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# Service Research in Health Care: Positively Impacting Lives

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Health care is an industry that touches virtually everyone at some point in their life. It is in many regards the backbone of society and human interaction. The health care industry employs a significant number of people and contributes substantially to the gross domestic product (GDP) of developed economies. In 2013, global spending on health care was US$7.2 trillion, which represents 10.6% of global GDP; and over the next few years, health spending is expected to accelerate, increasing to a total of US$9.3 trillion by 2018 (Deloitte 2015). This rise will be largely driven by the health needs of aging and expanding populations, the rising prevalence of chronic disease, market expansion, improvements in infrastructure, and advances in technology and treatment (Deloitte 2015).

The health care industry is undergoing tremendous change. Health services are increasingly seen as people centered where the perspective of individuals, families, and communities are adopted and where these actors are seen as active participants or cocreators, as well as beneficiaries, of the health system (World Health Organization 2016). Health care customers is no longer a passive recipient of service; they are taking a more active role in their care, engaging in a range of activities and interactions with many different stakeholders (McColl-Kennedy et al. 2012; Ostrom et al. 2015). Moreover, health service integration is increasingly being adopted where people are able to receive a continuum of health services, according to their needs, across the different levels of the health system over their lifetimes (World Health Organization 2016). A key challenge is that individuals and organizations from health, service delivery, and other sectors need to come together to make people centered and integrated health services a reality (Black and Gallan 2015). Health service research can contribute greatly to this agenda.

Many research communities focus on health care: population health, health economics, health care management, epidemiology, and health services research, to name just a few. While these fields each have their own perspective, and each contributes to better understanding health care systems and outcomes, none has as much potential to develop theory as the service research community. Health care across the globe is in dire need of improvements in efficiency productivity compassionate and patient-centered care, access, and inclusion. Service scholars have been called to meet these challenges by conducting, publishing, and disseminating impactful research. Service researchers thus have a tremendous opportunity to apply, expand, and develop new theoretical lenses to assess and improve service in health care.

Health care is a service people do not necessarily want; further, it involves individuals who are highly vulnerable (Berry and Bendapudi 2007). The service rendered is personal with actions directed at the individual's body or psyche. It is also fraught with emotion (Berry and Bendapudi 2007; Gallan et al. 2013) and can elicit fear and anxiety as well as relief and jubilation. Health needs can be acute or chronic, reflecting a specific episode or unfolding over multiple encounters across the lifetime of an individual. Patients often describe their experiences as a journey. The firm and customer may coproduce service during this journey, but the customer's experience of health extends well beyond the firm-customer dyad to involve their own cognitive and emotional resources as well as resources from friends, family, and other customers and from other firms and the community (McColl-Kennedy et al. 2012; Sweeney, Danaher, and McColl-Kennedy 2015). An individual's health is influenced by a myriad of physical, social, economic, cultural, and environmental factors that involve multiple stakeholders (World Health Organization 2007). As such, a much broader and deeper understanding of the health care customer is needed than in any other service context to deliver the best possible service experience (L. L. Berry, personal communication, August 4, 2016).

The firm's perspective, and that of its employees, in providing quality health care is equally important as that of the customer (Lee et al. 2013). Every health care system is complex, and organizations must balance limited resources, the need for infrastructure improvement, the development and implementation of treatment and technology advances, and a vast array of human resources. Health care organizations and departments often operate as "silos," where each unit functions independently of the others. This means that many firms are struggling

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with adopting a truly integrated approach to health care. For instance, many health organizations structure their services by disease state or patient type, and communication across these services about patients who have multiple health issues can be a challenge. Moreover, health service employees must manage role multiplicity; they must be exceptional communicators, demonstrate interpersonal sensitivity, and physical and emotional resilience day after day (L. L. Berry, personal communication, August 4, 2016). Finally, resistance to change means that many health care firms are finding it difficult to transition to a people-centered model of care where the customer is placed at the center of care (Anderson et al. 2013).

There is no doubt that health service research is a challenging and demanding area within which to work, but it is also uniquely rewarding and inspiring because it is an area where researchers can make a real difference to the lives of people. It is a privilege to share the health care journey of the individuals that form the basis of our studies—be they clinicians, nurses, administrators, patients, family and friends, or communities.

Each of these scholars shared their passion for research in health care with us, and we would like to use their voices as well as our own to encourage and inspire you. We received a healthy number of submissions ($N = 58$) from authors in 26 different countries. The research issues addressed were broad and the methodologies applied included qualitative, quantitative, mixed methods, and conceptual approaches. The papers compiled here have a common theme in that they reflect a provider's perspective of health service provision. While this may be a manifestation of chance, or simply a function of papers at a specific point in time, it may also signal a growing awareness that it is not just the customer "voice" to which we must listen; the provider's perspective must also be understood. Another common thread is a service logic view that includes cocreation of value among organizations, providers, patients, caregivers, and other service system entities. We believe this reflects growing recognition by researchers and practitioners that value cocreation can bring substantial benefit to all stakeholders within the health care system.

