

Service Co-creation: Different Meanings for Different Players

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Abstract

To understand what influences the behaviours and interactions of service participants, this research aimed to identify and describe the underlying themes of client orientation, client involvement, provider empowerment and client empowerment. 29 semi-structured interviews were conducted with managers, providers and clients of three community-based aged healthcare service networks. Inductive and deductive analysis confirmed the themes and identified additional ones; it then facilitated interpretation of each theme's meaning. Different meanings were found for the themes in each participant group, reflecting the different roles which service participants play in service co-creation. Based on these findings, it is proposed that the four concepts and their underlying themes provide a basis for further investigation of service participant interaction and their effects on service quality.

Key Words: Service Co-creation, Client Orientation, Provider Empowerment, Client Involvement, Client Empowerment

Introduction

Client involvement in the service creation process has been recognised in the literature for some time (Bateson, 2002; Bendapudi & Leone, 2003; Prahalad & Ramaswamy, 2004), with service co-creation receiving renewed consideration in the context of Service Dominant Logic (Vargo & Lusch, 2004). This logic depicts interaction as being the key influencer of the resultant service and its quality, and Vargo and Lusch (2008a), on the basis that service value creation is interactional, proposed that irrespective of the type of service, the client is always a co-creator of value through their participation in the creation of the service. Importantly, service value cannot be created or delivered unilaterally; it always involves the contribution of the client within a relational context (Lengnick-Hall, 1995). Accordingly, Vargo and Lusch (2008b) proposed that a service, to be effective, must be inherently client oriented, with employees empowered in their role of creating value as the organisation's source of knowledge and innovation. They depict value as always being uniquely and phenomenologically determined by the beneficiary, and contend that all direct service providers should be empowered in their role of value-creation, as they are the organisation's main source of innovation, knowledge and value. Managers are also portrayed as having a key role in the service that is created through supporting their employees and facilitating integration of the organisation's resources (Vargo & Lusch, 2008b). As early as 1980, Donabedian identified the importance of the interpersonal process in the delivery of healthcare and the significant contribution required from the client, the service provider and the service manager. Arguably, the quality of the interaction between the participants of a service network is essential to service co-creation, with Fyrberg and Jürriado (2009) emphasising the need for research on the interaction processes of network participants and the resultant co-creation of value. To explore the factors which influence the behaviours and interactions of the participants of a high involvement, high contact and ongoing service, a triadic qualitative study was undertaken in 2008. The subjects for this study were the service manager; the direct service provider; and the client (with dementia) of a community-based aged healthcare service. Inductive analysis of the data identified four key ideas: how the service is focused on the client; how the client actively contributes to the service; how the client is empowered to actively participate in the service; and how the care worker is empowered to provide the service (Gill, et al., 2010). The subsequent literature examination identified four concepts that aligned with these ideas: client orientation, which impacts on the client's assessment of the performance of an organisation (Brady & Cronin, 2001); client involvement which influences the client's perceptions of the benefits of the service they receive (Kinard & Capella, 2006); employee empowerment which is influenced by the organisation's service orientation, thereby impacting on the client's perceptions of the quality of their service (Schneider, White, & Paul, 1998); and client empowerment which enables the client's involvement in their service (Loukanova, Molnar, & Bridges, 2007). The literature review also identified a number of potential themes linked to each of the four concepts: commitment, benefit, priority and service improvement associated with client orientation; confidence, trust, engagement and information exchange related to client involvement; and knowledge, initiative and choice linked to both client and provider empowerment.

Research Methodology

The research aimed to identify and then describe the key themes associated with the interactions and relationships occurring between the service participants of an ongoing community-based aged healthcare service. It therefore adopted a constructivist approach to data management and

analysis (Charmaz, 2005). Two sequential qualitative studies were undertaken, with purposive recruitment of subjects from the same organisation but in two separate geographic locations. This work sought to identify and then describe the key themes underlying the four concepts identified in the exploratory study. A total of 12 in-depth interviews were conducted for Study I, with one service manager (female), six care workers (all female) and five clients (three female and two male) in the same service network in the northern Sydney area. All participants were Australian and of Anglo-Saxon origin and interviews were audio-taped, with each manager and provider interview averaging 45 minutes' duration and client interviews averaging 60 minutes. Study II was conducted with participants purposively sourced from the same organisation but in a location outside Sydney which was semi-rural, of mixed socio-economic profile and predominately of Anglo-Saxon origin. A total of 17 in-depth interviews were conducted with participants belonging to two separate service networks: the first consisted of the manager (female), three providers (female) and six clients (four female and two male); and the second consisted of the manager (male), two providers (female) and four clients (three female and one male). The clients of both studies had mild to moderate dementia, were aged over 80 and were interviewed in their own home. In recognition of their potential vulnerability, recruitment of these participants was undertaken with the support of the organisation's research manager, and locally with the assistance of the area manager to ensure their ability and willingness to participate. A protocol was established to manage any potential adverse consequences or issues that might arise. To facilitate exploration of the concepts, it was necessary to deal with the cognitive and memory impediments of dementia which can affect the respondent's ability to engage with abstract concepts. Accordingly, in each client interview, some time was spent prior to the commencement of the interview getting to know the respondent and discussing their life experience, so that subsequent questions could focus on their active personal experience and emotions. Informed by the literature, both general and specific interview questions were developed, along with a research template which labeled, defined and described each theme. The template was used to guide the analysis through the construction of a code manual which consisted of the proposed themes, and these were updated on the basis of the findings of the first study.

