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Cocreative customer practices: Effects of health care customer value cocreation practices on well-being

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ABSTRACT

Drawing on three studies using data from six separate samples of 1151 health care customers, the authors investigate cocreative customer practices, modeling the effects of customer value cocreation practices on well-being. Results highlight that while positive interactions with medical staff (doctors) lead to increased well-being through engaging in coproducing treatment options, interactions with friends and family and their associated cocreated activities have an even greater positive effect on well-being. Furthermore, several other customer-directed activities have positive indirect effects. Interestingly, activities requiring change can have a negative effect on well-being, except in psychological illnesses, where the opposite is true. The authors conclude with theoretical and managerial implications, highlighting that if interactions and activities with medical professionals are supplemented with customer-directed activities, the positive effect on well-being is significantly enhanced.

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1. Introduction

There is growing realization that, rather than being passive recipients of goods and services, customers are *active* (Gallan, Burke Jarvis, Brown, & Bitner, 2013) engaging in a range of interactions and activities to cocreate value. These customer value cocreative practices can take several forms. Some activities may involve interactions with service providers, or with friends and family, or even with other customers (McColl-Kennedy, Vargo, Dagger, Sweeney, & van Kasteren, 2012). We know that some activities involve more effort than others (Sweeney, Danaher, & McColl-Kennedy, 2015). However, much less is known about the process of customer value cocreation and the effects of customer value cocreation practices on well-being (Anderson et al., 2013; Ostrom et al., 2015). This is where our paper contributes.

Customer value cocreation and well-being are especially important in health care. There is growing recognition that managing health care, especially in ongoing illness, depends largely on the active involvement of customers (Michie, Miles, & Weinman, 2003). This broadened role of the health care customer is increasingly being accepted by medical professionals (Wagner et al., 2005). Further, technological advances (Rust & Huang, 2014) enable better self-diagnosis, prognosis and opens up potentially more treatment options for health care customers.

Given the aging population, ongoing illnesses will undoubtedly increase, putting even more pressure on the health system (Stremersch, 2008). Expenditure on health care in the U.S. alone reached \$2.9 trillion in 2013 (World Health Organization). Over the period 2015–21, health spending is projected to grow at an average rate of 6.2% annually (Centers for Medicare and Medicaid Services). Of the total expenditure, 86% is on chronic and ongoing illnesses (Agency for Healthcare Research and Quality, 2014). However, collaborating with individuals to manage their health, can reduce the burden on the health system and provides an excellent context for our investigation.

The purpose of our paper is two-fold, to: (1) investigate customer value cocreation practices across several ongoing illness contexts, identifying the specific *interactions* and *activities* that have greatest impact on well-being and; (2) model the effects of customer value cocreation practices on well-being. Drawing on Practice Theory, Construal Level Theory and Self-Regulation Theory, we offer novel insights into customer cocreative practices building on and extending pioneering work in health care value cocreation (Gallan et al., 2013; McColl-Kennedy et al., 2012; Sweeney et al., 2015). While McColl-Kennedy et al. (2012) provide preliminary evidence of a link between customer cocreative practices and quality of life, and Sweeney et al. (2015) demonstrate a hierarchy of effort in customer activities, ours is the first study to unpack which interactions with whom (medical professionals, other customers, or friends and family) and associated activities, have the greatest impact on well-being across a range of ongoing illnesses. Our main findings are robust across all three studies, but we also demonstrate nuances in how

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interactions and activities influence well-being across different illnesses.

2. Conceptual development

Three theories, namely Practice Theory, Construal Level Theory and Self-Regulation Theory, are presented next to help us understand customer value cocreation practices followed by a discussion on well-being.

2.1. Practice Theory

Customer cocreative practices are receiving increasing attention (Xie, Bagozzi, & Troye, 2008). Practices may be defined as “routinized ways in which bodies are moved, objects are handled, subjects are treated, things are described and the world is understood” (Reckwitz, 2002, p. 250). In other words, practices are activities linked by interactions (Schatzki, 2005). The central tenet of Practice Theory (PT) is that the way an individual sees the world affects the way that the individual interacts through accepting or adjusting norms of behavior as seen in “interactions” with others. These practices in turn affect the way an individual does things, that is, their “activities” (Kjellberg & Helgesson, 2007).

While some activities are optional, such as providing a firm with feedback on the service received, or assisting with new service development and promotion through social media, customer participation in certain types of activities (e.g., compliance with basics, such as instructions and procedures), is necessary for a service to be produced and delivered (Podsakoff, MacKenzie, Paine, & Bachrach, 2000). For a weight reduction program to work the customer needs to comply with the service provider's directives, such as compliance with instructions and adhering to the weight loss program (Guo, Arnould, Gruen, & Tang, 2013). Other customer activities that extend beyond compliance with basic instructions include customer participation in medical consultations (Singh, Cuttler, & Silvers, 2004; Gallan et al., 2013), expressing opinions, exploring treatment options (Cegala, Street, & Randall, 2007), and broader still to include for example, changing ways of doing things, distracting activities to take one's mind off the illness, diet and exercise, and actively providing suggestions for the treatment programs (coproducing) (McColl-Kennedy et al., 2012).