The first paper "*Cocreation Culture in Health Care Organisations*" by Sharma and Conduit explores the behaviors and values that represent the different layers of a cocreation culture in health care. The researchers utilize two case studies of health care organizations, collecting data via multiple in-depth interviews and focus groups. A key finding is that organizations with a cocreation culture display a commitment to "sharing the journey" with their customers, suppliers, and partners. These organizations endeavor to involve these actors in every aspect of the business including new initiatives, service delivery, business development, and governance. The underlying philosophy of these firms is that they perform activities with, rather than for, their customers. The parties "walk together" as relative equals, albeit with different capabilities and resources, to create value. Specifically, the authors find that a cocreation culture is evidenced by core and supportive cocreation behaviors and underlying organizational values. The core behaviors include coproduction, codevelopment, coadvocacy, colearning, and cogovernance and depict the integration of actor resources to achieve mutual value. These behaviors recognize that cocreated value is often complex and multifaceted and that resource integration has many purposes. The support behaviors, namely, dialogue, shared market intelligence, mutual capability development, and shared decision-making, enable and facilitate the interactive nature of core behaviors. Finally, these cocreation behaviors rest on the key values including mutual respect, empowerment, and mutual trust that are shared among the actors within the cocreation culture. These cultural values create an environment that is supportive of organization-wide collaboration and cocreation.

The second paper, "*Seamless Service? On the Role and Impact of Service Orchestrators in Human-Centered Service Systems*" by Breidbach, Antons, and Salge, addresses how value cocreation processes can be facilitated and coordinated in health care. The role of service orchestrators, or dedicated firm-centric actors, who facilitate and orchestrate resource exchange and integration and thereby value cocreation is examined through four separate field studies in the health care organizations. This multimethod approach evaluates if, to what extent, and how service orchestrators work in the space between the patients and medical staff. Service orchestrators are particularly relevant in health care services where customers may not be able to navigate the complexity of the service to cocreate value. The researchers find that the introduction of case managers as service orchestrators is directly associated with higher customer satisfaction, higher productivity of frontline (e.g., medical) employees, and also higher operational performance, and that these effects persist over time. The authors further find that customers' active involvement in value cocreation processes is a salient mediating mechanism that links the introduction of case managers as service orchestrators to subsequent performance increases. Their research shows the value of service orchestrators and the potential benefit of service orchestration roles; however, findings also show the tensions these roles may create. Service orchestrators need to anticipate possible fears and resentment and involve frontline employees in an attempt to strike a delicate balance between central coordination of service processes and employee autonomy. With regard to customers, service orchestrators need to both facilitate and empower active customer involvement in the cocreation process.

The final paper "*Service Provider's Experiences of Service Separation: The Case of Telehealth*" by Green, Hartley, and Gillespie discusses the adoption of new forms of technology-infused service delivery in health care services. The researchers focus on service separation and the use of telehealth to deliver health care services through a qualitative, in-depth study of telehealth practitioners over the course of a year. They identify four emergent understandings. First, depersonalization reflects the services provider's perception of the unreal, digital-based nature of telehealth, which can lead to a sense of the service being experienced like a "kind of virtual reality." Interacting at a virtual arms' length depersonalizes the experience for health care providers. Second, clinical voyeurism reflects providers' experiences of watching a patient on screen and the loss of a

