon & Goes, 2013). Therefore, I recommend similar for more research with other populations that rely heavily on personal referrals and WOM as the mainstay of their business growth (i.e., the traveling, restaurant, and B&B industries). Other populations for future studies may also include SMEs, higher education, and nonprofits.

Future studies with similar results will also help to support the credibility and dependability of the current study. Based on the scope of this dissertation, I conducted this study in a narrow time-frame, and with limited resources. Future studies yielding more time to gather the data and more available resources could add to the validity of the data.

Recommendations for Practice

I call for future studies that identify, document, and measure the effectiveness of personal referral marketing strategies, and the motivating factors why consumers refer others to a business, service, or product. I recommend that businesses take a closer look in developing personal referral strategies based around how people find information about their business. I recommend that businesses also take a closer look at the effectiveness of social media for generating personal referrals. I also recommend that businesses leaders develop marketing strategies to record and track referrals, as tracking referrals were ranked second highest as an effective marketing strategy in this study. I recommend business leaders review the effectiveness of their monetary (or any other incentives) that they offer for referrals.

Finally, business leaders are wise to engage in recruiting influencers. Influentials obtain the power of persuasion, and are considered trusted sources of information, and having a broad sphere of influence. I recommend business leaders tailor marketing strategies that engage in customer relations with influentials. Additionally, since BBs make a significant percentage of the population that has discretionary income, marketers would benefit from any future research on BBs perspectives on personal referrals and use of persuasion when giving personal referrals.

Implications

Significance to Social Change

“Indeed, any factor that affects the social influence on individuals can be translated into insights on the effects of WOM program” – Haenlein & Libai (2017, p.

86). Findings of the current study were expected to impact social change at individual and organizational levels. The results may help individuals by providing a better understanding of the power of their voice as consumers. Consumers could also benefit financially and personally from WOM activity when hearing information from reliable, impartial, and trustworthy sources (e.g., family, friends, and individuals with similar interests). Consumers may also influence businesses with their customer engagement and shared opinions about a business, product, or service. Influentials are trusted sources of information who help move the economy through their referral activities regarding businesses, products, or services. The most substantial impact may be financial: For-profit and nonprofit organizations may benefit by reducing the costs of formal advertising. A better understanding of WOM may impact not only the marketing industry but all industries that rely on personal referrals for business growth (see Chan et al., 2014; Gul, 2013).

Significance to Theory

This study contributed to marketing management literature by adding to the existing body of consumer decision-making and marketing management research, and by identifying the motivating factors that lead people to refer others to a business, service, or product. Examining the marketing aspects and implications of successful referral programs provided a better understanding of the referral phenomenon (see Bamiatzi & Kirchmaier, 2014). This study may also impact marketing education by adding insights in marketing course curricula. This study also filled a gap in the literature where researchers called for more qualitative case studies to gain insight about identifying and measuring

personal referral marketing strategies and the motivation to make referrals, from consumer perspectives (see Haenlein & Libai, 2017). I added to the existing body of knowledge by suggesting three models: a WOM curriculum for higher education, a list of 13 marketing strategies for personal referrals, and personal referral concepts for potential future research.

Significance to Practice

The results of the current study provided contributions to the understanding of the WOM referral phenomenon and strategies that may be applied in SMEs, nonprofits, and the marketing industry. Results may be used to improve WOM programs and strategies that businesses develop or to modify existing strategies for better results. Findings also provided further insights into how WOM activities, such as personal referrals, are a vital source of how consumers communicate with each other. Other implications included a better understanding of customer referral activities, management strategies of customer interactions, and the motivating factors of why customers make personal referrals (see Henning-Thurau et al., 2010). The current study results also contributed to the understanding of the consumer decision-making process. Findings provided further insight into what strategies AHCBs can use to develop strong WOM referral programs. Business owners, SMEs, and nonprofits with limited marketing budgets may implement creative WOM marketing strategies to spread the word regarding their business, product, or service.

What I Learned Conducting This Study

Throughout this dissertation process, I developed stronger critical thinking skills; problem-solving, and cultural intelligence skills. I also provided likely study results and made an original contribution to existing knowledge on the personal referral phenomenon. First, I chose a population that I perceived, could best answer the research questions. AHCBs primarily depend on personal referrals as their mainstay to create awareness about their business and to add or maintain their current customer base. Secondly, through the four OPs perceptions on personal referrals, I identified thirteen marketing programs or strategies in their businesses marketing mix and ranked them on a 5-scale measurement: 1 = most effective, 2 = very effective, 3 = effective, 4 = less effective, and 5 = least effective strategies.

What was interesting to identify, was the exceptional value the OPs placed in personal referrals, as they understood the importance how personal referrals impacted their own business. The OPs in this study indicated that because their business depended on personal referrals, they placed extra value when they either gave or received referrals in their personal lives (even to the point of going out of their way to assist their clients, family, and friends, in offering a referral). The OPs also made it very evident of the necessity for good customer relations and that customer engagement was critical to develop a strong bond, trust, reliability, and credibility with their clientele.

Thirdly, there were some surprises in this study results. For example, how the majority of the OPs did not place much value on social media or having a business website as an effective marketing strategy. I also realized that each one of the RSQs in

this study could have been a dissertation topic within itself. However, to gather the data I was seeking, felt it essential to keep the study as is. Introspectively, I delved more in-depth with my thoughts about conducting this study; what I questioned about this study, and how and what I would change in this study (i.e., ask different interview questions). I also reflected on the need to implement WOM as a component in marketing management and consumer decision-making higher education curriculum.

Thoughts About Conducting This Study

Population and sample choice. The population chosen for this study was from an industry that primarily obtains clientele from personal referrals (i.e., AHCB). Additionally, I chose the population that could best answer the research questions (i.e., OPs that perceived having successful programs or strategies, and that ‘personal referrals’ were the primary source to maintain and establish new clientele). I knew that I would receive rich and meaningful data for this study. However, I question how the study results would compare to other populations such as SMEs and nonprofits.

Nonprofits as a future population sample. I identified thirteen marketing strategies and ranked them on a 5-point scale: the most effective strategies were ranked a 1, and the least effective, a 5. As a strategy, collaborations were ranked average, but how would the study results differ had the population been nonprofit organizations? My guesstimate is that nonprofits thrive and depend on collaborations with other nonprofits to support each other’s cause and clientele, so with nonprofit participants, I suggest collaborations would rank much higher as an effective strategy compared the participants

associated with AHCBs in this study. I question how management/directorship participants associated with nonprofits would rank collaborations as a marketing strategy.

Also, how important would nonprofit managers/directors view the use of social media; and in tracking their organization's clientele, as an effective marketing strategy? I question, how are the clients of nonprofits referred to the service? Additionally, do the clients refer others to the nonprofit; and if so, are the clients who refer others to the nonprofit, like them, and of like minds (i.e., homiphily), and what mode of information channels do clients hear from other potential clients? (i.e., measuring the effectiveness of all modes of communication from nonprofits to clients or from client to potential client). Also, how useful is an organization's website to create client awareness (or if they nonprofit even has a website)? Do the nonprofits have a clientele recording system and a tracking system?

"How did you find out about us?" would also be valuable information for nonprofits, mainly if they wanted to sustain or grow the organization or measure the effectivity of all modes of reaching new clientele. What about social media? Does the nonprofit have a Facebook presence or blog sources; a twitter account, or any other venues for their clientele to offer feedback?

If the current study is duplicated, using nonprofits instead of AHCBs, the criteria for staff and clientele of the nonprofits would not have to necessarily change (i.e., adults ages 18 years and older, and persons who make referrals). However, there may be ethical issues, such as exposing vulnerable populations; so, both the nonprofits and the

researcher would need to be mindful and follow all ethical guidelines to protect the participants associated with the nonprofits.

NWOM in nonprofits. Another strategy that I assume would rank higher as an effective strategy for the nonprofit population is where the management of nonprofits rank strategies to ward off NWOM as a more efficient strategy. Researchers indicated that nonprofits spend more on damage control and countermeasures to combat NWOM than they do for any positive marketing promotions. However, in this study, strategies to ward off NWON was ranked least useful, and not necessary to develop a plan for the businesses. Instead, customer relationships were an intricate part of the OPs marketing strategies, and that the OPs in this study handled any customer dissatisfaction, promptly. Hence, I am curious if this study results would transfer when asking the same interview questions to nonprofit management/directors, and to their staff members, and their clientele.

What I Question About the Study

I found it interesting that out of the 16 participants, all four OPs were women, the two SMPs were women, and 9 of the ten CPs in the study were women (meaning there was only one male CP in the study). However, I question, how the study results would differ if, in reverse, there were four OPs were male; two SMPs were male, and 9 of the ten CPs were male.

I also wondered how the data results would differ depending on the age of the participants. Three of the four OPs I guesstimate, were BBs, and one owner, I estimate as a Generation Xer. The Generation Xer OP was the only owner that used social media

(i.e., facebook account) and had a business website in her business marketing mix (even though, still indicating that WOM activities were the primary source for new clientele.) How would the result of the study have changed if different generation groups of business owners partook in the study? For example, if in reverse, three of the OPs were generation Xers, and one OP a BB? Also, I wondered how the data results would differ, in general, answering the question of the effectiveness of social media as a marketing strategy to make or receive referrals. Unfortunately, I did not consider asking the participants' age during the interview so that it would be difficult for transferability of the study results.

There may have been a flaw in my thinking that all business owners want to explore ways to increase profits, their customer base, and retain clients. Would I receive the same study results with a different population? How about if I'd receive the same results with a different industry that is dependent on personal referrals? (i.e., restaurant; travel industry; B&Bs). How about with other small businesses that have a storefront and get walk-in customers. What is the primary source those businesses add new customers or maintain new customers? What if I had a larger population for each of the participant categories (i.e., OPs, SMPs, and CPs)? Would the data have changed?