Analysis and Results

The same analytical approach was used for each study, with organisation of the data beginning with the management of coded computer files for both the transcripts and the audio-recordings. The researcher audited each transcript, checking it against the original recording for accuracy. Thematic analysis of the data employed both an inductive and deductive manual content approach (Miles & Huberman, 1994; Spencer, Ritchie, & O'Connor, 2004), with both studies relying on systematic processes common to grounded theory: concurrent data collection and analysis, which facilitated constant comparison of the data for checking theory development; purposeful sampling; exploring all atypical cases; memo writing; and verification. The analysis focused firstly on the general interview questions, to inductively discover and then illustrate new emerging themes, and then deductively on the specific theme interview questions. The template analytic technique (Crabtree & Miller, 1999) was used, and deductive codes from the code book were applied to the complete raw data set, to label meaningful units of text. Researcher comments were also attached to those units of data, and a separate file for each theme was gradually constructed, resulting in an integrated verbatim data set, to which the assigned the codes and comments were transferred. Memos, derived from the field notes, were used to reduce the data and then again in the verification and conclusion process, with coded data highlighted, linked and gradually combined, ultimately resulting in a table summarising the themes and their meaning for each of the respondent categories. Interpretation and a

comparison of the meaning associated with each theme were then possible for the three participant groups.

Study I identified explicit differences in the meaning ascribed by each of the respondent categories to the themes of client orientation, client involvement, provider empowerment and client empowerment. These differences were supported by both the observational notes and the integrated data. The themes derived from the literature were confirmed, with two additional themes identified for both Client Orientation (Value and Focus) and Client Involvement (Relationship and Participation). Despite the mutuality and interdependency that existed between the three respondent categories, differences became apparent early on in the analysis; manager comments tended to be normative in character “we have to ensure” (IM1); client comments highlighted the reliant nature of their service relationship “look after us” (IC4); and provider comments indicated the dissonance they experienced with the different expectations placed on them firstly by their manager, “act in a professional manner” (IP5), and secondly by their client, “They view you like a member of their family” (IP5). Almost all the clients interviewed presented as “passive” recipients of the service they were receiving, were keen to tell how they had come to rely on the service, how they could not do without it, and many expressly related how it was the service that made it possible for them to stay in their own home. These findings were emulated in Study II, which reinforced all the themes, along with the differences in the perspectives of the three respondent categories; it uncovered no further themes. Comparative examination of the collapsed data of both studies highlighted consistent discrete trends in the responses for each participant category with a different meaning being assigned for the same theme. For example managers spoke about the theme commitment in a reactive sense: *If there's issues that are expressed or complaints or concerns raised, then the organisation would attempt to do something about that and to change it (IIM1)*; providers spoke about it receptively: *Making sure everything's done right and on time and communication. That's a huge one with the clients. You know, that the communication lines are always open (IIP3)*; and clients spoke about it acquiescently: *I think just by remembering things that I like and how I like things and always making me feel it's a pleasure to do anything for me; however tiresome it may be, they never show it (IIC7)*.

Further, in relation to understanding the formation of a community-based aged healthcare service, a number of observations relating to the participant categories were recorded during the conduct of the interviews, and to some extent these can potentially be explained by the participant's relative position in the service network. Many of the clients appeared to be reticent to “opening up”, and took great care to ensure that they spoke highly of the service and their provider. Their vulnerability was clearly apparent as they related how they relied heavily on the service to keep them in their own home and how it prevented them being moved into residential care, something which they dreaded. The providers who were interviewed expressed concerns about their participation, and these concerns were identified as relating to the possibility that it was they who were being assessed. They recounted their need to take care so that their responses would not negatively impact on their position, though longer term employees offered information more openly than those who had been with the organisation for a shorter period. The managers behaved as though they too were under a microscope, and made every effort to quote the “language of the organisation”, becoming concerned if they couldn't remember the right organisational phrase. In addition, both providers and managers offered unprompted comment that the questions that were asked in the interview concerned issues they had not consciously considered, but indicated that they felt all the issues raised were of importance in executing their roles.

