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## Pleasantly Plump: Offsetting Negative Obesity Stereotypes for Frontline Service Employees<sup>☆</sup>

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### Abstract

Obesity is described as the fastest growing public health challenge facing developed nations (Prentice, 2006). This research introduces the topic of obesity to the retailing literature by examining the interplay between obesity in frontline employees and customer evaluations of service transactions. Baseline effects are established that show customers evaluate employees and firms more negatively if the frontline worker is obese compared to average weight. Two follow-up studies identify means by which firms may offset the negative obesity effects. Specifically, signaling theory is drawn upon in Study 1 to justify the introduction of observable quality cues as a means to offset negative stereotypes. Results indicate that the presence of unambiguous quality cues attenuate unfavorable judgments of the obese employee and the affiliated retail store. In Study 2, a countervailing, jovial stereotype is primed as a means to offset the more prominent negative ones. Retail managers can use this research as a means to understand an important caveat to frontline service evaluations and as the basis for managing a prominent negative stereotype.

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### Introduction

The incidence of obesity has reached epidemic proportions across the globe Prentice 2006. A recent report by the World Health Organization (WHO) surmised that more than 1.4 billion adults worldwide are overweight (World Health Organization 2013) and more than one in ten are obese (World Health Organization 2013). WHO projections suggest that, by 2015, approximately 2.3 billion adults will be overweight and more than 700 million will be obese (World Health Organization 2013). In the U.S., more than 1 in 3 adults are considered to be obese and more than 1 in 20 have extreme obesity (National Institute of Diabetes and Digestive and Kidney Diseases 2012).

In light of the upward trend in obesity, it is apparent that obese individuals do, and will, make up a substantial percentage of the world's workforce. The Bureau of Labor Statistics (2007) projects the majority of new jobs created from 2006 to 2016 will be in service-providing industries and more than 75% of all jobs created after 2016 will be with service firms. If current obesity trends continue, one can expect that a large percentage of those positions will be filled by obese workers. Thus, forward-thinking service providers should consider and prepare for the possible challenges associated with an obese employment pool.

Curiously, weight stigma is intensifying even as obesity rates increase (Latner and Stunkard, 2003), with reports of weight discrimination increasing in the past decade (Heuer, Puhl, and Violette 2011). Among other stereotypes, obesity is commonly associated with meanness, stupidity, ugliness, unhappiness, laziness, and unfriendliness in Western culture (Vartanian and Silverstein 2013). Likewise, obese employees are viewed as less disciplined and less competent than their thinner peers, and these attitudes are known to negatively impact wages, promotions, and employment status (Roehling, Roehling, and Wagstaff 2013). Indeed, there is a known wage penalty for obesity that ranges between .6% and 12% of the wages for non-obese employees

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(Cawley 2004). This negative relationship between obesity and wages is greater in occupations requiring interpersonal skills with presumably more social interactions (Han, Norton, and Stearns 2009).

The prevailing view in the services marketing literature suggests that employees *are* the organization in the minds of customers (Zeithaml, Berry, and Parasuraman 1996). Thus, a negative evaluation of a stereotyped employee may very well extend to the service provider. The results of a study by Klassen, Dennis, and Jasper (1996) indicate that a salesperson's stigmatized appearance can affect customer perceptions of store image and store management. This issue may be especially important for frontline service jobs where the employee–customer interface is an intricate part of the service experience. Curiously, however, prior research has not examined the ramifications of employee obesity on evaluations of frontline transactions.

The present research is intended to accomplish two key objectives with respect to advancing understanding of how customers view interactions with obese frontline workers. First, it establishes the impact of obesity stereotypes on customer evaluations of frontline transactions and key firm-level outcome measures. Second, it identifies two means by which the negative implications of obesity may be offset. From a broad perspective, this research contributes to the literature by identifying a theoretical explanation and empirical evidence that explain the role of obesity stereotypes on firm evaluations. In spite of its broad consequences, only a few marketing scholars (e.g., McFerran et al. 2009) have investigated the role of weight on customer behavior, and no prior research considers the effect of employee obesity on customer evaluations of frontline service transactions.

The remainder of the paper is organized as follows: First, the research background section reviews obesity stereotypes and sets the stage for a pilot study that establishes baseline effects of obesity on employee- and firm-level outcomes. Then, Study 1 probes the boundaries of the effects of negative obesity stereotypes via the introduction of unambiguous quality cues that are shown to counteract the negative stereotypes. Next, drawing on prior work on positive obesity stereotypes and jovial characters such as Santa Claus, joviality is introduced as a countervailing stereotype that offsets the negative effects of obesity on transaction and firm evaluations. The paper concludes with a discussion of the managerial and theoretical contributions as well as directions for future research.

## Research background

The present research looks specifically at obesity rather than overweight for three reasons. First, obesity is generally observable across all genders, racial groups, ages, and socio-economic classes. Second, the largest growth in population weights over the last two decades has occurred in the percentage of people categorized as morbidly obese. Finally, obesity is easily discernible compared to overweight and it carries harsher stereotypes. For adults, overweight and obesity ranges are determined by using weight and height to calculate a number called the “body mass index” (BMI). BMI is used because, for most people, it correlates with their amount of body fat. An adult who has a BMI

between 25 and 29.9 is considered overweight whereas an adult who has a BMI of 30 or higher is considered obese. It is important to remember that although BMI correlates with the amount of body fat, it does not directly measure body fat. As a result, some people, such as athletes, may have a BMI that identifies them as overweight even though they do not have excess body fat (Center for Disease Control 2011). The term “obese” is herein used to describe people who have an abnormally high proportion of *body fat* in relation to lean body mass.

### *Obesity stereotypes*

A stereotype is a well-learned set of associations that link a set of characteristics with a group label (Devine 1989). Stereotypes emanate from shared beliefs that are an integral part of culture (Jones 1997). The beliefs that follow from stereotypes are quite broad and encompassing in that they describe the characteristics group members are believed to possess (a descriptive component) as well as characteristics they should have (a prescriptive component). For example, it is true that most airline pilots are male (a descriptive stereotype), but in the minds of some people this may mean airline pilots should be male (prescriptive stereotype) (Whitley and Kite 2006). As stereotypes become increasingly prescriptive, they erect stringent boundaries on members of the stereotyped group and shape the expectations of out-group members about the stereotyped group’s characteristics. It is worth noting that, unlike stigmas, stereotypes can reference both positive and negative attributes. Stereotypical beliefs about obese individuals, for example, are associated with laziness (a negative attribute) as well as joviality (a positive attribute).

Stereotypes are thought to be part of our social heritage and learning them is difficult to escape (Ehrlich 1973). As such, it is very difficult for those in Western cultures to avoid exposure to the negative stereotypes associated with frequently stigmatized groups, such as obese people. Young children associate obesity with meanness, stupidity, unhappiness, low athletic ability and social ineptness (Brylinsky and Moore 1994; Penny and Haddock 2007). As people mature, these negative beliefs seem to intensify. In their studies on children’s attitudes, Richardson et al. (1961) noted that obese children ranked last among all children as desirable playmates. Latner and Stunkard (2003) found that in spite of greater exposure to obese people in daily life, the bias grew stronger in their more recent study compared to the original research. So strong are the stereotypes associated with obesity that obese and non-obese people are equally likely to assign negative stereotypes to obese individuals (Latner, Stunkard, and Wilson 2005; Wang, Brownell, and Wadden 2004). This may occur because obese people may see themselves as capable of leaving the group through dieting and exercise (Crandall 1994), while group exodus is not a typical option for members of other stigmatized groups.