I was surprised by the responses of the three OPs and participant responses to NWOM. Perhaps it is society, where everyone questions the motivation behind a negative posting. I presented information that added to the NWOM literature on personal referrals. It would be exciting conduct more studies of NWOM when it comes to personal referrals

(because that was not the focal point of my study) and future research could not only advance the literature but could be of benefit to businesses and nonprofits.

How I Would Change the Study

Through the literature review, I realized that there was much call to action for future researchers to study all aspects of the personal referral phenomenon. This study could have been several dissertations, including, (a) identifying and documenting what business leaders (of any type business that rely on personal referrals as the mainstay to the business success) use as a marketing strategy; (b) measuring effective referral marketing strategies, and (c) motivating factors that lead clients and consumers to make referrals to that type business. However, I also felt it necessary to get the perspectives of personal referrals from the OPs, SMPs, and CPs (with each population potentially offering a different perspective) and to compare those insights. Additionally, the opportunity to get the perspective of the 16 participants ‘as a consumer’ and ‘not wearing the hat’ of an OP, SMP, or CP. Hence, I would not change anything from this initial study. (However, it would be interesting if conducting a similar type study, but with a different population, how the results of the study may change.)

Should I Have Asked Different Interview Questions (IQs)?

I reflected on if I should have reworded or asked different questions that would have enhanced the research data analysis. For example, if I should have (a) asked different warm-up questions, (b) asked the participants their ages, (c) asked the owner participants how long they owned their businesses, and, (d) considered how the question about social media needed rewording.

Introduction warm-up questions. I asked the CPs how they found out about the business they associated with the study. However, I did not think to ask if the participants were currently employed, “How did you hear about your place of employment?” Gathering this simple information would have potentially supported and confirmed current research how 80% of persons either heard or were referred to their positions through WOM. The information may have also supported and added to other study findings as to how the participants found their information.

Question about participant’s age. I did not think to ask the 16 participants in the study, what their age was. My guesstimate was that three of the four OPs were of the BB generation, and one OP, I guesstimate, was a Generation Xer. Also, the three OPs that I estimated were BBs, did not use social media in their practice; nor did they have a formal website for their business. However, the OP that I estimated was a Generation Xer did have a Facebook presence, and a website. If I had asked the OPs their ages, I might have been able to draw conclusions based on the participant’s age. For example, there may be a correlation between the age of the OP and the nonuse of social media or having a website for their business (i.e., perhaps less exposure to social media due to the generation gap). To add, in my data analysis, I ranked both the use of social media and a business website as a less effective marketing strategy (i.e., ranked 4 in the 1-5 scale) and I cannot confirm if age was a factor in the data results. Not gathering the ages of the participants also lessens opportunities for transferability with future and similar studies. Additionally, if researchers conduct a similar study with a similar population, but with

the ages of the owner OPs were reversed (i.e., three Generation Xers OPs and one BB OP), how would the OPs responses in the new study differ?

How long did the OPs own their businesses? The OPs of this study had established businesses, and although I did not think to ask how long they owned their businesses, all four OPs either directly or indirectly provided the information. Three of the OPs had well established businesses, and the youngest OP established her business over seven years ago. Knowing how long the owners had established businesses would have potentially offered a clearer picture of the data, and for future studies for transferability and generalizability. For example, how would the responses from an OP that had a well-established business, say, 20 years in service, versus the responses from an OP that has had his or her business for only three years differ? Bottom line, because I did not gather how long the OPs had their business posed limitations on the comparisons of future studies with similar ages the businesses were established, or to compare the study results with a different population.

Question about social media was not clearly defined. I also asked the participants IQs about the effectiveness of social media as it pertained to personal referrals. However, as I looked back at the data results, I did not frame the IQ clearly because most of the participants reflected about their general use of social media, and not explicitly related to the use of social media about personal referrals. However, asking probing questions may not have been necessary, as the use of social media was not the focal point of this study. Because there is little research about the use of social media as a

venue to give or receive personal referrals, additional studies will add to the current body of knowledge on social media.

What I Question About WOM Curriculum in Academia

It is essential to preparing future marketers. This study fills a gap in the current literature on the personal referral phenomenon, as there is little research examining and measuring successful marketing strategies and programs, or the motivating factors that lead persons to make referrals.

However, if WOM is so important and makes such a substantial impact in the economy, I beg to ask, “Has academia scholars developed curriculum that specifically offers WOM as a course, or as a concentration in a business degree, in higher education?” Humbly, my dissertation could efficiently serve as a WOM 101 beginners course outline. For example, I approached the Chapter 2 literature review in a systematic approach, starting with the historical marketing literature, to consumer decision-making, to personal referral literature. I titled the subheadings as, Understanding Referral Marketing; Understanding Consumer Decision-Making; and Understanding Personal Referrals. Then, when I reflected on Chapter 5 Interpretations of the Study Result section, I used the same subheadings as in Chapter 2, and took the same systematical and thorough approach in interpreting the findings to relevant literature, which helped me to not overlook any opportunities to confirm, disconfirm, or extend knowledge in the continuum of the research disciplines. The WOM courses could also be tailored to different industries. Bottom line, students in business management need direction; and guidance. I would love

that my current and future research about the personal referral phenomenon would be an inspiration to new and future leaders in WOM marketing.

There could be a phenomenological study on the value of experiential learning with higher education student internships in real-lived experiences business management curriculums that have a built-in component to WOM personal referrals.

Conclusions

Results of the current study indicated that participants perceived WOM personal referrals were an efficient nontraditional strategy to make or receive referrals, and they perceived referrals from impartial and trustworthy sources as the most valued information. Findings may be used to enhance business owners' understanding of the value of personal referrals in their marketing mix, and of the motivation for customers to make referrals. WOM personal referrals may be used as a marketing strategy to increase sales and lower costs of formal advertising, which may contribute to the growth of the business.

A thought that has carried me through, during this entire dissertation process, is that there is power in the spoken word. Communication, in one way or another, is a form of WOM activity. WOM activities may be the best form of communication channels to spread the word when referring others to a business, product or service. Keller and Fay (2012) suggested that "more than 90% of the conversation about products, services, and brands that take place everyday [sic] in America happen offline" (Introduction, xii). As a marketer, I am passionate about the personal referral phenomenon and want other

marketers and industry leaders to understand, embrace, and engage in the value of customer engagement behavior, through WOM communication venues.

Researchers have called for more qualitative case studies to gain insight about identifying and measuring personal referral marketing strategies, and the motivation to give referrals, from the participants' perspective (Gul, 2013; Haenlein & Libai, 2017; Moyes et al., 2012). "The most successful businesses in the future will be the ones that embrace a model that puts people – rather than technology- at the center of products, campaigns, and market strategies" (Keller & Fay, 2012, Introduction, xiv). I intend to make a difference and contribute to the knowledge of the personal referral phenomenon. The following models are original contributions and help fill a gap and need for more literature to advance the knowledge on personal referrals. The models also provide practical and educational implications based on industry leaders' perceptions on the effectiveness of WOM marketing strategies. The first model: WOM and Personal Referrals Curriculum Model, is an example of a systematic and logical review of the current literature and evolution of research, starting with referral marketing literature; to consumer decision-making literature, to the literature on the personal referral phenomenon, and a list of suggestive subheadings for those curriculum chapters. (See Figure 1 below).

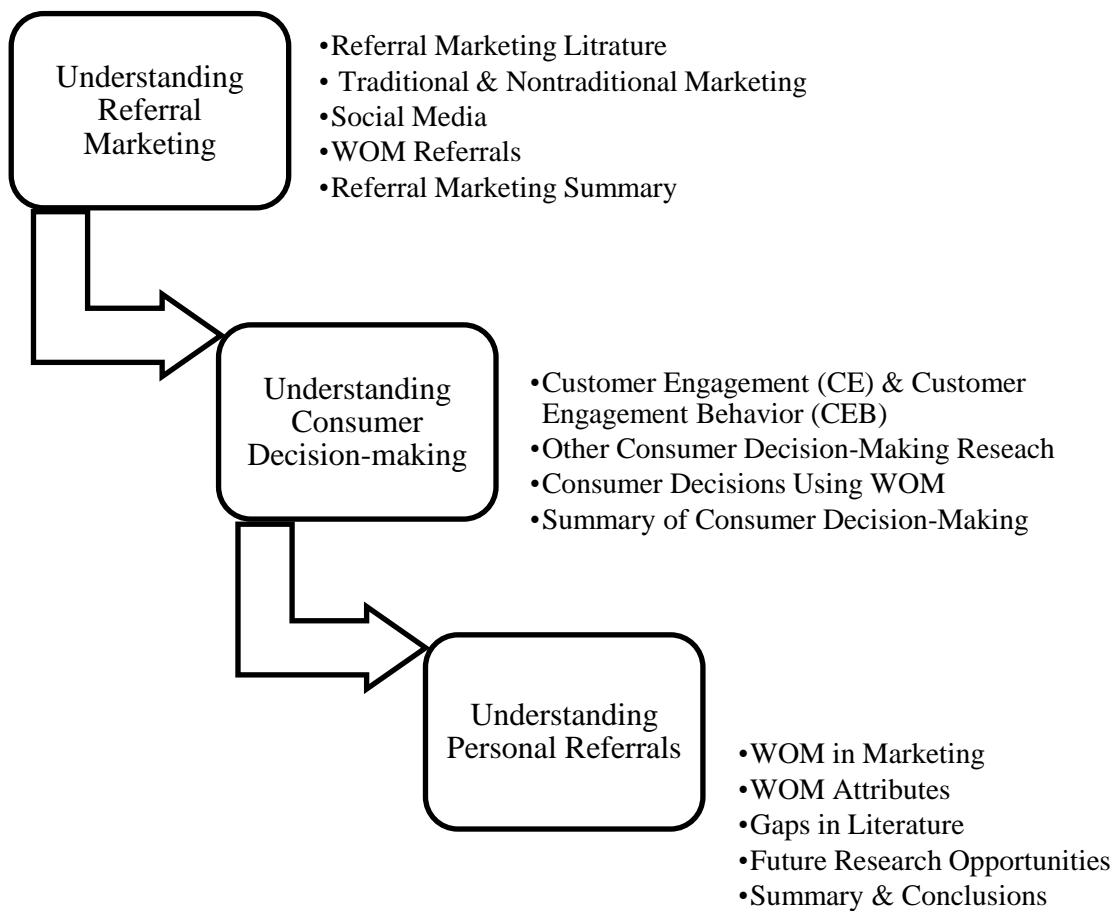


Figure 1. WOM and personal referrals curriculum model.