**Table 1.** List of Potential Topics for Future Service Research in Health Care.

1. A network perspective of health services
   a. The nature of value cocreation in networks at various levels of a service system
   b. Service supply networks or ecosystems (value constellations) and service coordination
   c. The challenges of taking a holistic perspective on health wellness
   d. Where do people want to receive their health care (home, hospital, outpatient, etc.)? What level/type of coordination is required to address various needs/preferences?
2. Organizational/employee perspective
   a. Value and experience-based service design and management for various health contexts
   b. Employee engagement, employee emotional regulation, and performance
   c. Service delivery mechanisms that produce service excellence
   d. Better understanding of the changing roles of health care professionals
   e. Branding health care organizations and firms
3. Understanding and facilitating patient experience
   a. Patient participation and engagement
   b. Service coproduction and value cocreation
   c. Methods for measuring health care value
   d. Patient, family and friends, and other caregivers' experiences, contributions, and emotional states
   e. The physical environment's impact on patient experiences and outcomes
   f. The changing role of the patient
   g. Family and caregiver roles and experiences
   h. Shared decision-making
      i. Resolving information asymmetry on both sides
      ii. The impact of shared decision-making on patients, value, systems, and so on.
      iii. Multiparty decision-making; dealing with conflict in health care teams
4. Patient safety and compliance/adherence
   a. Creating a reliable service free from error
   b. How to incorporate and manage patient behaviors
   c. Partnering with patients to support health and well-being
   d. How information can be shared to maximize benefits while maintaining patient confidentiality and privacy?
   e. Improving patient safety and governance
5. Technological advances and service delivery
   a. Telehealth's role in advancing health and wellness
   b. Legal considerations health care technology (e.g., patient record sharing)
   c. Wearable technology and data capture
   d. Electronic health/medical records and compatibility
   e. The generation and management of vast amounts of new data from new sources
6. Insights from big data in health
   a. How patient, physician, organization, and context-specific data combine to provide better insights?
   b. Using new methods and analysis techniques to manage health care data
   c. What types of data are needed to generate new insights into patient behaviors?
7. Behavioral/mental health
   a. Mental health and health service delivery
   b. Handling disruptive or "difficult" patients
   c. Unproductive patient behaviors and value destruction
   d. Better understanding of the factors driving nonadherence
   e. Influencing individuals so they adopt healthier behaviors
   f. Vulnerable groups, for example, dementia, elderly patients
   g. Supportive services for patients—during treatment and in recovery phases
8. The transformative potential of health services
   a. Addressing health and well-being in novel ways
   b. Defining "health" and "value" from various perspectives
   c. Developing a transformative health care service organization
   d. Developing transformative servicescapes for health and well-being
9. Access to health services and its relationship with well-being
   a. Population/community health management
   b. Prioritizing health services, allocating limited health services
   c. Addressing the social determinants of health
   d. Linking patient encounters to community health
   e. Health disparities and base of the pyramid research
10. Service research and economic views
   a. Productivity and efficiency
   b. Investment opportunities and developing economies
   c. Value-based reimbursement models
   d. Cost containment and reduction

sense of privacy that is present in face-to-face interactions. Third, negotiating intangibility reflects a loss of physical feedback of tactile sensation. The inability to perform a hands-on physical examination of a patient can be disempowering to service providers. The final understanding revolves around managing change and the service providers' experience of tension that exists between their identity as a physician and their role as a technician engaged in telehealth. The researchers discuss the behavioral changes resulting from these understandings and how this impacts on service provision. For example, in the case of depersonalization, there is an increased risk-taking propensity because of the perceived "virtual" reality of telehealth. This means that decisions may be made too rapidly or too slowly.

We believe that there is so much space in health care for impactful research. See Table 1 for list of potential future

topics. While not exhaustive, we would like to impart our thoughts on topics that are particularly germane for service researchers, health care practitioners, patients and their families, and communities. This list of *potential topics for service research in health care* was developed by the coeditors in consultation with service researchers in health care. They shared their passion for research in health care with us, and we would like to use their voices as well as our own to encourage and inspire you.

To Len Berry, health care is "as pure, complex, important, and challenged as a service can be" (personal communication, August 4, 2016). He strongly believes that "we need to build a stronger and wider bridge between the academic service disciplines and health care" and that as service researchers we "have much to offer in helping health care services become more effective and efficient, more accessible and equitable, more satisfying to receive and to perform." Janet McColl-Kennedy expands on these thoughts, noting that researchers can contribute to the lives of individuals through the "cross-fertilization of ideas, tools, frameworks and models [from medicine, nursing, allied professions, HR, management and service research]" ... which "offers considerable opportunity to make significant strides not only in knowledge generation, and in theory development and testing, but also in translating theory into practice to potentially improve well-being" (J. R. McColl-Kennedy, personal communication, August 4, 2016). Ray Fisk (personal communication, August 4, 2016) urges researchers to study complex services like health care and "find solutions to the hardest service problems" by taking a "more systematic and holistic approach to health care" to expand knowledge "beyond patient wellness to family wellness, to community wellness, to city wellness, to nation wellness, and to global wellness."

We hope this editorial and the articles that follow will help frame thinking for future research. We would like to thank Mary Jo Bitner for her guidance and support through this process. She has been an unwavering supporter of this special section. Through the publication of this special section, the *Journal of Service Research* has positioned itself as a welcoming and encouraging journal for health service research. We would also like to thank Rose Bohler and Candice Murphy for their editorial assistance. We are deeply appreciative of the fine work that all the reviewers did with the submissions. Finally, we wish to acknowledge all the service scholars who submitted their work to this special section. It was extremely encouraging to see so much work being done in the area of health service. We support your efforts and wish to see more published in future years. Our final thought is that ultimately our goal as health service researchers should be to produce and disseminate new knowledge that will positively impact the lives of those of us who inhabit this Earth—we all value better health for longer periods of time.

## Authors' Note

Author names are listed alphabetically; each author contributed equally to the editorial and to the special section.

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