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Organisational conditions for co-creation: a health care context

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Partial fulfilment statement

This thesis submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, the University of Adelaide, South Australia, Australia

Abstract

Within health care practice and academe there is recognition that customers co-create service experiences, such as health care service provision and treatment programs, and are no longer passive recipients of service offerings. This perspective is consistent with the recognised shift in extant literature from a goods-dominant to a service-dominant logic (Vargo and Lusch 2004, 2008) that has occurred over the past decade. This literature conceptualises the notion of co-creation as the resource integration that occurs between a customer and an organisation. There is a recognition that organisations should modify their business practices to facilitate co-creation, with research advising organisations to adopt co-creative behaviours such as a service-dominant orientation (Karpen et al. 2015), collaborative practices (Skålén, Pace and Cova 2015), and co-creation practice styles (McColl-Kennedy et al. 2012). However, there is little guidance to explicate the organisational conditions that would support and facilitate co-creation. Organisations seek guidance on the capabilities, culture, activities, and initiatives that will support a focus on customer resource integration and co-creation. Current theoretical frameworks of organisational culture and capabilities do not account for the co-creation role that a customer adopts in conjunction with the organisation and new frameworks should be considered. In addition, although extant literature is beginning to recognise the importance of the customers' role in improving their own service experiences, such as health care management (McColl-Kennedy et al. 2012; Sweeney, Danaher and McColl-Kennedy 2015), there is scant understanding of the effect that undertaking different types of co-creation roles has on the hedonic and eudaimonic well-being of customers. This thesis addresses the current situation by identifying and defining the conditions for customers' co-creation for well-being in a health care context.

The study was conducted in three phases- the first phase identified organisational capabilities

that support customer participation in health care service innovations. A qualitative approach using convergent interviews with health care CEOs and senior managers was undertaken. As a result, four categories of organisational capabilities were identified: customer activation, organisational activation, interaction capabilities, and learning agility.

The second phase of the study utilised three case studies of health care organisations and identified behaviours and values indicative of a co-creation culture. Contemporary organisational culture models are restrictive in their ability to understand and examine a co-creation culture, as they delineate between an internal and external focus and do not recognise the interconnectedness of all actors across traditional organisational boundaries. Findings from this phase of the research showed that a co-creation culture consists of five core co-creation behaviours; co-production, co-development, co-advocacy, co-learning, and co-governance. Additionally, a series of supportive co-creation behaviours enable the interactive nature of co-creation; dialogue, Shared market intelligence, mutual capability development, and Shared decision-making. These behaviours are underpinned by organisational values of mutual respect, trust, empowerment, and acceptance.

In the third phase of the research, well-being outcomes generated by the different co-creative roles of customers were investigated. The findings support extant literature, in that a customer is undertaking co-creation activities identified a resultant sense of hedonic well-being. However, it was also noted that the activity of co-creation, whether in managing their own health care, or providing value for the organisation, a collective group, or society, provided customers with a general sense of purpose, or eudaimonic well-being. Specifically, self-determination theory was utilised to explore the nature of eudaimonic well-being, or a sense of purpose and accomplishment, that arose when customer co-created value for them or a

collective group. This thesis hence provides insight into the capabilities, culture and resources managers should develop to facilitate co-creation of health care management and enhance the well-being of customers.

Declaration of Plagiarism

I certify that this works contains no material which has been accepted for award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where application, any partner institution responsible for the joint-award of this degree.

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Shikha Sharma

31st October 2016

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