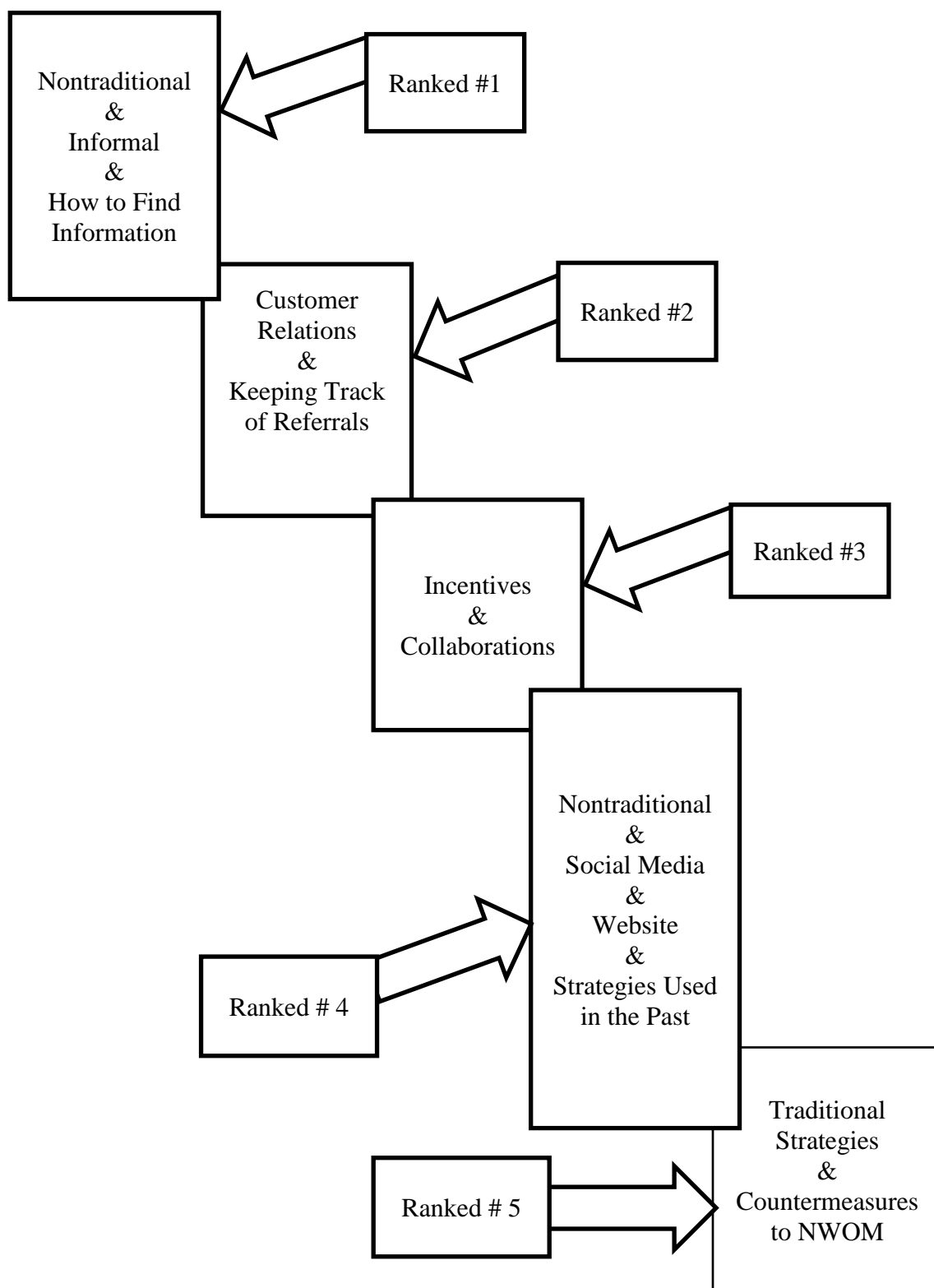


Figure 2. Thirteen marketing strategies for personal referrals model.

The second model: Thirteen Marketing Strategies for Personal Referrals Model, is based on industry leaders (i.e., the four OPs of alternative health care professions) perceptions of marketing programs and strategies, and were ranked by the most effective (i.e., ranked 1) to least effective (i.e., ranked 5) marketing strategies for generating personal referrals. (See Figure 2.) Note that of the major findings listed in the model above (and based on the four OPs perceptions that partook in this study), include (a) WOM as nontraditional and informal venues, and how clients find information about their business, were the most effective means to either give or receive personal referrals; (b) customer relations, and how businesses keep track of referrals, were the second most efficient marketing strategies; (c) collaboration (such as the community initiatives and other businesses), and offering financial incentives for referrals were ranked average; (d) formal strategies; social media venues, having a business website, and strategies used in the past, were ranked less than average as a marketing strategy; and, e) traditional marketing venues and counter measures to NWOM were considered the least effective marketing strategies on personal referrals. It was also found that all sixteen participants in this study placed added value in the referral, when it was offered from trusted and reliable sources such as family, friends, loved ones, and persons who are similar (i.e. like me).

The Thirteen Marketing Strategies for Personal Referrals Model can be used as a starting point and guideline to identifying programs and strategies in the business arena, and as a measurement tool for ranking comparisons on the effectiveness of those strategies. Other businesses that rely heavily on personal referrals as the mainstay of the business (i.e., restaurants, hotels, and traveling industries) may have interest in applying

the thirteen strategies in their marketing mix. Populations such as SMEs and nonprofits, where industry leaders are interested in measuring the effectiveness of marketing strategies and in tweaking referral programs and strategies for the most efficiency based on customer engagement and meeting the customer's need, may also benefit using this model as a guide or starting point.

Finally, I offer a Personal Referrals Concepts Model based on concepts that emerged from the data of this study and that helped to frame this study results around the personal referral phenomenon. Within the list of these concepts, yields ample opportunities for ambitious scholars and future researchers to discover and explore deeper understanding about WOM and the personal referral phenomenon.

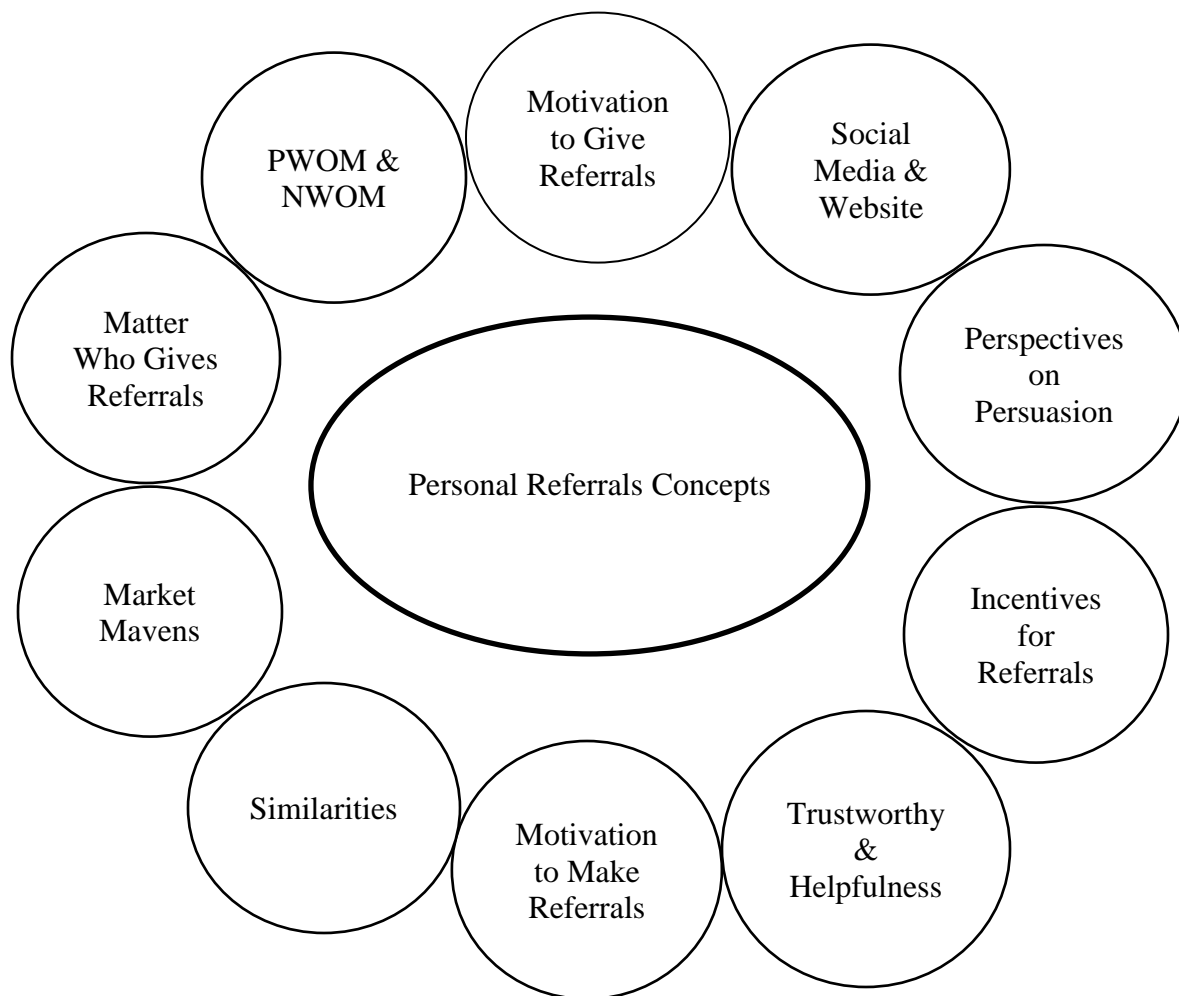


Figure 3. Personal referrals concepts model.

