Consumer Value Co-Creation in Frontline Healthcare Services

Sarah Dodds, Massey University, New Zealand
Sandy Bulmer, Massey University, New Zealand
Andrew Murphy, Massey University, New Zealand

This study develops a new framework for understanding the process of consumer value co-creation in the context of interactive service encounters in healthcare. Specifically, this research investigates the antecedents and outcomes of value co-creation in frontline service in the emerging and fast growing Complementary and Alternative Medicine (CAM) sector.

[to cite]:

[url]:
http://www.acrwebsite.org/volumes/1024138/volumes/v45/NA-45

[copyright notice]:
This work is copyrighted by The Association for Consumer Research. For permission to copy or use this work in whole or in part, please contact the Copyright Clearance Center at http://www.copyright.com/.
Consumer Value Co-creation in Frontline Healthcare Services

Sarah Dodds, Massey University, New Zealand
Sandy Bulmer, Massey University, New Zealand
Andrew Murphy, Massey University, New Zealand

EXTENDED ABSTRACT

Consumer value co-creation is in the forefront of healthcare research and considered vital to a person’s overall health outcomes and wellbeing (McCull-Kennedy et al. 2012; Sweeney et al. 2015). Despite this, little is known about “the process of value creation, when it starts, what it includes and when it ends” (Grönroos 2011, 282). This is surprising, given the growing body of literature focusing on consumer value co-creation in services (Ostrom et al. 2015), product-design and new product development (Schreier, Fuchs and Siller 2012), and healthcare (Danaher and Gallan 2016).

Previous research has uncovered important health co-creation factors that occur prior, during and beyond service interactions (Anderson and Ostrom 2015) however, there is a paucity of research on the process of value co-creation. While conceptually value co-creation is considered “an ongoing, iterative, and continuous process extending well beyond individual transactions” (Vargo and Lusch 2012, 4) there is little empirical evidence to support this. Therefore, this research explores the dynamics of the interaction between the consumer and the service encounters, within Complementary and Alternative Medicine (CAM) healthcare services, to shed light on the actual process of value co-creation and its outcomes. The primary goal of this research is to explore how CAM consumers co-create value with their CAM healthcare providers to enhance their wellbeing and achieve specific health outcomes.

This research contributes to the growing body of research on healthcare service marketing, from a consumer’s perspective, in three important ways. First, we contribute to the stream of literature on frontline interactive service encounters (Rafaeli et al. 2017), by developing a conceptual framework of consumer value co-creation, that provides new and important insights into how consumers co-create value. Second, we contribute to the stream of literature on consumer value co-creation service experience (McColl-Kennedy et al. 2015) by uncovering new factors (i.e., consumers’ approach) of consumer co-creation that interrelate with previously suggested aspects (practice styles). Finally, our research has important implications for healthcare service practice that can ultimately contribute to enhancing people’s quality of life (Danaher and Gallan 2016).

The research adopted a novel three phase semi-longitudinal multiple method case study research strategy using in-depth interviews and a simplified version of the Zaltman Elicitation Technique (ZMET). Sixteen consumers, 4 male and 12 females ranging from 24 – 77 years, who used CAM healthcare services on a regular basis, participated in the semi-longitudinal study. The first phase included a face-to-face interview with each of the participants which explored the participants’ experiences of CAM and where emergent themes on consumer value co-creation surfaced. The second phase involved the participants collecting or taking photographs of images that represent their experiences of CAM. These pictures and images were then discussed in a second interview utilising five of the ZMET steps (Coulter and Zaltman 1995) including storytelling, missed images, sorting task, most representative image and summary image. The third phase involved an interview that explored the process of the participant’s CAM health service experience as well as gather feedback on initial analysis from the first two phases. The three phase process allowed us to explore value co-creation over time and enabled methodological rigour by using multiple methods over multiple time periods which provided dependable data (Woodside 2010).

We propose a consumer value co-creation framework that demonstrates the value co-creation process in a service context. Fundamentally we confirm that the process is ongoing, iterative, and continuous with no absolute defined beginning or end (Vargo and Lusch 2012). We also show that consumer value co-creation occurs prior, during and beyond the service interaction (Anderson and Ostrom 2015). Importantly this research explains the dynamics of the consumer value co-creation process and how consumers co-create value in frontline services, such as CAM healthcare.

Our findings show three ways that CAM consumers co-create value including: 1) consumer healthcare approach, 2) consumer value co-creation practice styles, and 3) consumer value co-creation activities. Firstly, three consumer healthcare approaches were identified and include: 1) Reactive – consumer has a results outlook; 2) Proactive – consumer has a preventative outlook; 3) Integrative – consumer has a wellness outlook. Interestingly a proactive and integrative approach resulted in enhanced wellbeing. Secondly, three consumer value co-creation practice styles preferred by CAM consumers were identified and include: 1) Advisory – practitioner is perceived as the expert; 2) Consultative – practitioner-client relationship is perceived as collaborative; and 3) Partnership – practitioner-client relationship is perceived as relatively equal with mutual respect. Thirdly, 12 consumer value co-creation activities that consumers engage in to co-create value were identified. The activities include five within practice (e.g. co-operation with practitioner, co-producing treatment plans) and seven outside practice consumer value co-creation activities (e.g. compliance, changing lifestyle factors, building personal knowledge). Engagement in these activities was found to have a positive impact on the health outcomes and wellbeing of the CAM consumer (Sweeney et al. 2015). Importantly, our findings show that a CAM consumers’ healthcare approach appears to be influenced by the consumer value co-creation practice styles and consumer value co-creation activities engaged in. In fact, we found evidence that a CAM consumer can transition from one healthcare approach to another. This transition is facilitated by the practice style of the practitioner and the consumer value co-creation activities the consumer engages in.

Our findings have important implications for healthcare practice. A positive service experience with healthcare providers has the potential to contribute to an individual’s health outcomes and wellbeing (Sweeney et al. 2015). Healthcare providers and practitioners should consider the practice style’s they adopt and the potential role they have in facilitating a consumer’s healthcare approach and encouraging health promoting consumer value co-creation activities. Consultative and partnership practice styles tend to produce better health outcomes for consumers because they foster client-centred, cooperative and collaborative relationships that are educational and empowering. However, more empirical research is required to generalise these findings. Consumer value co-creation is important to understand in all healthcare settings (Zainuddin et al. 2013); therefore further research is required to extend our understanding of the consumer value co-creation process found in this study in a variety of healthcare services, and ultimately other service contexts.
REFERENCES