### *Obesity and frontline service evaluations*

Both laboratory and field research show that negative perceptions of obese individuals exist in employment settings

(Roehling 1999), health care settings (Teachman and Brownell 2001), and educational institutions (Crandall 1995). Obese managers are rated less favorably than their peers (Rudolph and Baltes 2009) and obese salespeople are viewed as less trustworthy, punctual, energetic, and well-mannered than average-weight salespeople (Zemanek, McIntyre, and Alicia 1998). Negative attitudes toward obesity in business settings can arise for numerous reasons, including fears about productivity, attendance, customer and co-worker acceptance, costs of accommodation, increased health benefit costs, and accessibility. Accordingly, business settings may represent fertile ground for negative obesity stereotypes.

Employee weight stereotypes should be particularly prevalent in frontline service settings, where employees are an integral part of customer evaluations. The interactive aspect of the service encounter is known to be crucial to service quality (Brady and Cronin 2001) and satisfaction (Homburg and Stock 2004) judgments. Other research validates the importance of the human component of services in customer evaluations of retail outlets (Grewal et al. 2003) and professional services (Macintosh 2009). Gwinner, Gremle, and Bitner (1998) found that consumers rated social benefits as more important than preferential treatment in their interactions with service providers. When considered in combination with the literature on the prevalence of negative obesity stereotypes and their impact on employee evaluations, one concludes that frontline service evaluations will be negatively influenced by the presence of an obese employee.

#### *Obesity and firm evaluations: stigma by association*

When a member of a dominant social group associates with a member of a stigmatized group, a “courtesy stigma” may occur whereby the dominant group member is assigned the stigma as a function of a perceived alliance with the stigmatized person (Goffman 1963). Neuberg et al. (1994) observed a similar phenomenon, which they called stigma by association. That research confirmed the existence of a courtesy stigma and provided empirical evidence of the denigration of a dominant group member when in the presence of a stigmatized other. The theoretical basis for this research stems from Heider's (1946) balance theory, which posits that a tendency toward balanced states in human relationships exists. People strain for cognitive consistency in the perceptions of others; therefore, an imbalance initiates attempts to restore cognitive equilibrium through modifications of evaluative responses (Heider 1946). An imbalance occurs when an observer feels positive affect for the dominant group member and negative affect for the stigmatized other when the two are affiliated. Equilibrium is restored by either stigmatizing the dominant group member or destigmatizing the stigmatized other.

When imbalance exists, the link in which the observer is most heavily invested tends to be most resistant to change (Neuberg et al. 1994). Stigma by association processes can lead observers to infer that an individual possesses the identical stigma as an associated other (Sigelman et al. 1991). It is noted that White perceivers stigmatize other Whites for associating with Blacks

(Saenz and Smith 1993), heterosexuals are stigmatized for associating with homosexuals (Sigelman et al. 1991), and male job applicants are stigmatized for their mere proximity to an obese woman (Hebl and Mannix 2003). Taken together, these studies suggest that there may be social consequences for associating with a stigmatized person (Whitley and Kite 2006).

People are known to readily generalize from one person in a group to other group members (Kahneman and Miller 1986). Within a service context, this means that generalizations about one employee could extend to others in the organization (Folkes and Patrick 2003). In line with prospect theory and associated frameworks, researchers find that when one employee displays a negative characteristic, the tendency to transfer that characteristic to the firm is especially pronounced (Folkes and Patrick 2003). Thus, service customers may draw inferences about a firm's general performance based on the behavior or appearance of an individual employee. More specifically, in line with prior research on stigma associations and service generalizations, we expect negative stereotypes associated with an obese frontline employee to transfer to firm-level evaluations.

#### *Establishing baseline effects of obesity*

Although the focus of this research rests on identifying means to offset negative obesity stereotypes, we consider it important to support the assumption that obesity carries negative implications for frontline service evaluations and firm-level outcome metrics. To this end, a pilot study was devised to establish baseline effects of obese frontline workers on key customer outcomes. A second purpose for the pilot study was to identify and test photo stimuli for use in later studies as well as appropriate measures for each of the key constructs.

#### *Subjects and design*

Baseline effects were tested using a between subjects design with two experimental conditions (employee weight: obese and average). One hundred sixteen undergraduate business students from the southeastern U.S. received extra credit for their participation in the pilot study. Six subjects were eliminated from consideration due to their inappropriate responses to an embedded quality enhancement item, leaving a total of 110 usable responses. The survey software ensured that an equal number of subjects were assigned to the two conditions of the online, scenario-based study. Forty-three percent of the sample was male. The age range was 18–44 years old with 92% of subjects falling between 18 and 24 years old. Seventy-four percent were Caucasian, 12% were of African descent, 13% were Hispanic, and 2% were Asian. Thirty-seven percent had worked as wait staff in the past.

#### *Photo stimulus*

A pretest with 60 undergraduate students was used to assess photo stimuli. An extensive Internet search produced photo pairs in which women with an obvious and significant weight change were depicted with similar clothing, hairstyles, facial expressions, and overall resemblance before and after weight loss. Caucasian women were targeted for the photo pairs in

an effort to control for the effects of ethnicity (e.g., Hebl and Heatherton 1998) and gender (Harris, Harris, and Stephen 1982; Stake and Lauer 1987). The first 30 students viewed before and after weight loss photos of five women and ranked each woman on her resemblance before and after weight loss. The remaining 30 students viewed either the before or after photo of the woman with the highest ranking and completed a survey composed of open-ended and Likert-scaled questions about the woman's appearance, expected job performance, and perceived attributes. Subjects were asked to describe the body shape of the woman in their photo on a scale that ranged from 1 = "Very Underweight" to 5 = "Very Obese". All subjects correctly answered the manipulation check by identifying the body shape of the woman in their photo [ $F(1, 28) = 273.80, p < .001$ ] ( $M_{\text{Obese}} = 3.97$  vs.  $M_{\text{Avg}} = 3.00$ ). Thus, the highest ranked photo pair was retained for use in the main study (see Fig. 1). With respect to the open-ended responses, several subjects reported that the model's stance was "cocky" or "arrogant" when pictured at the average weight. The photo was retained to allow for a conservative test of the baseline effects.

#### Procedure

Subjects read a brief scenario in which they were asked to envision themselves as patrons visiting a restaurant for the first time. The details of a routine dining experience were outlined and subjects were shown a digital photo ostensibly depicting their server. The photo showed either the before or after weight loss picture of the woman from the pretest standing in front of a blank wall dressed in a dark shirt and pants similar to the type of clothing worn by the wait staff in a casual dining establishment. Graphic design software was used to standardize the woman's clothing and the background in the photo. The woman, who was 5'6", was shown at approximately 245 lbs in the before/obese photo and at approximately 159 lbs in the after/average-weight photo. Photographic stimuli of this type have been used consistently in obesity research in the psychology and sociology literatures (see Hebl and Turchin 2005; King et al. 2006; Shapiro, King, and Quinones 2007). A manipulation check assessed the accuracy of the weight stimuli ("Which adjective best describes the body shape of the employee in the photo?"). The scale ranged from 1 = "Severely Underweight" to 5 = "Severely Obese". Results confirmed the effectiveness of the manipulation [ $F(1, 108) = 286.82, p < .001$ ] ( $M_{\text{Obese}} = 4.31$  and  $M_{\text{Avg}} = 3.00$ ).

#### Measures

The employee-level dependent measures were attractiveness, interaction quality, expected satisfaction with the server, and negative traits. Firm-level measures included brand equity, service quality, satisfaction, and purchase intentions. A social desirability scale was included as a control variable. All items were measured using seven-point Likert or semantic differential scales.