Silverman (2001) suggested, “Isn’t it amazing how marketers are overlooking the obvious? WOM is far and away the dominant force in the marketplace. It is also the most neglected” (p. 23). I agree. The rave is about businesses scrambling to implement the latest social media venues to get the word out about their business, product or service. It is as if the whole world is jumping on the bandwagon with social media, and I, as a marketer, am just waiting for the ‘dust to settle.’

More importantly, adding to the body of research that supports the power of the consumer's voice goes far beyond the more profound understanding of the personal referral phenomenon: Campaigns in any capacity, and for whatever purpose, may advance, using WOM activity from trusted and reliable sources. Yes, it would be wise that SMEs, nonprofits, and consumers alike, realize the power of the consumer's voice. When the primary means to receive information is through WOM: The only 'magic bullet' in making or receiving personal referrals, is through good 'ole conversation.

References

- Amir, O., & Levav, J. (2008). Choice construction versus preference construction: The instability of preferences learned in context. *Journal of Marketing Research*, 45(2), 145-158. doi:10.1509/jmkr.45.2.145
- Arndt, J. (1967). Role of product-related conversations in the diffusion of a new product. *Journal of Marketing Research*, 4(3), 291-295. doi:2307/314962
- Asada, A., & Ko, Y. J. (2016). Determinants of word-of-mouth influence in sport viewership. *Journal of Sport Management*, 30(2), 192-206. doi:10.1123/jsm.2015-0332
- Askoy, L., Buoye, A., Cooil, B., Keiningham, T. L., Paul, D. & Volinsky, C. (2011). Can we talk? The impact of willingness to recommend on a new-to-market service brand extension within a social network. *Journal of Service Research*, 000(00), 1-17. doi:10.1177/1094670511404392
- Bamiatzi, V. C., & Kirchmaier, T. (2014). Strategies for superior performance under adverse conditions: A focus on small and medium-sized high-growth firms. *International Small Business Journal*, 32(3), 259-284. doi:10.1177/0266242612459534
- Barreto, A. (2014). The word-of-mouth phenomenon in the social media era. *International Journal of Market Research*, 56(5), 631-654. doi:10.2501/IJMR-2014-43
- Baskarada, S. (2014). Qualitative case study guidelines. *Qualitative Report*, 19(40), 1-25. Retrieved from <http://nsuworks.nova.edu/tqr/vol19/iss40/3>

- Berezin, M. (2014). How do we know what we mean? Epistemological dilemmas in cultural sociology. *Qualitative Sociology*, 37, 141-151. doi:10.1007/s11133-014-927-x
- Birnbaum, M. H., & Stegner, S. E. (1979). Source credibility in social judgment: Bias, expertise, and the judge's point of view. *Journal of Personality and Social Psychology*, 37(1), 48. Retrieved from www.apa.org/pubs/journals/psp/
- Brodie, R. J., Ilic, A., Juric, B., & Hollebeek, L. (2013). Consumer engagement in a virtual brand community: An exploratory analysis. *Journal Of Business Research*, 66(1), 105-114. doi:10.1016/j.jbusres.2011.07.029
- Brooke, Z. (2016, July). How Pokemon go is disrupting marketing as we know it. *Marketing News Weekly*. Retrieved July 19, 2016, from <https://www.ama.org/publications/eNewsletters/Marketing-News-Weekly/Pages/pokemon-go-disrupting-marketing.aspx>
- Brown, J. J., & Reingen, P. H. (1987). Social ties and word-of-mouth referral behavior. *Journal of Consumer Research*, 14(3), 350-362. doi:10.1086/209118
- Buttle, F. A. (1998). Word of mouth: Understanding and managing referral marketing. *Journal of Strategic Marketing*, 6(3), 241-254. doi:10.1080/096525498346658
- Cabrera, S. A., & Williams, C. L. (2014). Consuming for the social good: Marketing, consumer citizenship, and the possibilities of ethical consumption. *Critical Sociology*, 40(3), 349-367. doi:10.1177/0896920512458599

- Carl, W. J. (2006). What's all the buzz about? Everyday communication and the relational basis of word-of-mouth and buzz marketing practices. *Management Communication Quarterly*, 19(4), 601–634. doi:10.1177/0893318905284763
- Carlson, J. A. (2010). Avoiding traps in member checking. *Qualitative Report*, 15(5), 1102-1113. Retrieved from <http://www.nova.edu/ssss/QR/QR15-5/carlson.pdf>
- Casella, A., & Hanaki, N. (2006). Why personal ties cannot be bought. *American Economic Review*, 96(2), 261-264. Retrieved from www.jstor.com
- Castronovo, C., & Huang, L. (2012). Social media in alternative marketing communication model. *Journal of Marketing Development and Competitiveness*, 6(1), p. 117-134. Retrieved from www.na-businesspress.com/jmdcopen.html
- Chan, S. T. H., Lin, T. M. Y., & Bodhi, P. (2014). Exploring the persuasive effect of member-get-member referral programs. *Social Behavior and Personality: An International Journal*, 42(6), 891-902. doi:10.2224/sbp.2014.42.6.891
- Constantinides, E., & Stagno, M. C. Z. (2011). Potential of the social media instruments of higher education marketing: A segmentation study. *Journal of Marketing for Higher Education*, 21(1), 7-24. doi:1080/08841241.2011.573593
- Crawford, A., Deale, C. S., & Merritt, R (2013). Taking the pulse of the B & B industry: An assessment of current marketing practices. *Tourism and Hospitality Research*, 13(3), 125-139. doi:10.1177/1467358414522054
- Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oakes, CA: Sage.

- Delre, S. A., Jager, W., Bijmolt, T. H. A., & Janssen, M. A. (2010). Will it spread or not? The effects of social influences and network topology on innovation diffusion. *Journal of Product Innovation Management*, 27(2), 267-282. doi:10.1111/j.1540-5885.2010.00714.x
- Dobele, A. R., & Ward, T. (2003, December). Enhancing word-of-mouth referrals. In ANZMAC 2003 *Conference Proceedings, Central Queensland University, Adelaide*. pp. 1-8.
- Eisingerich, A. B., Auh, S., & Merlo, O. (2014). Acta non verba? The role of customer participation and word of mouth in the relationship between service firms' customer satisfaction and sales performance. *Journal of Service Research*, 17(1), 40-53. doi:10.1177/1094670513490836
- Emrich, K. (2015). *Profitability and the financial strategies of women-owned small businesses* (Doctoral dissertation). Retrieved from ProQuest LLC. (UMI 3680364)
- Ferguson, R. J., & Paulin, M. (2010). Customer sociability and the total service experience: Antecedents of positive word-of-mouth intentions. *Journal of Service Management*, 21(1), 25-44. doi:10.1108/09564231011025100
- File, K. M., Cermak, D. S., & Prince, R. A. (1994). Word-of-mouth effects in professional services buyer behavior. *Services Industries Journal*, 14(3), 301-314. doi:10.1080/02642069400000035
- Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences*. New York, NY: Worth Publishers.

