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# Customer value co-creation within partnership models of health care: an examination of the New Zealand Midwifery Partnership Model

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## ABSTRACT

This exploratory work proposes that partnership models of health care provide a context for customer value co-creation as premised within the framework of Service-Dominant Logic (S-D logic). The main objective of this research is to explore the phenomenon of customer value co-creation within a partnership model of health care and classify the nature of activities clients engage in that might be considered customer value co-creation oriented. The context for this study is the New Zealand midwifery service which delivers health care within a partnership model known as the Midwifery Partnership Model (MPM). The study uses a subjective personal introspection (SPI) approach. Reflection and discussion finds a partnership health care model such as the MPM is facilitative of customer value co-creation. However, models predicated only on a partnership practice style may need broadening in order to be more comprehensive of additional potential value co-creation practice styles within a targeted health market. Our study contributes to the field of customer value co-creation in health by addressing calls for more work in the area. In particular this article focuses on a context where partnership is an underlying premise for service design.

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## CHINESE ABSTRACT

根据服务-主导逻辑(即S-D逻辑)框架的前提条件, 本文认为医疗合作模式可为客户参与协助提供指导。本研究的主要目的是在医疗合作模式框架内探讨客户参与协作这一现象, 并对客户参与协作的活动性质进行分类。本研究的背景是新西兰的助产服务, 其服务方式按照特定的合作模式实行, 即MPM助产合作模式。文中采用个人主观内省法(即SPI法)进行分析。个人反思和讨论表明, MPM等合作医疗模式有利于客户参与协作。然而, 这些模式只涉及到单一合作方式的实践风格, 可能需要扩大范围, 方可更全面地体现目标医疗市场中其它潜在参与协作的实践风格。鉴于本领域研究的缺乏, 本文研究将有助于丰富医疗业客户参与协作方面的文献资料。本文研究侧重于特定的应用环境, 即医患合作关系在医疗服务设计中占有重要地位。

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## 1. Introduction

Customer value co-creation and service-dominant logic (S-D logic) are now key sources of theoretical debate and activity within the marketing academy (McCull-Kennedy et al., 2012; Vargo and Lusch, 2004, 2008). More recently this current discourse has expanded to the area of health care (e.g. Gill et al., 2011; McCull-Kennedy et al., 2012; Merz et al., 2013; Zainuddin et al., 2013). Many objections have been raised over time that 'health is different' and as such should be left out of mainstream marketing theory development or, at least, treated with caution (Crié and Chebat, 2013; Stremersch,

2008). Adding further complexity to the incorporation of health care into marketing academe around customer co-creation is the notion that little is known of what customers actually do when they co-create value in health care (McCull-Kennedy et al., 2012). Furthermore, to date much of the knowledge held about health provider–customer relationships and their function is based in literature established through the lens of the doctor–patient relationship where power inequalities and medical ideologies of care remain paramount. More recently, however, there is increasing acceptance that the traditional models of compliance and adherence are limited in their application to health care relationships (Bissell et al., 2004; Blenkinsopp, 2001). Health care customers can no longer be assumed to accept a passive role in their care nor can doctor–patient interactions be viewed simply as opportunities to reinforce instructions and compliance expectations around treatment

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(Blenkinsopp, 2001). Rather, health care relationships “should be understood as a space where the expertise of both patients and health professionals can be pooled to arrive at mutually agreed goals” (Bissell et al., 2004, p. 851) as in a partnership. A partnership model in health care essentially means that within health provider–customer (patient) interactions both parties freely exchange information, decision-making processes are shared and treatment protocols are mutually agreed upon (Charles et al., 1999).

With the above in mind, our work steps away from traditional models of provider power-centric health care delivery to focus on a model of care overtly premised on partnership between the health provider and customer. This provides an opportunity to consider customer co-creation in health within a system where structures and processes actively facilitate involvement and equality with the health care relationship. The context chosen for our study is the New Zealand maternity service, where within primary midwifery the concepts of partnership and normality have been embedded as the key drivers in the establishment and maintenance of the health provider–customer relationship. These concepts have been incorporated into the guiding framework for care adopted by midwives (Freeman et al., 2004; Leap, 2000) in a model of care known as the ‘Midwifery Partnership Model’ (MPM) developed by Guilliland and Pairman (1994, 1995). The underlying principle within this model, that midwifery care delivery is made up of a partnership between the midwife and client (used interchangeably here with ‘customer’, ‘woman’ and ‘mother’), suggests a service delivery system consistent with the principle of customer value co-creation, as featured within the premises of S-D logic (Vargo and Lusch, 2004, 2008) and is an appropriate context into which the study of customer co-creation in health can be expanded.