A seven-point, semantic differential scale with origins in Winsted (1997) was used to measure expected satisfaction with the employee, (e.g., "As a result of my interaction with the waitress I would be:"). The scale included five positive anchors:

#### Pilot and Study 1 Photographic Stimuli:



Obese Condition



Average- Weight Condition

#### Study 2 Full Stimuli:



Obese Condition



Average- Weight Condition

Fig. 1. Stimuli: pilot and study 1 photographic stimuli, study 2 full stimuli. Study 2 full stimuli: You're out running errands by yourself one afternoon and, after a few hours, you get hungry. You spot a casual restaurant that you've wanted to try and so you pull in and park your car. You enter the restaurant and ask the hostess for a table for one. The hostess asks if you'd like to eat inside or outside. Since it's a beautiful, warm afternoon, you decide to eat outside. The hostess shows you to a table on the patio, gives you a menu, and says your server will be with you shortly. Your server arrives a few seconds later (wearing a big smile). Here is a picture of your server. As it turns out, the server is very calm and laid back (cheerful and funny). You watch as he goes about serving his tables and you notice that his customers are responsive (erupt in laughter) whenever he addresses them. You overhear one of the customers sitting next to you say that he thinks the server looks familiar (is hilarious). After the server delivers your drink, you tell him you need another minute to look at the menu. You look over the specials and decide on what you want to eat. While taking your order, the server tells you about the restaurant's weekend brunch menu (a joke and you can't help but laugh). The server (chuckles along with you and) then goes to the kitchen to place your order.

"Very Satisfied", "Very Pleased", "Very Favorable", "Better Than I Expected", "Very Happy" and their opposites. Subjects also provided their assessments as to whether or not the employee possessed six negative stereotypical traits (lazy, slow, unhealthy, lacking self-discipline, insecure, poorly groomed) adopted from Puhl, Schwartz, and Brownell (2005) Obese Persons Trait Survey (OPTS). During pretesting, the original 10-item scale was reduced to six items to obtain an acceptable measure of internal reliability. Subjects rated the items on Likert scales anchored by 1 = "Not At All" to 7 = "Extremely." Perceived interaction quality was assessed by use of a two-item scale from Brady and Cronin (2001) (e.g., "The quality of my interaction with the restaurant's employees would be high"). The scale anchors were 1 = "Strongly Disagree" and 7 = "Strongly Agree".

Agree". In addition, perceived attractiveness of the employee was assessed with four items (e.g., "Do you find the employee to be: "Elegant", "Sexy", "Beautiful" or "Attractive") borrowed from DeShields et al. (1996).

Subjects also provided firm-level evaluations. They completed validated scales for brand equity, service quality, satisfaction with the firm, and purchase intentions. Five items were obtained from Rust et al. (2000) measure of perceived brand equity (e.g., "Would you pay more for services from this restaurant than for other restaurant's services?"). The scale anchors were 1 = "No, Not At All" and 7 = "Yes, Very Much". Two items from Brady and Cronin (2001) assessed respondents' anticipated service quality (e.g., "I expect the general quality of the restaurant's service would be high"). The scale anchors were 1 = "Strongly Disagree" and 7 = "Strongly Agree". Three items from Mano and Oliver (1993) satisfaction scale measured firm-level satisfaction (e.g., "My choice to eat at the restaurant was a wise one"). Finally, six items with roots in a scale created by Ajzen and Fishbein (1980) were used to measure purchase intentions (e.g., "What is the probability that you would return to this restaurant?"). The positive anchors were "Likely", "Exist", "Possible", "Certain", and "Definitely Would".

Subjects also answered the 13-item short form of the social desirability scale from Strahan and Gerbasi (1972) (e.g., "I have never deliberately said something that hurt someone's feelings."). This version of the original Marlowe Crowne social desirability scale (1960) is suggested to be the most parsimonious and viable version of the original scale (Reynolds 1982) ( $\alpha = .72$ ). Finally, subjects completed two single-item measures. The first inquired about their own perceived body size ("Which adjective best describes your present body type?"). The second item asked for a description of the server's body size, which was used as a manipulation check. Both scales were five-points and anchored by 1 = "Severely Underweight" and 5 = "Severely Overweight".

The psychometric properties of the constructs were evaluated with confirmatory factor analysis (CFA). Results suggest the model fit the data well ( $\chi^2 = 399.65$ ,  $df = 254$ , CFI = .97, TLI = .96, and RMSEA = .073). All of the measures demonstrated acceptable reliability, with construct reliability estimates ranging from .81 to .97. The results offered strong support for both convergent and discriminant validity. With regard to the former, all average variances extracted exceeded .50 (Fornell and Larcker 1981). Discriminant validity was assessed by comparing the average variances extracted with the shared variances between pairs of constructs (Fornell and Larcker 1981). In each case, the average variance extracted exceeded the shared variance, thus supporting discriminant validity.

### Results

One-way ANCOVAs were performed to test the baseline effects. Social desirability was not significantly related to any dependent variable ( $p > .15$ ) and so it was removed. It should be noted that a social desirability effect would have produced similar or higher evaluations for the obese employee as compared to the average-weight employee. As the data indicate, this was not the case. Subjects' prior work experience in the restaurant

Table 1  
Pilot study results.

Dependent variable	ANOVA results		Means (Std. error)
	F (partial $\eta^2$ )	Obese	Average
Negative traits	37.38 (.26)**	4.16 (.251)	2.62 (.178)
Attractiveness	90.28 (.46)**	2.43 (.186)	4.35 (.132)
Interaction quality	11.92 (.10)*	4.35 (.261)	5.25 (.184)
Satisfaction w/employee	10.03 (.09)*	4.87 (.222)	5.58 (.157)
Brand equity	13.35 (.11)**	4.15 (.244)	5.04 (.172)
Service quality	14.37 (.12)**	4.81 (.341)	6.11 (.241)
Firm satisfaction	12.09 (.10)*	4.23 (.251)	5.10 (.177)
Purchase intentions	10.40 (.09)*	4.53 (.266)	5.39 (.188)

\*  $p < .01$ .

\*\*  $p < .001$ .

industry, gender, age, and ethnicity ( $p > .11$ ) also were non-significant and therefore removed as covariates.

As expected, the obese employee was judged to have more negative traits than the average-weight employee [ $M_{\text{Obese}} = 4.16$  vs.  $M_{\text{Avg}} = 2.62$ ;  $F(1, 108) = 37.38$ ,  $p < .001$ , partial  $\eta^2 = .257$ ] and was rated less attractive than the average-weight employee [ $M_{\text{Obese}} = 2.43$  vs.  $M_{\text{Avg}} = 4.35$ ;  $F(1, 108) = 90.47$ ,  $p < .001$ , partial  $\eta^2 = .456$ ]. Subjects also provided higher ratings of expected interaction quality [ $M_{\text{Obese}} = 4.35$  vs.  $M_{\text{Avg}} = 5.25$ ;  $F(1, 108) = 11.93$ ,  $p < .01$ , partial  $\eta^2 = .099$ ] and employee-level satisfaction [ $M_{\text{Obese}} = 4.87$  vs.  $M_{\text{Avg}} = 5.58$ ;  $F(1, 108) = 10.03$ ,  $p < .001$ , partial  $\eta^2 = .085$ ] for the average-weight employee than the obese employee. Consistent with prior research that suggests obese people are equally likely to assign negative stereotypes to obese individuals (Latner and Stunkard 2003; Wang, Brownell, and Wadden 2004), negative evaluations did not vary as a function of respondents' own weight perceptions [ $F(2, 94) = .38$ ,  $p = .68$ , partial  $\eta^2 = .007$ ].