- Frels, R. K., & Onwuegbuzie, A. J. (2013). Administering quantitative instruments with qualitative interviews: A mixed research approach. *Journal of Counseling & Development, 91*, 184-194. doi:10.1002/j.1556-6676.2013.00085.x
- Frey, B. S. (1997). *Not just for the money. An economic theory of personal motivation*. Cheltenham, UK: Edward Elgar
- Garnefeld, I., Helm, S., & Eggert, A. (2010). Walk your talk: An experimental investigation of the relationship between word of mouth and communicator's loyalty. *Journal of Service Research, 14*(1), 93-107.
doi:10.1177/1094670510384981
- Gawel, J. E. (1997). Herzberg's theory of motivation and Maslow's hierarchy of needs. *Practical Assessment, Research & Evaluation, 5*(11), 1-3. Retrieved from pareonline.net
- Gill, M. J. (2014). The possibilities of phenomenology for organizational research. *Organizational Research Methods, 17*(2), 118-137.
doi:10.1177/1094428113518348
- Glaser, B. G. (2012). Constructivist grounded theory? *Grounded Theory Review, 11*(1), 28-38. Retrieved from groundedtheoryreview.com
- Gomez-Mejia, L. R., Balkin, D. B., & Cardy, R. L. (2005). *Management: People, performance, change* (2nd ed.). New York, NY: McGraw-Hill Irwin.
- Grawatsch, M. (2016, November 11). What is an employee referral program? *Firstbird*. Retrieved January 14, 2017, from <https://www.firstbird.com/magazine/employee-referral-program>

- Gul, M. (2013). Book review: The hidden wealth of customers: Realizing the untapped value of your most important asset. *Global Business Review, 14*(4), 743-750. doi:10.1177/0972150913501594
- Haenlein, M., & Libai, B. (2017). Seeding, referral, and recommendation: Creating profitable word-of-mouth programs. *California Management Review, 59*(2), 68-91. doi:10.1177/0008125617697943
- Hall, J. R. (2014). Methodologies, the lifeworld, and institutions in cultural sociology. *Qualitative Sociology, 37*, 243-253. doi:10.1007/s11133-014-9275-y
- Han, H., & Ryu, K. (2012). Key factors driving customers' word-of-mouth intentions in full-service restaurants: The moderating role of switching costs. *Cornell Hospitality Quarterly, 53*(2), 96-109. doi:10.1177/1938965511433599
- Harper, M., & Cole, P. (2012). Member checking: Can benefits be gained similar to group therapy? *The Qualitative Report, 17*(2), 510-517. Retrieved from www.tqr.nova.edu
- Henning-Thurau, T., Malthouse, E. C., Friege, C., Gensler, S., Lobschat, L., Rangaswamy, A., & Skiera, B. (2010). The impact of new media on consumer relationships. *Journal of Service Research, 13*(3), 311-330. doi:10.1177/1094670510375460
- Hood, R. (2015). Combining phenomenological and critical methodologies in qualitative research. *Qualitative Social Work, 1*-15. doi:10.1177/1473325015586248
- Huang, L. (2010). Social contagion effects in experiential information exchange on bulletin board systems. *Journal of Marketing Management, 26* (3-4), 197-212. doi:10.1080/0267257100359/1770

- Jaakkola, E., & Alexander, M. (2014). The role of customer engagement behavior in value co-creation: A service system perspective. *Journal of Service Research, 17*(3), 247-261. doi:10.1177/1094670514529187
- Janesick, V. J. (2011). *“Stretching” Exercises for qualitative researchers* (3rd ed.). Thousand Oaks, CA: Sage.
- Kautz, H., Selman, B., & Shah, M. (1997). Referral web: Combining social networks and collaborative filtering. *Communication of the ACM, 40*(3), 63-65.
doi:10.1145/245108.245123
- Keller, E., & Fay, B. (2012). *The face-to-face book: Why real relationships rule in a digital marketplace*. Free Press, New York, NY.
- Kemparaj, U, & Chavan, S. (2013). Qualitative research: A brief description. *Indian Journal of Medical Sciences, 67*(3), 89-98. doi:10.4013/0019-5359.121127
- Kidwell, B., Hardesty, D. M., Murtha, B. R., & Sheng, S. (2011). Emotional intelligence in marketing exchanges. *Journal of Marketing, 75*(1), 78-95.
doi:10.1509/jmkg.75.1.78
- Kidwell, B., Hardesty, D. M., & Childers, T. L. (2008a). Consumer emotional intelligence: Conceptualization, measurement, and the prediction of consumer decision making. *Journal of Consumer Research, 35*(1), 154-166.
doi:10.1086/524417
- Kidwell, B., Hardesty, D. M., & Childers, T. L. (2008b). Emotional calibration effects on consumer choice. *Journal of Consumer Research, 35*(4), 611-621.
doi:10.1086/591107

Kidwell, B., & Jewell, R. D. (2003). An examination of perceived behavioral control:

Internal and external influences on intention. *Psychology & Marketing*, 20(7), 625-642. doi:10.1002/mar.10089

Kidwell, B., & Jewell, R. D. (2008). The influence of past behavior on behavioral intent:

An information-processing explanation. *Psychology & Marketing*, 25(12), 1151-1166. doi:10.1002/mar.20258

Kimmel, A. J. (2013). Beliefs about word of mouth among business students and

practitioners. *Journal of Customer Behavior*, 12(4), 291-313.

doi:10.1362/147539213X13875568505787

Kirby, J., & Marsden, P. (Eds.). (2006). *Connected marketing the viral, buzz, and word of*

mouth revolution. Jordin Hill, Oxford: Butterworth-Heinmann

Kliendorfer, P. R., Kunreuther, H., & Shoemaker, P. J. H. (1998). *Decision sciences: An*

integrative perspective. Cambridge CB2 IRP, UK: Cambridge University Press

Knight-Lynn, L. (nd). Video presented on Walden University Website, MN. *Week 1-*

Preparing for qualitative research. [Transcript]. Retrieved from

https://class.waldenu.edu/webapps/portal/frameset.jsp?tab_tab_group_id=_2_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D_4079737_1%26url%3D

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The*

American Journal of Occupational Therapy, 45(3), 214-222.

doi:10.5014/ajot45.3.214

- Kreitner, R., & Kinicki, A. (2007). *Organizational behavior* (6th ed.). New York, NY: McGraw-Hill/Irwin
- Kumar, V., Aksoy, L., Donkers, B., Venkatesan, R., Wiesel, T., & Tillmanns, S. (2010). Undervalued or overvalued customers: Capturing total customer engagement value. *Journal of Service Research*, *13*(3), 297-310.
doi:10.1177/1094670510375602
- Kumar, V., Petersen, J. A., & Leone, R. P. (2010). Driving profitability by encouraging customer referrals: Who, when, and how. *Journal of Marketing*, *74*(5), 1-17.
doi:10.1509/jmkg.74.5.1
- Laudon, K. C., & Laudon, J. P. (2006). *Management information systems: Managing the digital firm* (9th ed.). Englewood Cliffs, NJ: Pearson Prentice Hall.
- Lawrence, J., & Tar, U. (2013). The use of grounded theory techniques as a practical tool for qualitative data collection and analysis. *Electronic Journal of Business Research Methods*, *11*(1), 29-40. Retrieved from www.ejbrm.com
- Li, H., & Liu, Y. (2014). Understanding post-adoption behaviors of e-service users in the context of online travel services. *Information & Management*, *51*(8), 1043-1052.
doi:10.1016/j.im.2014.07.004
- Libai, B., Bolton, R., Bugel, M. S., Ruyter, K. D., Gotz, O., Risselada, H., & Stephen, A. T. (2010). Customer-to-customer interactions: Broadening the scope of word of mouth research. *Journal of Service Research*, *13*(3), 267-282.
doi:10.1177/1094670510375600

- Litvin, S. W., Goldsmith, R. E., & Pan, B. (2008). Electronic word-of-mouth in hospitality and tourism management. *Tourism Management, 29*(3), 458-468.
doi:10.1016/j.tourman.2007.05.011
- Litvin, S. W., Goldsmith, R. E., & Pan, B. (2018). A retrospective view of electronic word-of-mouth in hospitality and tourism management, *International Journal of Contemporary Hospitality Management, 30*(1), 313-325. doi.org/10.1108/IJCHM-08-2016-0461
- Lopez, M., & Sicilia, M. (2013). How WOM marketing contributes to new product adoption Testing competitive communication strategies. *European Journal Of Marketing, 47*(7), 1089-1114. doi:10.1108/03090561311324228
- Lu, X., Ba, S., Huang, L., Feng, Y. (2013). Promotional marketing or word-of-mouth? Evidence from online restaurant reviews. *Information Systems Research, 24*(3), 596-612. doi:10.1287/isre.1120.0454
- Maimaran, M., & Simonson, I. (2011). Multiple routes to self-versus other-expression in consumer choice. *Journal of Marketing Research, 48*(4), 755-766.
doi:10.1509/jmkr.48.4.755
- Marsden, P. (Ed.) (2006). [Introduction]. In Kirby, J. & Marsden, P. (2006). *Connected marketing the viral, buzz, and word of mouth revolution*. (pp. xv-xxxiv). Jordin Hill, Oxford: Butterworth-Heinmann
- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks, CA: Sage.

- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed). Thousand Oakes, CA: Sage.
- Merriam, S. (2002). *Qualitative research and practice*. San Francisco, CA: Jossey-Bass.
- Merz, M. A., He, Y., & Vargo, S. L. (2009). The evolving brand logic: A service-dominant logic perspective. *J of the Acad. Mark. Sci.*, 37(3), 328-344.
doi:10.1007/s11747-009-0143-3
- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage
- Mitchell, R. (2015a, June 21). How to be fully engaged in referral marketing [Web log post]. Retrieved from <http://robertallenmitchellsr.com/how-to-be-fully-engaged-in-referral-marketing/>
- Mitchell, R. (2015b, June 21). Pitfall to referral marketing [Web log post]. Retrieved from <http://robertallenmitchellsr.com/pitfall-to-referral-marketing/>
- Mkansi, M., Acheampong, E. A. (2012). Research philosophy debates and classification: Students' dilemma. *Electronic Journal of Business Research Methods*, 10(2), 132-140. Retrieved from www.ejbrm.com
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.
doi:10.1037/0022-0167.52.2.250
- Moyes, D., Whittam, G., & Ferri, P. (2012). A conceptualisation of the relationship capital of rural small business firms. *Local Economy*, 27(2), 136-151.
doi:10.1177/0269094211428867