The main objective of this research therefore is to examine the phenomenon of customer value co-creation within a partnership model of health care (here the MPM) by first determining, and then classifying the nature of activities clients engage in that might be considered customer value co-creation oriented. A second objective is to determine, through the lens of social practice theory (Reckwitz, 2002; Schau et al., 2009), the level to which a partnership model might generate customer value co-creation as practice style. In particular, by focusing on a health care model premised on partnership, insights may be gained into what this means for the development of theory and practice in services that recognise partnership as a legitimate form of client engagement. We believe that as health care customers become more knowledgeable and involved in their health care more participative models of care will be increasingly expected by health care customers and developed to advance the health sciences field and empower patient self-care (Doherty and Mendenhall, 2006; Swan, 2009).

This work fills an important gap that exists in the current literature. First, it contributes by extending to academic discussion on customer value co-creation in health care and addresses a call for more research in customer value co-creation in health (McColl-Kennedy et al., 2012). In particular, we believe the context of midwifery care in New Zealand is a novel and essential contribution to the extant literature on customer value co-creation in health to date. Secondly, for the primary maternity customer, her state of being lies well toward health and wellness on the health/illness continuum, as normal childbirth should not be seen as part of a disease process. However, in contrast to other health and wellness states where the customer is in equilibrium, pursuing maintenance activities and requiring minimal interaction/intervention from the health care system, pregnancy and childbirth require increased interaction in order to accommodate the significant physiological and psychosocial adaptations required throughout the pregnancy, birth and post-natal period, despite the customer being ‘well’.

Our article takes the following course. Firstly, the conceptual background to our study: the phenomenon of customer value co-creation and its origins in S-D logic (Vargo and Lusch, 2004, 2008) is introduced and the applicability of customer value co-creation to health care outlined. Here the nature of customer value co-creation’s relationship to activities and desired outcomes brought about by health care produced within the MPM is also introduced. Secondly we outline the methodology used to study the research objectives: subjective personal introspection (SRI). Consistent with the approach of SRI, researcher reflections into the roles and relationships between the client and midwife, along with the client’s wider relevant networks are examined. Thirdly, the nature and extent to which the MPM (as an example of a partnership health care model) and customer value co-creation intersect is discussed, followed by a critique of the MPM’s appropriateness as a guiding and overarching service model to foster customer value co-creation. Implications for theory and practice for health care marketers, health practitioners and service designers who provide essential consumption goods and services in health care are presented. We conclude with suggestions for future research and acknowledgements of limitations to this research.

## 2. Conceptual development

### 2.1. Customer value co-creation and social practice theory

The work of Vargo and Lusch (2004, 2008) was seminal in transforming marketing’s understanding of how value is created. Value cannot be found in an object or product (including a service) *per se*, but is the phenomenological experience of the customer’s interactive and relativistic consumption of it (Holbrook, 1994, 1999, 2006; Ng and Smith, 2012). S-D logic is premised on the basis that marketing exchanges are service dominant, meaning that all providers are service providers and thus service is the fundamental basis of exchange (Edvardsson et al., 2011; Vargo and Lusch, 2004, 2008). Within the S-D logic is the notion that customers are active rather than passive in their service experience (Baron and Harris, 2008; Vargo and Lusch, 2008), creating value (value co-creation) through their work and activities and thus contributing to the overall success of the firm or brand (Edvardsson et al., 2011; McColl-Kennedy et al., 2012; Vargo and Lusch, 2004, 2008). Definitions of co-creation focus on whether it is conceptualised from the standpoint of the firm or the client (McColl-Kennedy et al., 2012). Our work starts from the viewpoint of the ‘firm’ through their partnership offer, by which we then determine the resulting activities of the client that become realised once the offer is consumed; that is, potential value becomes value-in-use (Grönroos, 2008; Grönroos and Ravald, 2011; Lusch and Vargo, 2006; McColl-Kennedy et al., 2012; Ng et al., 2011).

Our work uses the definition proposed by McColl-Kennedy et al. (2012), that customer value co-creation is “benefit realised from integration of resources through activities and integrations with collaborators in the client’s service network” (McColl-Kennedy et al., 2012, p. 375). Integrating from service networks means that customers may integrate work from many other resources such as family, peers and other service providers, public sources, private sources and through self-activities using personal sources (Arnould et al., 2006; McColl-Kennedy et al., 2012; Ng and Smith, 2012). This means it is not just the customer who represents one of the two distinct agents or actors (client and service provider/organisation) in any service encounter. At the same time the activities in this framework contain multiple types of activities that can be occurring simultaneously. Furthermore, value is a social construct, perceived, interpreted and constructed within the world each client lives. It is therefore unique to each actor and consequently cannot be objectively measured (Edvardsson et al., 2011).

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