The firm-level evaluations showed a similar pattern. Subjects provided higher ratings of brand equity [ $F(1, 99) = 13.35$ ,  $p < .001$ , partial  $\eta^2 = .110$ ], service quality [ $F(1, 99) = 14.37$ ,  $p < .001$ , partial  $\eta^2 = .117$ ], firm satisfaction [ $F(1, 99) = 12.09$ ,  $p < .01$ , partial  $\eta^2 = .101$ ], and purchase intentions [ $F(1, 99) = 10.40$ ,  $p < .01$ , partial  $\eta^2 = .088$ ] for the firm with the average-weight employee than the obese employee. Means for both conditions are reported in Table 1.

Baseline results suggest that customers form unfavorable impressions and are less satisfied with an employee's performance when the employee is obese compared to average-weight. In general, subjects indicated a greater preference for interacting with the average-weight employee than with the obese employee. Results of the firm-level analyses indicated that a firm with an obese frontline employee receives lower customer evaluations of brand equity, service quality, satisfaction, and purchase intentions than a firm with an average-weight frontline employee. Interestingly, none of the observed effects varied as a function of the subject's weight. Collectively, the baseline findings indicate that customers are sensitive to obese frontline service employees to the extent that obesity plays a major role in employee and firm evaluations.

Study 1 is intended to probe the boundaries of the baseline effects by attempting to suppress negative obesity stereotypes.

Thus, Study 1 should be of interest to managers looking for strategies that may diminish the negative impressions identified in the pilot study.

### Offsetting negative obesity stereotypes

#### *Environmental signals*

Prior research shows that consumers use a variety of environmental cues to evaluate their surroundings. For example, environmental factors are said to be the most important cues used by consumers to evaluate restaurant quality (Rys, Fredericks, and David 1987). Similarly, signs (Mills and Paul 1982), lighting, color (Bellizzi, Crowley, and Hasty 1983), scent (Chebat and Michon 2003), and visible employees (Grewal et al. 2003) can all elicit positive customer responses in service environments. The baseline results support this line of thinking in that the presence of an obese employee elicited negative customer reactions. Along these lines, countervailing environmental cues may be an effective way to offset these negative responses.

Several authors recently tested the effectiveness of signaling theory in offsetting negative perceptions. Signals were used to successfully neutralize negative country of origin effects and elicit favorable product evaluations (Magnusson, Haas, and Hongzin 2008), allay consumers' risk perceptions and facilitate product adoption (Shimp and Bearden 1982), and stimulate purchase intentions (Erevelles, Abhik, and Yip 2001). Drawing on this line of research, one can reason that the use of unambiguous and countervailing quality cues may suppress negative consumer attitudes and attenuate adverse outcomes. Study 1 examines unambiguous quality cues as a means to offset negative obesity stereotypes.

#### *Information ambiguity*

Baron (2006) defines ambiguity as "the subjective experience of missing information relevant to a prediction" (page 152). This interpretation suggests that decision makers may treat ambiguous, inexact, incomplete, or vague information as insufficient (Van Dijk and Zeelenberg 2003). Moreover, decision makers tend to discount ambiguous information when it is received. As a result, the choices of people confronted with ambiguous information may resemble those of people who have no information at all.

In the presence of uncertainty, people are often reluctant to think through the implications of disparate outcomes and as a result may violate established choice processes (Shafir and Tversky 1992; Soman and Gourville 2001). Knowledge drawn from such circumstances is known to be shaped by stereotypical beliefs about categories, such as a person's profession, ethnicity, or gender (Kunda and Sherman-Williams 1993). However, once perceivers receive unambiguous and individuating information about a person, such as past behaviors or hobbies, stereotypes are interrupted (Kahneman, Paul, and Amos 1982). For example, prior research suggests stereotypes will affect judgments when only the context for a behavior is given, but the effect diminishes when unambiguous information is provided (Gigerenzer,

Wolfgang, and Hartmut 1988). Thus, stereotypes should have little or no effect on customer judgments when paired with specific, unambiguous information whereas the opposite is expected when paired with ambiguous information (Kunda and Sherman-Williams 1993).

The presence of quality cues in a service encounter is unambiguous information. For example, most clients will form favorable opinions of a dentist who operates a pristine office, uses the latest dental technology, and phones patients following oral surgery to ensure their recovery. The pilot study described a retail setting in which customers had no individuating information about the employee or the firm. Thus, under these uncertain and ambiguous circumstances, a prominent and negative heuristic was used to arrive at judgments of the obese employee and the firm (Einhorn and Hogarth 1981; Kunda and Sherman-Williams 1993). Alternatively, we expect that when unambiguous quality cues are present in the retail environment, customers should use them as a basis for impression formation. Thus,

**H<sub>1</sub>.** Quality cues will attenuate the negative effect of employee obesity on (a) customer evaluations of frontline service personnel and (b) firm evaluations, but only when the cue is unambiguous.

### Study 1

#### *Subjects and design*

An online portal was used to collect data for both a pretest and the main study. Thirty-seven undergraduate students participated in a pretest to confirm the robustness of the stimuli used for the weight manipulation in the pilot study and to identify effective quality cues for use in this study. Students were shown either the before or after weight loss photo of the woman from the pilot study and asked to answer a series of short questions about her expected performance as a service employee. All subjects correctly answered the manipulation check by identifying the body type of the woman in the respective photo as either obese or average weight. Thus, the photo pair was retained for use in Study 1.

In response to three separate questions, subjects provided a short list of environmental cues they found indicative of high service quality in a retail store, full-service restaurant, and professional office building. Subjects also indicated the extent to which they would patronize a service establishment if the woman in the respective photo was employed as an accountant, dentist, physician, waitress, gym employee, or retail associate. Subjects were significantly less likely to select a service firm when the obese woman was employed as a waitress [ $F(1, 35) = 5.71, p = .02$ ], gym employee [ $F(1, 35) = 3.93, p = .03$ ], or a retail associate [ $F(1, 35) = 7.00, p = .01$ ] than the other occupations listed. The retail store context was chosen for Study 1 as a conservative test of **H<sub>1a</sub>** and **H<sub>1b</sub>** and to enhance the generalizability of the pilot study results. A further consideration was that most people regularly visit retail stores, as opposed to gyms, and are familiar with the activities that occur in this domain. Likewise, retail stores are commonly used in the design of service marketing

research (e.g., Simons and Kraus 2005) and are a realistic and reasonable option for service experiments. With respect to quality cues for retail stores, organized merchandize, short lines, soft lighting, and neat displays were mentioned most frequently by subjects.

Fifty-four undergraduate business students were recruited as subjects for the main study from a public university in the Mid-western United States. This location was chosen for Study 1 to ease concerns that the pilot study results were tied to regional norms. It should be noted that 30.5% of the state's adult population was listed as obese.

The sample contained 46% males. With respect to ethnicity, 63.1% of respondents were Caucasian, 21.6% were Hispanic, 9.9% were African American, 3.6% were Asian American, and 1.8 indicated "other". As expected, most of the subjects (87.4%) were in the 18–24 age range whereas 11.7% were 25–35 years old. Students received extra credit toward their final course grades for their participation in the study. The design was a 2(employee weight: average; obese)  $\times$  3(quality cue: ambiguous, unambiguous, control) between subjects experiment. None of the respondents were eliminated from consideration due to inappropriate responses to the embedded quality enhancement item.

### *Procedure*

Each subject read a scenario in which he or she was asked to imagine visiting a new retail store called "Bartley's" while running errands alone one Saturday afternoon. A fictitious store name was used in the scenario to eliminate a priori attitudes that may arise from the use of an established retailer. The remainder of the scenario incorporated feedback from the pretest to describe the retail environment and employee with (un)ambiguous quality signals or, in the case of the control condition, a lack of signals.