- Myers, C. (2013, January 14). Definition of grassroots marketing. *Houston Chronicle*. Retrieved October 26, 2015 from <http://smallbusiness.chron.com/definition-grassroots-marketing-23210.html>
- Myers, S. D., Royne, M. B., & Deitz, G. D. (2011). Direct-to-consumer advertising: Exposure, behavior, and policy implications. *Journal of Public Policy & Marketing*, 30(1), 110-118. doi:10.1509/jppm.30.1.110
- Nielsen (2013). Under the influence: Consumer trust in advertising. *2013 Nielsen Global Survey of Trust in Advertising*. Retrieved December 28, 2015 from <http://www.nielsen.com/us/en/insights/news/2013/under-the-influence-consumer-trust-in-advertising.html>
- O'Brien, T. (1971a). Stages of consumer decision making. *Journal of Marketing Research (JMR)*, 8(3), 283-289. doi:10.2307/3149564
- O'Brien, T. V. (1971b). Tracking consumer decision making. *Journal of Marketing*, 35(1), 34-40. doi:10.2307/1250561
- O'Brien, T. V. (1977). Information handling in consumer decisions. *Journal of the Academy of Marketing Science*, 5(3), 229-232. doi:10.1007/BF02729506
- Patton, M. Q. (2002). *Qualitative research & evaluation methods*. Thousand Oakes, CA: Sage
- Ostrom, A., Bitner, M. J., Brown, S. W., Burkhard, K. A., Goul, M., Smith-Daniels, V., Demirkan, H., & Rabinovich, E. (2010). Moving forward and making a difference: Research priorities for the science of service. *Journal of Service Research*, 13(1), 4-36. doi:10.1177/1094670509357611

- Pompitakpan, C. (2004). The persuasiveness of source credibility: A critical review of five decades' evidence. *Journal of Applied Social Psychology, 34*, 243-281.
doi:10.1111/j.1559-1816.2004.tb02547.x
- Porter, M. E. (1974). Consumer behavior, retailer power and market performance in consumer goods industries. *Review of Economics & Statistics, 56*(4), 419-436.
doi:10.2307/1924458
- Porter, M. E. (1991). Towards a dynamic theory of strategy. *Strategic Management Journal, 12*(52), 95-117. doi:10.1002/smj.4250121008
- Randolph, J. J. (2009). A guide to writing the dissertation literature review. *Practical Assessment, Research & Evaluation, 14*(13), 1-13. Retrieved from www.pareonline.net/
- Reynolds, P. D. (2007). *Primer in theory construction: An A&B classics edition*. Boston, MA: Paul Davidson Reynolds and Pearson Education, Inc.
- Ring, A., Tkaczynski, A., & Dolnicar, S. (2014). Word-of-mouth segments: Online, offline, visual or verbal? *Journal of Travel Research, 1-12*.
doi:10.1177/0047287514563165
- Rogers, E. M., & Bhowmik, D. K. (1970). Homophily-heterophily: Relational concepts for communication research. *Public Opinion Quarterly, 34*(4), 523-538.
doi:10.1086/267838
- Sarensen, H. T., Sabroe, S., & Olsen, J. (1996). A framework for evaluation of secondary data sources for epidemiological research. *International Journal of Epidemiology, 25*(2), 435-442. doi:10.1093/ije/25.2.435

- Schreffler, M. B., & Ross, S. D. (2013). The word-of-mouth phenomenon: Its presence and impact in a sport setting. *International Journal of Sport Communication*, 6(1), 1-18. doi:10.1123/ijsc.6.1.1
- Schrift, R. Y., Netzer, O., & Kivetz, R. (2011). Complicating Choice. *Journal of Marketing Research*, 48(2), 308-326. doi:10.1509/jmkr.48.2.308
- Silverman, G. (2001), *Secrets of Word-of-Mouth Marketing*, AMACOM Books, New York, NY
- Simon, M. K. (n.d.). Paradigm Assumptions. Dissertation Recipes Web. Retrieved from <http://dissertationrecipes.com/wp-content/uploads/2011/04/Paradigm-Assumptions.pdf>
- Simon, M. K. (2011). Assumptions, limitations and delimitations. [Online excerpt from dissertation guide: Dissertation and scholarly research: Recipes for success (2011 Ed.). Seattle, WA. Dissertation Success, LLC]. Dissertation Recipes Website. Retrieved from <http://dissertationrecipes.com>
- Simon, M. K., & Goes, J. (2013). Assumptions, Limitations, Delimitations, and Scope of the Study [Online excerpt from dissertation guide: Dissertation and scholarly research: Recipes for success. Seattle, WA: Dissertation Success LLC]. Retrieved from <http://www.dissertationrecipes.com/wp-content/uploads/2011/04/Assumptions-Limitations-Delimitations-and-Scope-of-the-Study.pdf>
- Singleton, R., Straits, B., Straits, M., & McAllister, R. (1988). *Approaches to social research*. New York, NY: Oxford University.

- Sirakaya, E., & Woodside, A. G. (2005). Building and testing theories of decision making by travellers. *Tourism Management*, 26(6), 815-832.
doi:10.1016/j.tourman.2004.05.004
- Stake, R. E. (1995). *The art of case study*. Thousand Oakes, CA: Sage
- Sudbury-Riley, L. (2016). Baby boomer market maven in the United Kingdom: An experienced diffuser of marketplace information. *Journal of Marketing Management*, 32(7-8), 716-749. doi:10.1080/0267257X.2015.1129985
- Svatosova, V. (2013). Motivation of online buyer behavior. *Journal of Competitiveness*, 5(3), 14-30. doi:10.7441/joc.2013.03.02
- Tanner, J. F., Jr. (1996). Buyer perceptions of the purchase process and its effects on customer satisfaction. *Industrial Marketing Management* 25(2), 125–33.
doi:10.1016/0019-8501(95)00071-2
- Thorne, D. M., Ferrell, O. C., & Ferrell, L. (2005). *Business and society: A strategic approach to social responsibility* (2nd ed.). Boston, MA: Houghton Mifflin Company.
- Trusov, M., Bucklin, R. E., & Pauwels, K. (2009). Effects of word-of-mouth versus traditional marketing: Findings from an internet social networking site. *Journal of Marketing*, 73(5), 90-102. doi:10.1509/10.1509/jmkg.73.5.90
- Turner, T., & Shockley, J. (2014). Creating shopper value: Co-creation roles, in-store self-service technology use, and value differentiation. *Journal of Promotion Management*, 20(3), 311-327. doi:10.1080/10496491.2014.885480

- Utz, S., Kerkhof, P., & Van Den Boss, J. (2012). Consumers rule: How consumers reviews influence perceived trustworthiness of online stores. *Electronic Commerce Research and Applications, 11*(1), 49-58. doi: 10.1016/j.elera.2011.07.010
- Van Doorn, J. (2011). Customer engagement: Essence, dimensionality, and boundaries. *Journal of Service Research, 14*(3), 280-282. doi:10.1177/109467051141485
- Venkatesh, V., Brown, S., & Bala, H. (2013). Bridging the qualitative-quantitative divide: Guidelines for conducting mixed methods research in information systems. *MIS Quarterly, 37*(1), 21-54. Retrieved from www.misg.org/
- Wahyuni, D. (2012). The research design maze: Understanding paradigms, cases, methods and methodologies. *Journal of Applied Management Accounting Research, 10*(1), 69-80. Retrieved from www.ssrn.com
- Warren-Findlow, J. (2013). Qualitative research in JG:SS—"I'll take a side of coleslaw with that." *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 1-2*. doi:10.1093/geronb/gbt017.
- Webster, J., & Watson, R. (2002). Analyzing the past to prepare for the future: Writing a literature review. *Management Information Systems Quarterly, 26*(2), Xiii-Xxiii. Retrieved from <http://www.jstor.org/stable/4132319>
- Weiss, A. M., Lurie, N. H., & MacInnis, D. J. (2008). Listening to strangers: Whose responses are valuable, how valuable are they, and why? *Journal of Marketing Research, 45*(4), 425-436. doi:10.1509/jmkr.45.4.425

- Wentzel, D., Tomczak, T., & Henkel S. (2014). Can friends also become customers? The impact of employee referral programs on referral likelihood. *Journal of Service Research, 17*(2), 119-133. doi:10.1177/1094467051358271
- Wheelen, T. L., & Hunger, J. D. (2006). *Strategic management and business policy* (10th ed.). Pearson Prentice Hall
- White, C., & Plotnick, L. (2010). A framework to identify best practices: Social media and web 2.0 technologies. *International Journal of Information Systems for Crisis Response Management, 2*(1) 37-48. doi:10.4018/jiscrm.2010120404
- Williams, M., & Buttle, F. (2013). Managing word-of-mouth: A nonprofit case study. *Journal of Nonprofit & Public Sector Marketing, 25*(3), 284-308. doi:10.1080/10495142.2013.816191
- Williams, M., & Buttle, F. (2014). Managing negative word-of-mouth: An exploratory study. *Journal of Marketing Management, 30*(13-14), 1423-1447. doi:10.1080/0267257X.2014.933864
- Wirtz, J., Orsingher, C., Chew, P., & Tambyah, S. K. (2013). The role metaperception on the effectiveness of referral rewards programs. *Journal of Service Research, 16*(1), 82-98. doi:10.1177/1094670512462138
- Woodall, T. (2011). Driven to excess? Linking calling, character and the (mis)behavior of marketers. *Marketing Theory, 12*(2), 173-191. doi:10.1177/1470593111418797
- Xu, J. A., & Wyer, R. S. (2007). The effect of mind-sets on consumer decision strategies. *Journal of Consumer Research, 34*(4), 556-566. doi:10.1086/519293

- Yang, S. (2013). Surviving as a qualitative researcher in a quantitative world: A personal reflection. *International Journal of Social Research Methodology*, 16(1), 81-85.
doi:10.1080/13645579.2012.709803
- Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Thousand Oaks, CA: Sage.
- Yin, R. K. (2013). Validity and generalization in future case study evaluations. *Evaluation*, 19(3), 321-332. doi:10.1177/1356389013497081
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.
- Zivkovic, J. (2012). Strengths and weaknesses of business research methodologies: Two disparate case studies. *Business Studies Journal*, 4(2), 91-99. Retrieved from <http://www.alliedacademies.org/business-studies-journal/>

Appendix A: Participant Invitation Letter

Participant Invitation Letter

Date: October 13, 2017

Hello,

This letter is an invitation to consider participating in a study I am conducting as part of my Doctoral degree in the Department of Management and Technology at Walden University. I am preparing to do my dissertation research titled: *Effects Word-of-Mouth Referral Programs Have on Recruiting Clients*, and I need your help. I am interested in learning about personal referrals and am inviting you to participate in a one-on-one interview session with me that will be conducted in Racine, or southeastern Wisconsin, at a location of your choosing; or have a phone or Skype interview session with me; whatever is most convenient for you.

