

**A MIXED METHOD STUDY FOR EXAMINING  
CUSTOMER PARTICIPATION IN VALUE  
CO-CREATION: APPLYING SERVICE-DOMINANT  
LOGIC TO THE PROVISION OF LIVING SUPPORT  
SERVICES TO DAY-CARE ONCOLOGY PATIENTS  
IN PAKISTAN**

Submitted in fulfillment of the requirement for the degree of

**Doctor of Philosophy in Marketing**

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**“All Praises & Thanks are to Allah Alone  
and  
Peace & Blessings be upon His Messenger Mohammad s.w”**

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## **STATEMENT OF ORIGINALITY**

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*I hereby certify that the work embodied in this thesis has been carried out at Shaukat Khanum Memorial Cancer Hospital & Research Centre (SKMCH & RC), Lahore, Pakistan. I have included as part of the thesis a section clearly outlining the context, ethical considerations and extent of study conducted at SKMCH & RC. The hospital authorities also permitted the researcher to use the copyright material of SKMCH & RC (text, facts, figures, images) available online.*

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*I hereby certify that the work embodied in this thesis contains a published papers and scholarly work of which I am a joint author and I made contribution to its publication.*

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## **PUBLICATIONS RELATED TO THIS THESIS**

### ***Published***

Rehman, M., Dean, A. & Pires, G. (2012). "A research framework for examining customer participation in value co-creation: applying the service dominant logic to the provision of living support services to oncology day-care patients". *International Journal of Behavioural and Healthcare Research*, 3(3/4), 226-243. doi: 10.1504/IJBHR.2012.051382.

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This thesis has been copyedited and proofread by **Dr David Whittaker** in accordance with Newcastle University's policy on The Editing of Research Theses by Professional Editors (Policy: 000802) and the Institute of Professional Editor's *Australian Standards for editing practice*.

## **DEDICATION**

This thesis is dedicated, firstly, to my late mother-in-law (Mrs Azra Naheed) and my late father-in-law (Chaudhary Muhammad Akram) for their remarkable fidelity and love for me. For my doing PhD was their dream, which has come true.

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<sup>1</sup> A Personal correspondence with Prof. Grönroos (See Appendix 1)



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## **Definitions of Key Terms**

The definitions adopted for this study for all major concepts, and variables, are outlined below:

### Quality of Life (QOL)

QOL refers to a “subjective evaluation of life as a whole, or the patient’s appraisal and satisfaction with their current level of functioning, compared with what they perceive to be possible or ideal” (Singh, 2010, p. 37).

### Customer Perceived Value

Customer perceived value represents the trade-off between the perceived benefits (physical attributes, service attributes, technical support available and other perceived quality indicators) from the service and the associated sacrifices, both the monetary price and the non-monetary costs (Bolton & Drew, 1991; Sweeney, 2003).

### Value Proposition

Value proposition is explicitly identified as including ‘the attributes that organisations provide to their customers ... expressed as the sum of the product or service’s attributes, the customer’s perception of the value of the relationship with the organisation and the organization’s image’ (Dann & Dann, 2007, p. 82).

### Value-in-Exchange

Value-in-exchange is referred to as the embedded value, represented by the price which customers willingly pay to buy that good at the time of exchange (Vargo & Lusch, 2004a; Vargo & Morgan, 2005).

### Value-in-Use

According to Grönroos (2009), the fundamental idea underlying value-in-use is that value is created in the customers’ production processes, and moreover, that the customers are in charge of their value creation. Hence, the customers are the value creators. They do not receive ready-made value embedded in products, but the value they perceive is dependent on how well they can make use of these products (Grönroos, 2009, p. 353). It also implies that value can only be created with, and determined by the user in the ‘consumption’ process, and through use (Xie, Bagozzi & Troye, 2008, p. 110).

### Goods-Dominant Logic (G-D L)

G-D L focuses on the production of goods, using operand resources (for example, raw materials and land), where value is embedded into the goods (Vargo & Morgan, 2005).

### Service-Dominant Logic (S-D L)

S-D L focuses on the application of operand resources (technologies, knowledge and skills) to produce and deliver services, the value of which is determined by the customers at the time of use (Vargo & Lusch, 2004a).