For the unambiguous condition, the scenario described an award plaque posted on a wall just inside the main door, which read "Welcome to Bartley's, Voted #1 in Customer Service". The retail environment is described as having soft lighting, organized displays, and short waiting lines, and it is revealed that the retail associate was recently chosen as "Customer Service Employee of the Month" by a unanimous vote of Bartley's management team. The ambiguous condition contained the same information about the award plaque on the wall but the retail environment was described as having bright lighting, disorganized displays, and long waiting lines. It was also revealed that the retail associate won "Customer Service Employee of the Month" by a narrow margin. In the control condition, the scenario described a plaque that read, "Welcome to Bartley's, Thank You for Shopping With Us," the retail environment was described as having typical features for a retailer, and there was no mention of an award for the retail associate.

After reading the scenario, subjects completed thought listings and the employee satisfaction, brand equity, service quality, firm satisfaction, and purchase intentions items from the pilot study. Scales were tested in the same manner as before and were again found to have sufficient reliability ( $CRs = .78\text{--}.94$ )

and validity. A manipulation check confirmed that all subjects accurately perceived the weight manipulations. A separate manipulation check, "What level of service quality did you expect to receive from only reading the information in the scenario?" confirmed the effectiveness of the quality cue manipulations. Specifically, 93% of respondents correctly identified the level of service quality implied in their respective scenarios. Subjects finished the exercise by completing a separate, short survey about their retail shopping behavior as a means of avoiding hypothesis guessing.

### *Results*

One-way ANCOVAs were conducted to compare mean differences for all the dependent variables. Work experience, gender, age and ethnicity were again not significant (all  $ps > .11$ ) and were removed from further analysis. As expected, there was a main effect of quality signals on all dependent variables ( $ps < .001$ ). Similarly, the weight condition produced significant main effects for satisfaction with the employee [ $F(1, 48) = 13.31, p < .001$ , partial  $\eta^2 = .111$ ], purchase intentions [ $F(1, 48) = 12.02, p < .01$ , partial  $\eta^2 = .100$ ], brand equity [ $F(1, 48) = 8.48, p < .01$ , partial  $\eta^2 = .036$ ], and service quality [ $F(1, 48) = 5.00, p < .05$ , partial  $\eta^2 = .089$ ]. The main effect of weight condition on satisfaction with the firm [ $F(1, 48) = 2.58, p = .12$ , partial  $\eta^2 = .001$ ] was not significant.

More important, the main effects were qualified by significant two-way interactions. Evaluations of the obese employee were significantly higher in the presence of unambiguous quality cues than when ambiguous cues or no cues were present (satisfaction with the employee [ $F(2, 48) = 6.62, p < .05$ , partial  $\eta^2 = .058$ ], brand equity [ $F(2, 48) = 6.40, p < .05$ , partial  $\eta^2 = .056$ ], service quality [ $F(2, 48) = 4.34, p < .05$ , partial  $\eta^2 = .039$ ], satisfaction with the firm [ $F(2, 48) = 7.20, p < .01$ , partial  $\eta^2 = .063$ ]), and purchase intentions [ $F(2, 48) = 5.11, p < .05$ , partial  $\eta^2 = .046$ ]. Mean values across conditions are presented in Table 2 and Fig. 2. Post hoc analyses failed to reveal significant mean differences between the unambiguous and control conditions for any of the dependent variables (all  $ps > .23$ ).

The results indicate that evaluations were more favorable when unambiguous signals are present than when ambiguous or no signals are present. Ambiguous signals were interpreted the same as no signals. Obese and average-weight employees were viewed similarly when unambiguous signals were present. Thus, H<sub>1a</sub> and H<sub>1b</sub> were supported.

### *Study 1 Discussion*

Collectively, the analyses indicate that unambiguous quality cues attenuate the negative effect of obesity stereotypes on customer evaluations of frontline service personnel and the associated service firm. Specifically, the presence of unambiguous, high quality signals in a retail environment elevated subjects' perceptions of the store with an obese employee so that it was viewed as comparable to the store with an average-weight employee. One subject stated during debriefing: "The fat employee gave me a bad impression of the store at first. But,

Table 2  
Study 1 results.

Dependent variable				<i>F</i> (partial $\eta^2$ )
Satisfaction w/employee				6.62 (.058)*
Brand equity				6.40 (.056)*
Service quality				4.34 (.039)*
Firm satisfaction				7.20 (.063)**
Purchase intentions				5.11 (.046)*
Means (Std. error)				
	Obese employee		Average-weight employee	
	Ambiguous	Unambiguous	Control	Ambiguous
Satisfaction w/employee	2.16 (.132)	5.32 (.142)	2.58 (.241)	3.69 (.162)
Brand equity	1.80 (.082)	5.32 (.147)	2.03 (.209)	3.91 (.190)
Service quality	1.90 (.119)	5.65 (.132)	2.18 (.188)	3.43 (.186)
Firm satisfaction	2.77 (.129)	5.33 (.128)	3.01 (.179)	3.29 (.210)
Purchase intentions	1.74 (.106)	5.28 (.160)	1.50 (.093)	3.17 (.174)
Control				5.81 (.133)
				3.87 (.121)
				5.49 (.109)
				3.94 (.099)
				5.94 (.142)
				3.15 (.167)
				5.81 (.120)
				3.87 (.179)
				3.22 (.172)

\*  $p < .05$ .

\*\*  $p < .01$ .

I could tell from the store characteristics that I had entered a quality place. I assumed that if she was working in this high quality store she must be high quality too." Alternatively, when cues were ambiguous or absent, the obese employee was rated

less favorably than the average weight employee. As the referenced theory would dictate, subjects appear to have viewed the ambiguous information as irrelevant (Van Dijk and Zeelenberg 2003), which led to evaluations that resemble those of subjects