All responses and information you provide will be kept strictly confidential, and no one except me will know whether you participate or not. Of course, this is voluntary, and you are not in any way obligated to take part in this study. Your participation would be helpful, and I would be most appreciative of your consideration to participate. After the interview, and as a token of my appreciation, you will receive a Starbucks \$10 gift card as a thank you for your participation.

Participation candidates will be chosen on a first response basis, so please don't delay for this unique opportunity to be a part of a research study. Please email me at jean.goers@waldenu.edu with the words "I am interested," and I will email you back, with an attached Participant Consent Form for you to review, that includes more details of the study, before your agreement to participate. Also, please email me or call me at XXX-XXX-XXXX with any questions you may have about the study.

Thank you for your consideration,

-Jean Goers
jean.goers@waldenu.edu

Appendix B: Interview Questionnaire for Owners

1. What is the nature of your business? How do people find out about your business?
What is the initial feel when one walks into your office? How do customer relations play a part in clientele satisfaction?
2. Thinking about one or two clients that make referrals to your business, please describe their personality? What are they like? Their mannerism?
3. If someone gives you a referral for your business, do you offer any discounts or incentives? If so, what? Do you refer your clients to other businesses? Any collaboration with businesses?
4. What strategies (whether formal or informal) do you use to recruit clients or maintain your current customer-base? Anything you tried and didn't work well? Explain.
5. Do you have a process to keep track when customers make a referral? What?
6. How do you get feedback about positive or negative word-of-mouth (WOM)?
Can you provide an example of how you changed your methods when you receive either positive or negative WOM?
7. Anything else you'd like to add before we stop talking about referrals as it relates to your business, and start talking about you as a consumer?
8. Now about personal referrals as it relates to you...how do you find information about a business, product, or service? Movie? Restaurant? Doctor? Dentist?
9. Do you use social media to give or receive personal referrals? If so, what type?

10. What is your motivation (why would you be motivated) to give a personal referral? How about your motivation to receive a referral?
11. Does it matter to you, who gives you the referral? So, for example, what would be the reasons why you would take one person's advice, and not another?
12. How does the element of trust play into you're either giving or accepting referrals?
13. When you have to make a major or complicated decision of some sort, who or where would you go to find an answer or seek advice? (Such as you have a leak in the roof of your house that needs to be fixed)
14. What's your reaction when you receive negative word-of-mouth? (i.e., restaurant; clerks are slow, hotel)
15. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?
16. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?
17. What other information regarding personal referrals would you like to share?

Appendix C: Interview Questionnaire for Staff

1. What drew you to come and interview at this place? What are your responsibilities at the workplace and in working with the clients?
2. Tell me about the physical space when people walk into the lobby and how you think it influences people who come here.
3. How do customer relations play a part in clientele satisfaction? Do or did you receive any formal or informal training in customer satisfaction? What are you told about customer satisfaction?
4. What are your thoughts about making a personal referral to this business?
5. Thinking about one or two customers who have made referrals to this business, please describe their personality? What are they like? Their mannerisms?
6. Can you give me your overall view about referrals as it relates to this business?
7. Anything else you'd like to add before we stop talking about referral as it relates to this business, and start talking about you, as a consumer?
8. Now about personal referrals as it relates to you...how do you find information about a business, product, or service? How about suggestions for a movie? Restaurant? Doctor? Dentist?
9. Do you use social media to give or receive personal referrals? If so, what type?
10. What is your motivation (why would you be motivated) to give a personal referral? How about your motivation to receive a referral?
11. Does it matter to you, who gives you the referral? So, for example, what would be the reasons why you would take one person's advice, and not another?

12. How does the element of trust play into you're either giving or accepting referrals?
13. When you have to make a major or complicated decision of some sort, who or where would you go to find an answer or seek advice? (Such as you have a leak in the roof of your house that needs to be fixed)
14. What's your reaction when you receive negative word-of-mouth? (i.e., restaurant; clerks are slow, hotel)
15. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?
16. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?
17. What other information regarding personal referrals would you like to share?

Appendix D: Interview Questionnaire for Clients

1. How did you find out about this business?
2. Give me an overview of your perception of this business, the owner, and the staff?
3. What is it about the environment and overall experience that motivate you to return to the business or want to refer the business (owner) to others?
4. Are you aware of any formal or informal referral programs in this business?
Anything you particularly like?
5. How would you describe yourself to others? How is it easy or difficult to make referrals? Are there any emotional ties you make when you give or receive referrals? Explain.
6. What is your perception about persuasion as it relates to personal referrals? Why would you either listen to, or persuade others when making a referral?
7. Anything else you'd like to add before we stop talking about referral as it relates to this business, and start talking about you, as a consumer?
8. Now about personal referrals as it relates to you...how do you find information about a business, product, or service? How about suggestions for a movie?
Restaurant? Doctor? Dentist?
9. Do you use social media to give or receive personal referrals? If so, what type?
10. What is your motivation (why would you be motivated) to give a personal referral? How about your motivation to receive a referral?
11. Does it matter to you, who gives you the referral? So, for example, what would be the reasons why you would take one person's advice, and not another?

12. How does the element of trust play into you're either giving or accepting referrals?
13. When you have to make a major or complicated decision of some sort, who or where would you go to find an answer or seek advice? (Such as you have a leak in the roof of your house that needs to be fixed)
14. What's your reaction when you receive negative word-of-mouth? (i.e., restaurant; clerks are slow, hotel)
15. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?
16. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?
17. What other information regarding personal referrals would you like to share?

Appendix E: Field Test Questionnaire

Interview Questionnaire for Owners

1. What is the nature of your business and what contributed to your success?
2. How do people find out about your business? Do you use social media?
3. What strategies do you use to recruit clients or maintain your current customer-base?
4. Any strategies that you tried and didn't work well? If so, please explain.
5. Do you refer your clients to other businesses? Any collaboration with businesses?
6. Which type of customers makes the most referrals? How about staff? Loyal customers?
7. Do you have a process to keep track of current customer activities that make referrals?
8. Any negative talk? How do you handle that?
9. If someone gives you a referral, do you offer any discounts or incentives? If so, what?
10. On a personal note, how do you find information about a product or service?
11. Do you use social media to give or receive personal referrals? If so, what type?
12. What would motivate you to give or receive a personal referral?
13. Does it matter to you, who give you the referral? If so, please explain.
14. How does the element of trust play into you're either giving or accepting referrals?
15. How about when you have to make a major decision of some sort?

16. What's your reaction when you receive negative word-of-mouth (NWOM)?
17. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?
18. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?
19. What other information regarding personal referrals would you like to share?

Interview Questionnaire for Staff

1. How did you find out about your current position?
2. What are your responsibilities at the workplace and in working with the clients?
3. How would you describe the culture of the office and waiting room environment?
4. How do customer relations play a part in clientele satisfaction?
5. What are your thoughts about you personally recruiting people to this business?
6. What are the personality traits of the customers who offer referrals at this business?
7. Are there any referral strategies that work better than others in this workplace?
8. How about recruitment strategies that haven't worked?
9. Any challenges implementing recruitment strategies in this working environment?
10. On a personal note, how do you find information about a product or service?
11. Do you use social media to give or receive personal referrals? If so, what type?
12. What would motivate you to give or receive a personal referral?
13. Does it matter to you, who give you the referral? If so, please explain.

14. How does the element of trust play into you're either giving or accepting referrals?
15. How about when you have to make a major decision of some sort?
16. What's your reaction when you receive negative word-of-mouth (NWOM)?
17. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?
18. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?
19. What other information regarding personal referrals would you like to share?

Interview Questionnaire for Clients

1. How did you find out about this business?
2. Give me an overview of your perception of this business, the owner, and the staff?
3. What is your motivation (or the reasons) to refer others to this business?
4. How does this business formally or informally elicit referral programs?
5. Are there any referral programs in this business that you prefer? Least favorite?
6. Describe your personality as it relates to offering referrals?
7. Are there any emotional ties you make when you give or receive referrals?
Explain.
8. What is your perception about persuasion as it relates to personal referrals?
9. Why would you either listen to, or persuade others when making a referral?
10. On a personal note, how do you usually find information about a product or service?

11. Do you use social media to give or receive referrals? If so, what type?
12. What would motivate you to give or receive a referral?
13. Does it matter to you, who give you the referral? If so, please explain.
14. How does the element of trust play into you're either giving or accepting referrals?
15. How about when you make a major decision of some sort?
16. What is your reaction when you receive negative word-of-mouth (NWOM)?
17. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?
18. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?
19. What other information regarding personal referrals would you like to share?

Appendix F: Matrix: Research and Interview Questions for Owners

Provided below, is a list of this study's research questions and the interview questions designed for the owner(s) interviewed. The numbers after each research question are the interview questions that correspond and help to answer that particular research question.

Research Questions

Central Research Question: What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base; and the motivating factors which lead people to refer others to one's business, service, or product?