### Service-Logic (S-L)

Vargo and Lusch (2008b) emphasize that service is used as a singular term, rather than plural, because it reflects the process of doing something beneficial for, and in conjunction with, some entity, instead of acting as units of output. Similarly, Grönroos (2008a) suggests that the term ‘service logic’ is preferable to S-D L, based on the assumption that it represents a new logic, rather than an approach that adds weight to the service aspect of an alternative logic.

### Value Creation Process

The process of value creation includes supplier and customer participation to create value for the customer; hence they are considered as co-creators of value (Maglio, Kieliszewski & Spohrer, 2010; Vargo, 2008).

### Value Co-Creation

The term ‘value creation’ involves activities undertaken by the customer which result in the production of goods/services they eventually consume, and that become their consumption experiences. This definition is consistent with the notion of value co-creation’ (Xie et al., 2008, p. 110).

### Co-Production

Customer co-production can be defined as: “customer participation within organization-defined parameters. Co-production implies that work is transferred from the organization to the customer. In a sense, customers become ‘partial employees’ — and can influence service quality” (Bolton & Saxena-Iyer, 2009, p. 93). This definition means that customers participate to the extent that a service is produced, but co-production does not include the voluntary aspects of participation.

### Customer Participation

Refers to “the degree to which the customer is involved in producing and delivering the service” (Bendapudi & Leone, 2003). At this point, it is emphasized that participation is broader than co-production, with the latter marked by organization-defined parameters (Bolton & Saxena-Iyer, 2009).

### Value Proposition Customisation

Value proposition customisation allows a firm to adapt its ‘standard’ value offer by taking a customer’s specific requirements into account, arguably making its offer more valuable in the customer’s eyes (Franke,Keinz & Steger, 2009; Simonson, 2005).

### Living Support Services (LSS)

For this study, LSS refer to the non-core (non-clinical) supplementary services provided by the hospital to day-care patients, and may include the ease of booking consultation appointments; the comfort in commuting to and from the service location; the need to share waiting rooms with other patients, perhaps for extended periods of time; the availability and quality of food and beverages, and sanitary facilities (Rehman,Dean & Pires, 2012, p. 2).

## ABSTRACT

### ***Background***

Quality of life (QOL) is a concern that extends to various specialist areas, such as the provision of oncology and associated ancillary services, and the living support services (LSS) provided to patients. Bringing together healthcare and marketing research, this study develops a new way of thinking about marketing associated with the service-dominant logic (S-D L), or more broadly, service logic (S-L), which generally contends that all value is created by the customer alone, yet this new logic emphasizes the concept of value co-creation.

As the oncology healthcare delivery system changes, and new scientific discoveries are integrated into non-clinical oncology care, the role of customer participation in value creation processes involving LSS provision to day-care oncology patients will continue to evolve. It is suggested that patient participation can play a key role in the outcome of the value creation process, effectively contributing to improvements in LSS provision, leading to an improvement or enhancement of the day-care oncology patients' overall QOL.

While co-production and value co-creation imply customer and supplier participation, participation has received relatively little attention in the specialist literature. This research disentangles the notions of the production and co-production of goods and services, from both the creation and co-creation of value propositions, and the assumptions underlying value-in-use. The focus of the analysis is on participation in exchange, and in the value creation process, by customers and suppliers. The project responds to Grönroos and Ravald (2011)'s call for research:

*Adopting a service logic means that in a value creation context, during the simultaneous consumption and production processes, a supplier makes active use of existing interactions with its customers. These interactions are part of the customers' practices and consumption processes and hence also part of their value creation. However, understanding the nature of suppliers' value co-creation opportunities and the customers' role in this process requires an in-depth understanding of the interaction concept and the role of interactions in value creation (Grönroos & Ravald, 2011, p. 10).*

### ***Aims of the Study***

- 1) To study the significance of QOL, in terms of value outcome; and the patient participation in S-L in the context of non-clinical service provision in oncology health care.
- 2) To explore patient participation determinants in oncology health care.
- 3) To identify the positive and negative factors, encouraging or discouraging patient participation in LSS provision.