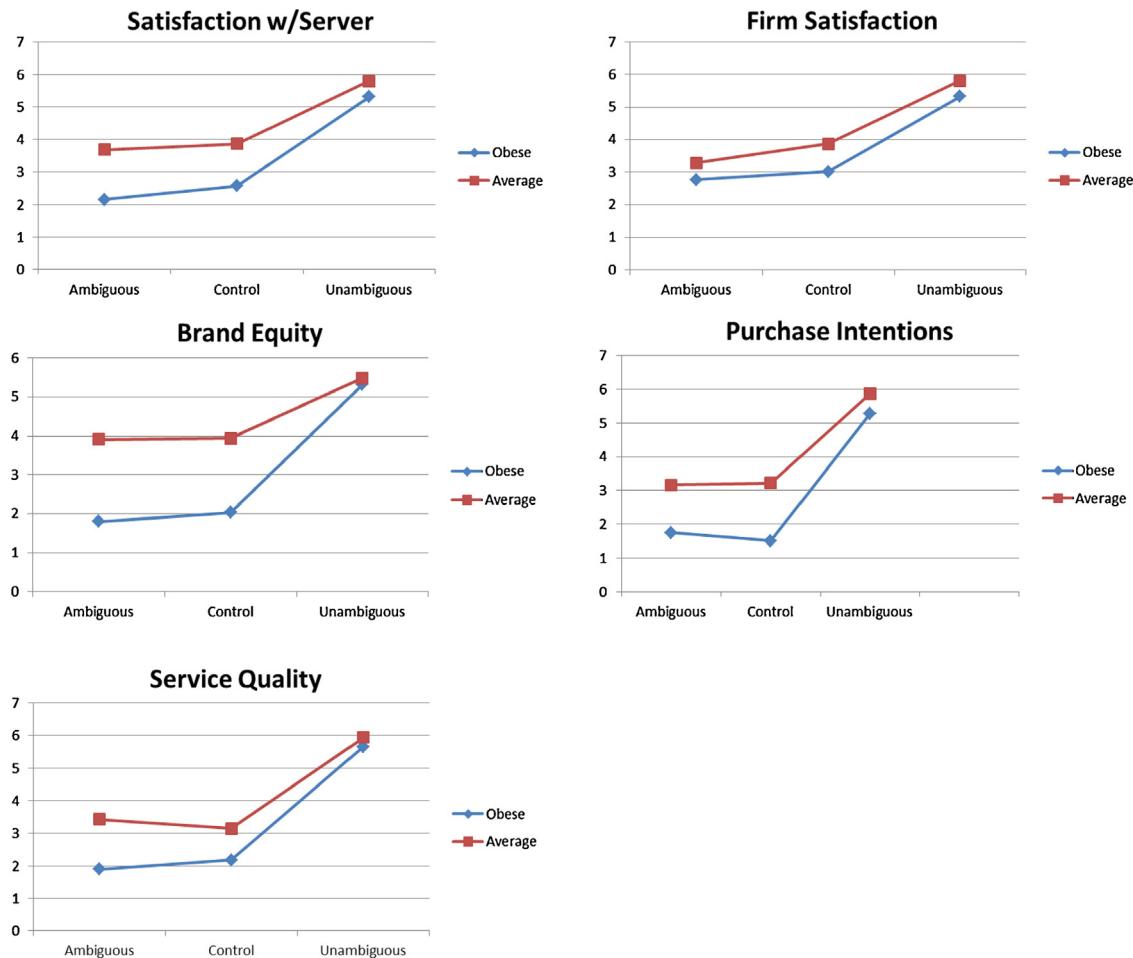


Fig. 2. Study 1 means plots.

with no information. It should be noted that these results were obtained with a relatively diverse sample that was expected to be somewhat amenable to obesity.

Study 2 investigates a second means by which obesity stereotypes may be offset. In particular, the design of Study 2 is intended to recognize that, to this point, our investigation has focused on negative obesity stereotypes. Thus, Study 2 examines the effectiveness of joviality as a mechanism to evoke a positive obesity stereotype that may offset negative stereotypes. A second purpose for Study 2 is to address concerns about gender bias and sample limitations. Because the pilot study and Study 1 used student subjects and a female frontline employee, concerns may arise that our findings are limited to young populations or one gender<sup>2</sup>. Indeed, prior research (e.g., Fischer et al., 1997) suggests that employee gender may impact customer service evaluations. Accordingly, Study 2 utilizes a non-student sample and a male frontline employee. The conceptual background for our predictions about joviality is presented next.

### *Positive obesity stereotypes*

Some evidence suggests that obese individuals experience a number of psychological side effects. These effects include life dissatisfaction, reduced self-esteem (Stunkard and Sobal 1995) and heightened risks of depression (Rosmond 2004). Depression is the most pervasive mental disorder within Western society (Costa-Font and Gil 2006) and, like obesity, it is believed to contribute to productivity losses and increased medical costs (Thomson and Richardson 1999). Simultaneous increases in obesity and depression have led some researchers to hypothesize a link between the physical state (e.g., obesity) and a mental state (e.g., depression). However, this link is quite controversial, with some studies showing a positive relationship (Onyike et al. 2003; Puhl and Brownell 2001), some producing a null effect (Friedman and Brownell 1995), and still others showing a surprising, inverse relationship (Palinkas, Wingard, and Elizabeth 1996).

Building on the idea that obesity is inversely related to depression, the so-called “jolly fat hypothesis” (Crisp and McGuiness, 1976) purports that obese people of both genders have lower levels of anxiety, and obese men are less likely to have depressive symptoms, as compared to the general population. The jolly fat hypothesis is consistent with results from very early researchers (e.g., Simon 1963), who determined that obese men are at least more content than others. More recently, a link between obesity and a “happy gene” has been established which may account for the observed link between joviality and obesity.

Anecdotally, eating high fat and high carbohydrate comfort foods is known to induce happiness and may make individuals feel and function better (Canetti, Bachar, and Berry 2012). People also eat comfort food in an attempt to reduce the activity in the chronic stress-response network, with its attendant anxiety (Dallman et al. 2003). The central theme here is that periodic overeating may be a protective mechanism against the

experience and display of anxiety and depression (Dallman et al. 2003).

Indeed, obese people with outward, positive attitudes are often described as “jolly” and “fun.” This joviality stereotype is perhaps best personified in obese characters such as Santa Claus and by popular actors like John Candy, Chris Farley, Melissa McCarthy, Jonah Hill, and Zach Galifianakis. In addition, research findings indicate that some aspects of humor are related to obesity and individuals with a keen sense of humor may be more prone to engage in unhealthy lifestyle behaviors such as overeating (Martin 2004). If joviality is a positive stereotype that is associated with obesity, building on our earlier arguments about the prominence of negative obesity stereotypes in ambiguous settings, it follows that joviality may be particularly effective at offsetting negative obesity stereotypes. In other words, much like the environmental quality cues served as a basis for impression formation in Study 1, we expect the joviality of an obese employee to play a similar role in offsetting negative obesity stereotypes in Study 2. Thus,

**H<sub>2</sub>.** Expressions of joviality will attenuate the negative effect of employee obesity on (a) customer evaluations of the frontline service employee and (b) the associated service firm.

## Study 2

### *Subjects and design*

A 2(employee weight: obese/average weight) × 2(joviality: present/absent) between-subjects research design was used. One hundred forty-six members of an online panel completed the study and received a nominal honorarium for their time. The sample contained 45% women. Of the subjects, 82.9% were Caucasian, 6.8% were Asian, 5.5% were Black and 4.1% were Hispanic. The majority of the sample was 25–34 years old (41%), while 29% were 18–24 years old, 16% were 35–44 years old, 7% were 45–54 years old, and 8% were age 55 or older. Forty-five percent of the sample possessed a four-year college degree or higher. Fifty-seven percent of subjects self-reported as average weight, 17% were somewhat overweight, 9% were overweight, and 3% were obese.

In a pretest, 12 non-student subjects completed a filler task while participating in another study. Participants answered open-ended questions to indicate the service context in which joviality expression is appropriate, the type of joviality expression most appropriate for service personnel, and the set of traits that best describe a jovial employee. They also answered the interaction quality and firm-level satisfaction scales used in Study 1. Respondents felt that it was most appropriate to express joviality in restaurant (100%), retail (92%), and customer service (92%) positions. Having humorous dialog with customers was mentioned most frequently as a realistic means of joviality expression in a service context. Participants indicated a slight preference for interacting with an employee described as “jovial” over an employee without that description [ $(M_{\text{Jovial}} = 4.90 \text{ vs. } M_{\text{Non-jovial}} = 4.62)$   $F(1, 10) = 3.014, p < .07$ ]. Evaluations of a firm with a jovial employee were significantly higher than

<sup>2</sup> Special thanks to an anonymous *JR* reviewer for making this suggestion.

those for a firm with a non-jovial employee [ $F(1, 10)=5.77, p<.05$  ( $M_{\text{Jovial}}=5.00$  vs.  $M_{\text{Non-jovial}}=3.98$ )]. The terms most frequently used to describe a jovial employee were “fat,” “friendly,” and “humorous.”