Discussion and Conclusion

This is the first study that investigates the components of four inter-related concepts: client orientation, client involvement, provider empowerment and client empowerment in the context of service creation, and then identifies the themes related to each of them. It is based on the co-creation premise of Service-Dominant Logic, the application of which depicts the creation of a community-based aged healthcare service as the result of the combined contribution of the client, the provider and the manager. The research sought to explain how an intensive and ongoing service is created, through the contribution of all three participants who play a role in forming the service due to their inter-dependencies. It also aimed to discover the meaning which each participant category ascribed to the identified abstract themes. The selection criteria used to identify the subject organisation focused on ensuring that: it had a strong client-centered approach to service provision; and it offered different geographic locations, thereby addressing the issue of validity. Based on the significance of participant interaction in the creation of a service (Donabedian, 1980; Fyrberg & Jürriado, 2009), it is proposed that understanding the influencers of the interactive process for members of a service network offers a means to comprehending how a service and ultimately its interactional quality are formed. It is suggested that this work makes a theoretical contribution to services research, an extensively studied field with a number of conceptual service quality models which endeavor to explain the concept of perceived service quality (Svensson, 2002). More recently, the depiction of perceived service quality as a multi-dimensional hierarchical concept has gained support, with interaction confirmed as a primary dimension (Dagger, Sweeney, & Johnson, 2007). However, notably these models fail to offer an explanation of what shapes the dimension of interaction, as they focus purely on the client's view of their service.

This work investigated the perspectives of all the main participants involved in the creation of a community-based aged healthcare service. Its findings suggest that understanding the four concepts which effect service participant interaction offers an approach for analysing the process of interpersonal exchange and the resulting contribution which each of the service participants make to the creation of a service. It is proposed that the combination of their effects directly influence the interactions which occur and relationships that form between the participants of the service network. With the literature evidencing that perceived service quality is a direct result of participant interaction; it is argued that understanding the drivers of interaction is essential to service design and provision, especially where dependencies exist between each of the service participants. Furthermore, Gounaris et al (2003) point out that there has been little work undertaken which identifies the antecedents of service quality, and in their study, they report that service quality is a function of both client and organisation specific antecedents, which they present as industry specific. It is therefore proposed that these four concepts act together as antecedents to perceived healthcare service quality.

To ensure the creation of a quality community-based aged health care service, this study indicates that first a service should be oriented to the client through specifically addressing the commitment, benefits, priorities, improvement, worth and focus of the service. Second, client involvement should be facilitated through paying specific attention to: informing, confidence building, engaging, trust building, relationship building, and gaining the active participation of the client. Third, the creation of a responsive service can be achieved by making sure that: the provider is empowered with the requisite knowledge, and they are able to take initiative and exercise choice in executing their role; and through empowering the client by sharing knowledge with them, and facilitating their taking initiative and being able to make choices. Importantly, given that this study reveals specific insights into the client's perspective of the co-creation of a community-based aged healthcare service, it offers service providers and managers information that they can use to actively involve clients in the service creation

process. It also provides information that could be used to assist with staff recruitment, selection, training and assessment.

Whilst this work identified the emergence of main themes that recurred across all three participant categories, comparative analysis of the data identified that the meaning ascribed to each theme differed between the categories. Overall, the meaning assigned by clients and providers can be encapsulated by the direct exchange which occurs between them and their personal interface; and that of managers, through their overall service results perspective which they view as being achieved through the performance of their staff. Solomon et al (1985) highlighted that service encounters were especially amenable to role theoretical analysis as each actor has a designated role to play in the service formation and production. It is therefore proposed that these results should also be considered in the context of role theory, which suggests that service participant interaction will be determined by the respective roles which the participants adopt (Broderick, 1998). Applying this theory to the differences that have been identified in this study can be seen to explicitly reflect each participant's position and role in the service network. These findings raise the question as to what influence adopted role differences, within the same service participant category, can have on the process of interaction and service co-creation.

Proposed Future Research and Limitations

There are a number of limitations associated with this study. First, whilst the emphasis was on ensuring deep and meaningful exploration of the key concepts and their themes, the sample size in each of the three groups is small; in particular there were in total only three manager participants. These numbers are however the result of the triadic structure of the research, which required that the participants of the three groups were in the same service network. Second, the research was conducted in the same organisation. Third, as the client participants all had some dementia, their responses might not be fully representative of clients with good cognition. Fourth, the exclusion of people unable to speak English confines the results to Anglophones; and finally further research of similar service networks in other organisations is required to validate the findings. As this work has been undertaken in service networks in the same organisation, it is necessary that further research be undertaken for similar service networks in different organisations. Additionally, further broadening of this work is required to ascertain the transferability of the four concepts and their associated themes for clients with full cognition, clients of other cultural backgrounds, and for other types of high contact, high involvement and ongoing services. Finally, empirical analysis through quantitative research should also be conducted.

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