While customer participation in interactions and activities with service providers to varying extents is acknowledged, links between customer practices (interactions and activities) and well-being in health care has been relegated largely to narrowly defined compliance behaviors with the service provider's instructions and medical procedures. In accordance with the above discussion, we take the view that value is realized when the beneficiary (customer) integrates resources from various sources, including beyond the focal firm or a professional in a given organization (Payne, Storbacka, & Frow, 2008; Vargo & Lusch, 2008; Xie et al., 2008). Taking this broad Practice Theory-based approach, and consistent with McColl-Kennedy et al.'s (2012) definition of customer value cocreation, we view “activities” as performing or doing, while “interactions” are the ways individuals engage with others in their service network.

2.2. Construal Level Theory

Construal Level Theory (CLT) (Trope & Liberman, 2010) helps to further explain interactions and activities between individuals. A central premise of CLT is that psychological distance is linked to mental construal, such that more distant (close) objects or events are construed at the high (low) level, meaning that they are more abstract (concrete). Applied to doing things today, these activities will be viewed as low level construal, while those activities planned in the future will have high levels of construal and greater psychological distance. Psychological distances such as spatial or temporal are automatically associated (Stephan, Liberman, & Trope, 2010). Accordingly, friends and family

are viewed as closest in psychological distance, while others with whom we have no relationship are viewed as being further apart. In our context, relationships with doctors would therefore be viewed as being closer than other health care customers, but not as close as friends and family. Thus, it is expected that interactions are more likely (being psychologically closer in distance) with friends and family, followed by medical professionals, and then with other health care customers.

2.3. Self-Regulation Theory

Self-Regulation Theory (Bandura, 1991) implies an individual's ability to control and regulate their behaviors, a necessary skill to achieve personal well-being. Self-regulation is influenced by several individual and contextual aspects such as motivation for the activity and willpower to resist temptations that provide short-term rewards to enable long-term rewards. Bandura (1991) argues that individuals can identify which factors influence their sense of well-being by systematically varying activities in their daily lives and noting changes. In general, it is suggested that activities with delayed rewards require more effort and self-regulation (Mischel, Shoda, & Rodriguez, 1989).

While it might reasonably be expected that customer-directed interactions and activities are relevant in chronic illnesses contexts, such as cancer as demonstrated by McColl-Kennedy et al. (2012), it is unknown which sets of customer-directed interactions and activities are most effective in enhancing well-being in ongoing illnesses. Individuals with an ongoing illness face particular challenges in that generally there is no cure and health care customers have to live with the illness long term. Indeed, several important questions remain unanswered. First, are medical staff (doctors)-directed interactions and activities likely to be associated with higher well-being in ongoing illnesses? Second, do certain customer-directed interactions and activities have greater impact on well-being than others, and if so, which? Third, do the effects of medical staff (doctors) and customer-directed interactions and activities vary across different types of ongoing illnesses? We address these research questions.

2.4. Well-being

A highly sought after outcome of interest to both researchers and practitioners is the health care customer's perceptions of their well-being (Berry & Bendapudi, 2007; Ostrom et al., 2015; Rosenbaum & Smallwood, 2013). Linking customer value cocreation practices to well-being extends theory by assessing the relative effects of medical staff (doctors)-directed interactions and activities and customer-directed interactions and activities on well-being.

Well-being can be viewed broadly as including an individual's emotions and their global perception of life satisfaction (Diener, Suh, Lucas, & Smith, 1999), and be defined as “a state of flourishing that involves health, happiness and prosperity” (Mick, Pettigrew, Pechmann, & Ozanne, 2012, p. 6). Well-being may also be viewed as quality of life (Diener, Oishi, & Lucas, 2003; Ostrom et al., 2015), and is an important outcome in health research assisting in determining the effectiveness of interventions and treatments, as well as understanding health care customers' service experiences. Several instruments have been developed for measuring well-being. Among the most commonly adopted are the Karnofsky Performance Scale for measuring levels of activity for customers undergoing cancer treatment, the Palliative Performance Scale, the Spitzer Quality of Life Index, and the well-established McGill MQOL index (Cohen, Hassan, Lapointe, & Mount, 1996).

Consistent with Anderson and Ostrom (2015), we take a broad view of well-being that encompasses social, existential, psychological as well as physical well-being. Accordingly, we adopt the well-established MQOL index that covers multiple domains of well-being from the health care customer's experience (Cohen et al., 1996). This index comprises *social well-being* which focuses on an individual's perceptions of their support from others; *existential well-being* captures the individual's ability to find meaning and purpose in life and to overcome difficult life

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