Research Sub-questions:

1. What types of marketing strategies do small alternative health care businesses use? 1, 2, 3, 4, 5, 7, 8, 9, 15, 16, 17
2. What types of marketing strategies work best? 1, 2, 3, 4, 5, 7, 8, 9, 15, 16, 17
3. Where does WOM rank as a strategy? 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17
4. What is the perception of owners regarding personal referrals? 1, 2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17
5. What is the motivation to make referrals? 1, 2, 3, 4, 6, 7, 10, 11, 12, 13, 14, 15, 16, 17
6. What is the perception of the effectiveness of social media? 1, 4, 6, 7, 8, 9, 15, 16, 17

Appendix G: Matrix: Research and Interview Questions for Staff

Provided below, is a list of this study's research questions and the interview questions designed for the staff interviewed. The numbers after each research question are the interview questions that correspond and help to answer that particular research question.

Research Questions

Central Research Question: What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base; and the motivating factors which lead people to refer others to one's business, service, or product?

Research Sub-questions:

1. What types of marketing strategies do small alternative health care businesses use? 1, 4, 7, 8, 9, 17, 18, 19
2. What types of marketing strategies work best? 1, 4, 5, 7, 8, 9, 17, 18, 19
3. Where does WOM rank as a strategy? 1, 4, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19
4. What is the perception of staff regarding personal referrals? 1, 4, 5, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19
5. What is the motivation to make referrals? 4, 5, 7, 8, 12, 13, 14, 15, 16, 17, 18, 19
6. What is the perception of the effectiveness of social media? 1, 4, 7, 8, 10, 11, 17, 18, 19

Appendix H: Matrix: Research and Interview Questions for Clients

Provided below, is a list of this study's research questions and the interview questions designed for the client(s) interviewed. The numbers after each research question are the interview questions that correspond and help to answer that particular research question.

Research Questions

Central Research Question: What successful referral marketing strategies do small alternative health care business leaders perceive are important to increasing profits, attracting new customers, and maintaining the longevity of their current customer base; and the motivating factors which lead people to refer others to one's business, service, or product?

Research Sub-questions:

1. What types of marketing strategies do small alternative health care businesses use? 1, 2, 4, 6, 7, 8, 9, 15, 16, 17
2. What types of marketing strategies work best? 1, 2, 3, 4, 5, 6, 7, 8, 9, 15, 16, 17
3. Where does WOM rank as a strategy? 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
4. What is the perception of clients regarding personal referrals? 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17
5. What is the motivation to make referrals? 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17
6. What is the perception of the effectiveness of social media? 1, 2, 4, 16, 7, 8, 9, 15, 16, 17

Appendix I: Interview Protocol

Interview: The purpose of this study is to identify and document successful referral programs and strategies and to understand the motivating factors which lead people to refer others to one 's business, service, or product.

1. The interview session will commence with relationship building, salutations, introducing myself to the research participant, after which I will introduce the research topic.
2. I will thank the participant for taking the time to respond to the invitation to participate.
3. I will share with the participant the research topic and the title of my dissertation.
4. I will share with the participant that the interview will take approximately 1 hour, and if for any reason the interview goes over an hour, seek permission to continue.
5. I will share with the participant, that if for any reason the participant feels uncomfortable, or does not want to answer a question, it is his or her purgative to do so.
6. I will share with the participant that the interview will be kept confidential and private and that no one but myself will know of his or her identity.
7. I will explain to the participant that I will be jotting down notes, and at times will break eye contact, and may ask to reiterate a response so I can represent the participant's words accurately.
8. I will ask if the participant has any questions "before we begin."
9. Then, after the interview, I will inform the participant regarding the review of the transcript procedure(s), and that I will make the transcript available within the next 24 to 48 hours.

Appendix J: Contact Summary Form for Owners

A contact Summary Form is designed to write down responses for each interview. Utilizing the Contact Summary Form will allow me to: (a) use as a guide for the next contact, (b) re-orient myself to the contact when returning to the write-up, (c) assist in the process for coding and analysis, and (d) help to identify new or revised codes in the analysis.

Date: _____

Time: _____

Place: _____

Name of Interviewee: _____

Address to mail gift card: _____

Business A, B, C, or D ____ Owner, Staff Client ____ Number 1, 2, 3, or 4: ____

3-Digit Participant Code: ____ ____ ____

Name of Interviewer: _____

1. What is the nature of your business? How do people find out about your business?
 What is the initial feel when one walks into your office? How do customer relations play a part in clientele satisfaction?

2. Thinking about one or two clients that make referrals to your business, please describe their personality? What are they like? Their mannerism?

3. If someone gives you a referral for you business, do you offer any discounts or incentives? If so, what? Do you refer your clients to other businesses? Any collaboration with businesses?

4. What strategies (whether formal or informal) do you use to recruit clients or maintain your current customer-base? Anything you tried and didn't work well? Explain.

5. Do you have a process to keep track when customers make a referral? What?

6. How do you get feedback about positive or negative word-of-mouth (WOM)? Can you provide an example of how you changed your methods when you receive either positive or negative WOM?

7. Anything else you'd like to add before we stop talking about referrals as it relates to your business, and start talking about you as a consumer?

8. Now about personal referrals as it relates to you...how do you find information about a business, product, or service? Movie? Restaurant? Doctor? Dentist?

9. Do you use social media to give or receive personal referrals? If so, what type?

10. What is your motivation (why would you be motivated) to give a personal referral? How about your motivation to receive a referral?

11. Does it matter to you, who gives you the referral? So, for example, what would be the reasons why you would take one person's advice, and not another?

12. How does the element of trust play into you're either giving or accepting referrals?

13. When you have to make a major or complicated decision of some sort, who or where would you go to find an answer or seek advice? (Such as you have a leak in the roof of your house that needs to be fixed)

14. What's your reaction when you receive negative word-of-mouth? (i.e., restaurant; clerks are slow, hotel)

15. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?

16. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?

17. What other information regarding personal referrals would you like to share?

Appendix K: Contact Summary Form for Staff

A contact Summary Form is designed to write down responses for each interview. Utilizing the Contact Summary Form will allow me to: (a) use as a guide for the next contact, (b) re-orient myself to the contact when returning to the write-up, (c) assist in the process for coding and analysis, and (d) help to identify new or revised codes in the analysis.

Date: _____

Time: _____

Place: _____

Name of Interviewee: _____

Address to mail gift card: _____

Business A, B, C, or D ____ Owner, Staff Client ____ Number 1, 2, 3, or 4: ____

3-Digit Participant Code: ____ ____ ____

Name of Interviewer: _____

1. What drew you to come and interview at this place? What are your responsibilities at the workplace and in working with the clients?
2. Tell me about the physical space when people walk into the lobby and how you think it influences people who come here.

3. How do customer relations play a part in clientele satisfaction? Do or did you receive any formal or informal training in customer satisfaction? What are you told about customer satisfaction?

4. What are your thoughts about making a personal referral to this business?

5. Thinking about one or two customers who have made referrals to this business, please describe their personality? What are they like? Their mannerisms?
 - 5a. How would you describe yourself to others? How is it easy or difficult to make referrals? Are there any emotional ties you make when you give or receive referrals? Explain. In other words, does the process of making or accepting referrals create emotional ties with the referrer to the referee? Explain.

6. Can you give me your overall view about referrals as it relates to this business?

7. Anything else you'd like to add before we stop talking about referral as it relates to this business, and start talking about you, as a consumer?

8. Now about personal referrals as it relates to you...how do you find information about a business, product, or service? How about suggestions for a movie?
Restaurant? Doctor? Dentist?

9. Do you use social media to give or receive personal referrals? If so, what type?

10. What is your motivation (why would you be motivated) to give a personal referral? How about your motivation to receive a referral?

11. Does it matter to you, who gives you the referral? So, for example, what would be the reasons why you would take one person's advice, and not another?

12. How does the element of trust play into you're either giving or accepting referrals?

13. When you have to make a major or complicated decision of some sort, who or where would you go to find an answer or seek advice? (Such as you have a leak in the roof of your house that needs to be fixed)

14. What's your reaction when you receive negative word-of-mouth? (i.e., restaurant; clerks are slow, hotel)

15. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?

16. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?

17. What other information regarding personal referrals would you like to share?

4. Are you aware of any formal or informal referral programs in this business?
Anything you particularly like?

5. How would you describe yourself to others? How is it easy or difficult to make referrals? Are there any emotional ties you make when you give or receive referrals? Explain.

6. What is your perception about persuasion as it relates to personal referrals? Why would you either listen to, or persuade others when making a referral?

7. Anything else you'd like to add before we stop talking about referral as it relates to this business, and start talking about you, as a consumer?

8. Now about personal referrals as it relates to you...how do you find information about a business, product, or service? How about suggestions for a movie?
Restaurant? Doctor? Dentist?

9. Do you use social media to give or receive personal referrals? If so, what type?

10. What is your motivation (why would you be motivated) to give a personal referral? How about your motivation to receive a referral?

11. Does it matter to you, who gives you the referral? So, for example, what would be the reasons why you would take one person's advice, and not another?

12. How does the element of trust play into you're either giving or accepting referrals?

13. When you have to make a major or complicated decision of some sort, who or where would you go to find an answer or seek advice? (Such as you have a leak in the roof of your house that needs to be fixed)

14. What's your reaction when you receive negative word-of-mouth? (i.e., restaurant; clerks are slow, hotel)

15. How do you perceive receiving money or other incentives for referrals? How about when others receive financial compensation when giving you as a referral?

16. Tell me about any other experiences, events, or situations that have influenced your perception of either giving or receiving personal referrals?

17. What other information regarding personal referrals would you like to share?