### Procedure

An equal number of subjects were assigned to the four conditions of the online survey. The general procedure from Study 1 was adopted for this study, with the exception of there being a male waiter who exhibited either jovial or non-jovial neutral characteristics. A pair of photos was selected that depicted the same male model both before and after significant weight loss. Specifically, the 6'0 model weighed 250 pounds in the before photo and 190 pounds in the after photo. The size of the model in the before photo was further enhanced via photo editing software that accentuated his weight. There was a consistent background in both photos and the waiter wore the same clothing in both the before and after photos (see Fig. 1).

In the scenario (see Fig. 1), participants were asked to imagine they were running errands one day and decided to get lunch in a casual restaurant with an outside patio. The scenario describes a routine dining experience and then introduces the waiter via the before weight loss picture (obese condition) or the after weight loss picture (average weight condition). Working from the definition of jovial, its synonyms, and the terms derived from the pretest, respondents in the jovial condition were told that the waiter was cheerful and funny and that his customers would regularly erupt in laughter as he served their tables. They were also told that the waiter told a joke as he took their food order. Respondents in the non-jovial condition read a scenario where the waiter was described as calm and responsive. The waiter described the menu and then took the customer's order. In a second pretest, 23 non-student participants reported that the scenario for the jovial condition was markedly more jovial than the non-jovial scenario ( $M_{\text{Jovial}}=6.67$  vs.  $M_{\text{Non-jovial}}=3.21, p<.01$ ).

### Manipulation checks

Participants in the main study completed a pair of 7-point scales to assess the joviality and perceived weight of the photo stimuli. Participants answered the questions, “Is the server jovial?,” (1 = Not At All Jovial; 7 = Extremely Jovial) and “Is the server?” (1 = Extremely Underweight; 7 = Extremely Overweight, with descriptors assigned to each scale value). As expected, the waiter was perceived to be more jovial ( $t(141)=6.83, p<.001$ ) in the jovial condition ( $M_{\text{Jovial}}=6.26$ ) than in the non-jovial ( $M_{\text{Non-jovial}}=4.94$ ) condition. There was also a significant joviality effect across obesity conditions ( $t(141)=2.06, p=.041$ ), with the obese waiter receiving a higher joviality score ( $M_{\text{Obese}}=6.10$ ) than the average-weight waiter ( $M_{\text{Average}}=4.93$ ). Subjects confirmed that the server was perceived to be “overweight” ( $M=6.21$ ) at the heavier weight and “average weight” ( $M=4.18$ ) at the lighter weight ( $t(141)=7.88, p<.001$ ). Reactions to the service encounter were assessed with the scales from the previous studies. Scale reliabilities ranged from .88 to .98.

### Results

One-way ANCOVAs were conducted to compare mean differences for all dependent variables.

Gender, income, age, ethnicity, subjects' weight, and subject's joviality were not significant (all  $p>.13$ ) and thus all were removed. Consistent with our logic, there were main effects for obesity ( $p<.05$ ) and for joviality ( $p<.05$ ) on all dependent variables.

Overall, interactions were observed between obesity and joviality for four of the five dependent variables (see Fig. 3 for a depiction of the interactions). Significant interactions were observed for purchase intentions [ $F(1, 142)=4.24, p=.04$ , partial  $\eta^2=.041$ ], brand equity [ $F(1, 142)=7.38, p=.007$ , partial  $\eta^2=.049$ ], service quality [ $F(1, 142)=6.70, p=.011$ , partial  $\eta^2=.045$ ], and satisfaction with the firm [ $F(1, 142)=10.66, p=.001$ , partial  $\eta^2=.070$ ]. Satisfaction with the employee [ $F(1, 142)=2.81, p=.10$ , partial  $\eta^2=.019$ ] was significant at the 90% confidence level. Patterns of means (see Table 3) were consistent with H<sub>2a</sub> and H<sub>2b</sub>. Specifically, consistent with our earlier findings, firm evaluations in the non-jovial condition consistently favored the average weight employee over the obese employee (all  $p<.01$ ). However, as predicted in H<sub>2b</sub>, there were no significant differences in firm evaluations within the jovial condition, regardless of the waiter's size (all  $p>.64$ ).

### Study 2 Discussion

Study 2 results indicate that service interactions with a jovial, obese employee can garner firm evaluations on par with those of an average weight employee. As expected, in the absence of joviality, the obese employee received evaluations lower than the average weight counterpart. Thus, a second buffering strategy for negative obesity stereotypes was identified in Study 2. More generally, results indicate that the negative obesity stereotype transference was robust to employee gender and to a non-student sample.

### Summary and managerial implications

The primary objectives of this research were to extend the retailing literature by (1) showing that obesity has important, negative implications for customer evaluations of frontline transactions and firm-level outcome measures, and (2) identifying tactics for offsetting the effects of negative obesity stereotypes. In the pilot study, the basic tenets of stigma by association theory were tested to document the assignment of the obesity stigma to an associated service firm. Despite gainful employment in a fast-paced industry (which refutes negative obesity stereotypes such as laziness), the obesity stigma invoked a spreading phenomenon from the frontline employee to the service firm. In Study 1, unambiguous quality cues were employed to mitigate the effects of negative obesity stereotypes on customer evaluations of an obese frontline retail employee and the associated firm. In Study 2, negative obesity stereotypes applied to a restaurant worker were offset by the activation of a countervailing, positive obesity stereotype.