- 4) To explore the QOL determinants in oncology health care.
- 5) To identify positive and negative factors, for improving or diminishing QOL of day-care oncology patients.
- 6) To develop a proposed model of customer participation in service exchange, and to examine its implementation in oncology health care.
- 7) To explore the relationship between patient participation determinants, patient participation in LSS, and the QOL of day-care oncology patients.

### ***Methods and Procedures***

A mixed methods approach guided by a pragmatist worldview was adopted in this thesis. Based on the nature of the objectives of the study, the exploratory sequential design, involving an inductive approach (qualitative) leading to a deductive approach (quantitative), was used to explore the perceptions, attitudes and experiences of participants. The participants (both medical experts and patients) for the qualitative and quantitative studies were selected by the researcher's medico-supervisor, a medical oncologist at SKMCH & RC, using a 'convenience sampling' technique. The number of participants for the qualitative study was determined by the rate of new knowledge acquisition, consistent with diminishing returns principles (Lewis, 1994). That is, interviews proceeded until saturation was apparent. The number of participants for the quantitative study was determined in order to achieve sufficient statistical power (McQuitty, 2004).

### ***Findings***

The findings of this research project suggest that patient participation in LSS provision is a very important element of value co-creation, and is required during all phases of the service exchange production and delivery process. The research findings are meaningful and interesting as this research highlighted many issues related to patient participation in LSS provision and patients' QOL at SKMCH & RC. More specifically, the qualitative study of the thesis explored seven themes which formed the 'Patient participation determinants' in the provision of LSS to day-care oncology patients. These seven themes were: 'Communication', 'Hospital resources', 'Doctors and staff's attitudes', 'Relatives' attitudes', 'Religion and culture', 'Patients' attitudes and interest' and 'Patient demographics'. In relation to these themes, positive and negative factors were identified, which encouraged or discouraged patient participation in LSS.

The qualitative study of the thesis also explored five themes which formed the 'QOL determinants' of the day-care oncology patients. These five themes were: 'Access to appropriate LSS', 'Building self-efficacy', 'Patients' education and awareness', 'Social engagements', and 'Communication'.

Similarly, positive and negative factors were identified for improving or diminishing QOL of day-care oncology patients.

A proposed model of customer participation in service exchange was developed and its implementation was examined in oncology health care, and finally, the relationship between patient participation determinants, patient participation in LSS, and the QOL of day-care oncology patients was explored through a quantitative study.

## ***Contributions***

### **Theoretical Contributions**

This project is believed to be the first research which has merged marketing and health theories. It has shown that it is possible to involve cancer patients in the provision of a hospital's LSS, and based on the S-L philosophy, the project has given importance to the much overlooked concept of value-in-use. Clearly, the thesis discusses customer participation as an aspect unduly overlooked by S-L theory.

The main contribution of this research is that it has led to an enhancement of the S-L theory engendered by Grönroos (2009), and has introduced a new 'Integrated process model for customer participation in service exchange'. It has explained and tested the concept of customer participation in the service exchange, specifically related to the non-clinical day-care oncology health services.

### **Managerial Implications**

The 'Integrated process model for customer participation in service exchange' provides a useful tool for the managers of SKMCH & RC in order to benefit from patient participation based strategies.

Day-care oncology patients can benefit from participating at the different points in time in the LSS provision by the hospital, as indicated in the 'Integrated process model of customer participation'. Patient participation will allow the patients to inform the hospital about their desired specific needs, and in this way, benefit from customised non-clinical services.

One of the advantages of patient participation for the firms is that when patients act as a resource in the process, some responsibility for the outcome will be transferred to them (Chan, Yim & Lam, 2010; Sweeney, 2007). In this manner, there should be fewer complaints received regarding service delivery.

The study indicates that, regrettably, there are no clearly defined practical implications of the concept of S-L theory involving co-creation, when applied to the context of the LSS provision to day-care

oncology services in a developing nation like Pakistan. However, the implications of the integrated process model of customer participation, when applied to the context of Shaukat Khanum Memorial Cancer Hospital & Research Centre (SKMCH & RC) are meaningful for practitioners.