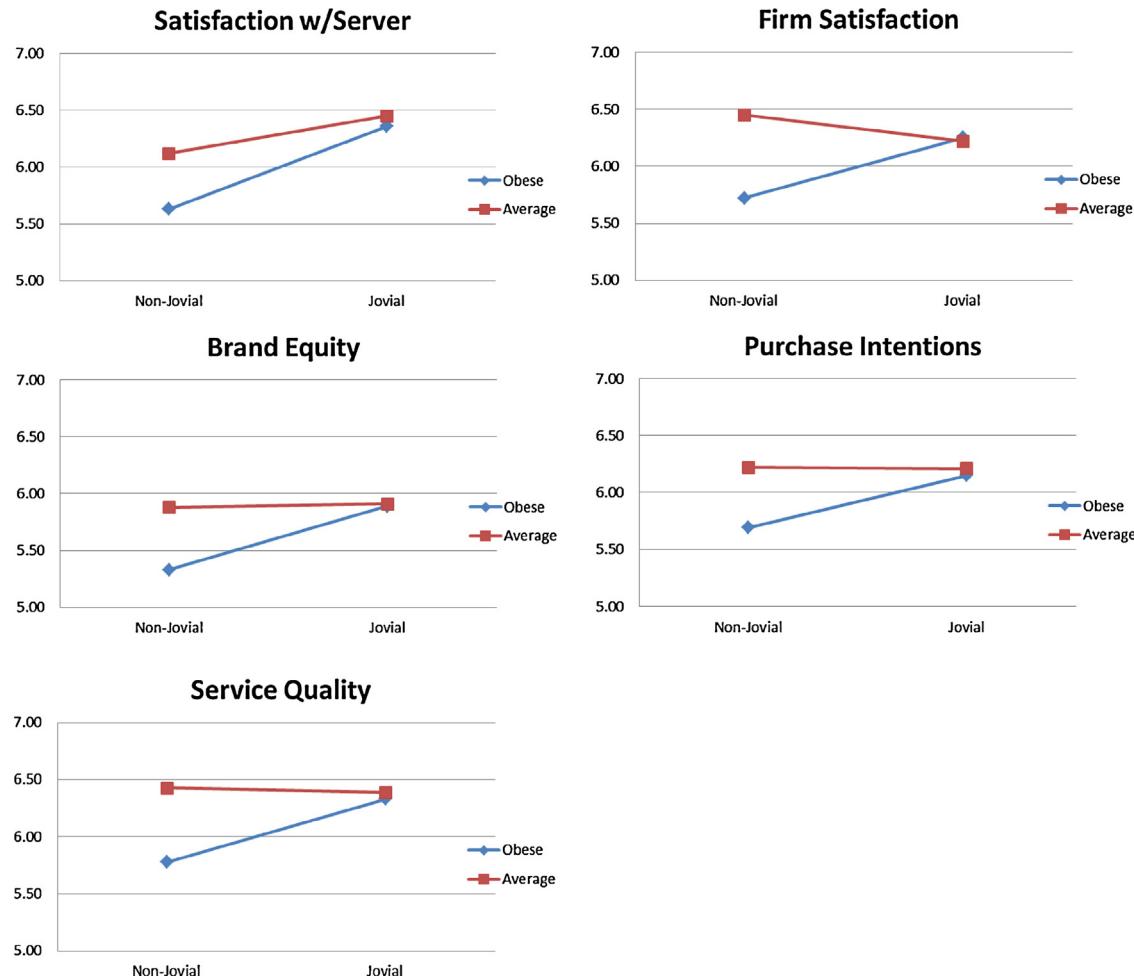


Fig. 3. Study 2 means plots.

The present research makes several critical contributions to the existing literature on impression formation and customer choice. First, it implies that stereotyping leads to negative evaluations of an obese frontline employee *and* the service firm the employee represents. Second, it demonstrates that quality cues may be an effective technique for reducing some of these negative evaluations. Most service providers want customers to form positive quality inferences about their organization. Extra attention to facility cleanliness, merchandize neatness, employee accomplishments, and inventory backfilling may be enough to attenuate the negative effect of employee obesity and improve

negative inferences. These procedures are indicative of excellent service quality and may cause customers to align their perceptions of an obese employee with quality cues rather than reduce their brand impressions to coincide with negative obesity stereotypes. Finally, it shows that negative obesity stereotypes can be offset with positive stereotypes. To our knowledge, this is one the first research efforts to focus on positive obesity stereotypes in a way that interrupts the prominent negative ones.

In a broad sense, the findings confirm that customers consider the weight of a frontline employee pertinent to judgments about a service firm, even in settings like restaurants and department

Table 3  
Study 2 results.

Dependent variable	<i>F</i> (partial $\eta^2$ )	ANOVA results		Means (Std. error)	
		Jovial	Non-Jovial	Obese	Average
Satisfaction w/server	2.81 (.01)	6.36 (.050)	6.45 (.048)	5.63 (.066)	6.12 (.079)
Brand equity	7.38 (.05) <sup>**</sup>	5.89 (.052)	5.91 (.049)	5.33 (.050)	5.88 (.044)
Service quality	6.70 (.05) <sup>*</sup>	6.33 (.051)	6.39 (.053)	5.78 (.073)	6.43 (.048)
Firm satisfaction	10.66 (.07) <sup>**</sup>	6.25 (.056)	6.22 (.055)	5.72 (.070)	6.45 (.050)
Purchase intentions	4.24 (.03) <sup>*</sup>	6.15 (.052)	6.21 (.053)	5.69 (.062)	6.22 (.050)

\*  $p < .05$ .

\*\*  $p < .01$ .

stores where physical fitness has relatively little to do with job roles. However, other products and services may be closely associated with a frontline employee's fitness level (Everett 1990) and therefore more readily lend themselves to attribute transference. For example, the sale of health-related products (e.g., pharmaceuticals) may be more adversely affected by a salesperson's weight as opposed to other, non-health-related products (Bellizzi and Hasty 1998). Likewise, frontline service jobs that are closely tied to a particular body image, such as working the counter at a gym or a health food store, would likely yield harsher customer evaluation penalties than the ones presented here.

The current research answers the call for additional research on understudied stigma categories and to build the general knowledge base of stigma-related phenomena (see Hebl and Dovidio 2005; Hebl and Mannix 2003). A consistent body of research suggests that the obesity stigma works differently than other stigmas (e.g., Crandall 1994; Crocker, Beth, and Brenda 1993; Miller and Downey 1999). Our results support this assertion in finding that a professional alliance can trigger the stigma-by-association phenomenon. The implications of such an occurrence are critical, as they imply that the negative obesity stigma associated with one person can influence evaluations of an entire business entity. Managers must therefore consider employing strategies to address any negative repercussions of hiring an obese worker for direct customer interface.

Our research identified two suppression strategies that apply to frontline service settings. For instance, managers may find it useful to implement stringent dress codes as a cue to the firm's professionalism and thereby provide a mechanism for offsetting negative obesity stereotypes. Such a strategy would be consistent with the data pattern from Study 1 with respect to the mitigating effects of quality cues. Likewise, employee training can be amended to emphasize the importance of consistently exhibiting customer friendly attitudes as a general method for priming positive obesity stereotypes. More specifically, managers should consider allowing employees latitude to express themselves in ways that lighten the mood, are amusing, or otherwise entertaining. Study 2 suggests that such expressions counteract prominent and ingrained negative stereotypes associated with an obese frontline worker. It is important to note that these techniques lend themselves to all employees, as they are general best practices and may garner customer goodwill regardless of an employee's weight. However, our results show that these outward expressions of joviality offer an alternative, positive cue to the prominent negative obesity stereotypes and, as such, they are especially effective for obese frontline workers.

Although this research introduces the topic of obesity to the retailing literature and extends existing obesity work, it nonetheless has limitations that should be addressed with future research studies. For example, future research should consider other strategies that may offset negative obesity stereotypes, such as self-regulatory strength (Gailliot et al. 2009) or education about the causes of obesity. Along these lines, there may be other positive obesity stereotypes, such as warmth and empathy, which may have similar effects as the jovial stereotype introduced in Study 2. Insight on the presence of more than

one obese employee or employees with more than one stigma (obese, ethnic, elderly) may add value to this research stream. Further, researchers should apply stereotype suppression strategies to different service industries and across other stereotyped groups. For instance, researchers should consider an investigation of customer perceptions of service organizations such as Wal-Mart and Publix that often hire employees with developmental challenges in customer contact positions. Also, more work is needed to tease apart the null finding reported in the pilot study where negative stereotype application did not vary as a function of respondents' perceived weight. In particular, it would be interesting to examine whether past experiences, such as experience with weight discrimination or obesity stereotypes, influence the propensity to apply negative stereotypes. Finally, future research should evaluate the malleability and longevity of the impressions and behaviors that follow stereotype activation, suppression, or both.

### Conclusion

In general, it is important for managers to understand how customers perceive frontline service employees and to take steps to positively influence the formation of customer attitudes whenever possible. Understanding how to address consumer reactions to obese employees seems vitally important given the increase in obesity rates globally. This research introduces a timely and relevant topic, which is of great interest to health-care providers (obesity-related diseases lead to increased health care demands), politicians (abundant resources have been allocated to address obesity issues among American adults and youth), lawmakers (obesity is a protected disability under the Americans with Disabilities Act), marketers (exercise and weight-loss are multi-billion dollar industries), and employers (concern with obesity-related work absences and employees' lack of energy). Moreover, nearly 18% of American children are obese (Centers for Disease Control and Prevention 2013) and obesity tends to follow children into adulthood. Thus, this research may have managerial implications for the present and future workforce. The findings in these studies may also allow firms to tactfully deal with this sensitive issue before harsh consequences manifest. Firms may not be able to overturn the present obesity trends, yet they should understand the implications of negative obesity stereotypes for customer evaluations and be aware that there are actionable ways to offset them.

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