Health literacy and renegotiated healthcare service provider roles: Micro-foundations of value co-creation

Dr Janet Davey
School of Marketing & International Business,
Victoria University of Wellington,
P. O. Box 600,
Wellington, New Zealand.
Janet.davey@vuw.ac.nz
Ph: 64 4 4635080

Health literacy and renegotiated healthcare service provider roles: Micro-foundations of value co-creation

Abstract

The purpose of this study is to build an understanding of health service providers' (HSP) role practices combining the concepts of health literacy and value co-creation. Hermeneutic analysis is based on in-depth interviews with 11 service providers from diverse primary healthcare services. The analysis revealed three themes that capture the activities and behaviors engaged in by HSPs as they respond to changing patient relationships and challenges to their professional status. The HSPs perceive that these practices –identifying the best path, co-learning, and resource mobilization - help [re]establish power and authority structures that contribute to role definitions and value co-creation. This study contributes to the body of knowledge in service literature by providing insights into the micro-level foundations of value co-creation in primary healthcare. The second contribution lies in the paper providing support for health literacy in primary healthcare service management processes that facilitate value co-creation.

Keywords: value co-creation, healthcare, role relationships

Introduction

In the healthcare service context beneficial patient outcomes are premised on connectivity, collaboration, and alignment in service relationships that are cognizant of roles and role boundaries. Service marketing scholars particularly emphasise the centrality of the service relationship to value co-creation (Aarikka-Stenroos and Jaakkola, 2012). At the same time, emerging models of healthcare are disrupting traditional healthcare service roles (Moeller *et al*., 2013). The healthcare professional is no longer considered a paternalistic expert caregiver, a trend that has "unsettled the consumer-health service provider interface…forcing a renegotiation of respective roles and power relationships" (Keeling and Laing, 2015, p. 263) thus providing a fertile research opportunity for services marketing scholars.

Health literacy is integral to these shifting roles and accountabilities in healthcare. Once narrowly defined as literacy skills in a health context, researchers are re-defining health literacy to include complex, interactional phenomenon. This study views health literacy through marketing's value co-creation lens to understand role enactment and role identity as micro-foundations of value co-creation in primary healthcare services. Furthermore, since service provision is considered as "facilitate[ing] others becoming better off (Chen *et al*., 2012, p. 1543), understanding the micro foundations of value creation is critical if service firms are to support consumers in their resource integration activities.

Research question

Although many healthcare service scholars and practitioners consider that improved healthcare outcomes depend on the quality of the collaboration between service providers and customers, health literacy has received scant attention in services marketing research. In addition, health literacy research has predominantly focused on individuals' capabilities within the customer-service provider relationship overlooking healthcare service professionals' (HCPs) practices (Sykes *et al*., 2013). Moreover, in the services research literature there has been limited research on the specific ways that HCPs' activities create value in a primary healthcare setting. Therefore, the research question is: How do healthcare professionals construct their roles for value creation in a primary healthcare context?

Literature Review

Health literacy is considered critical to models of patient-centred care, bridging gaps in health-related understandings and discourse in order to enhance patient involvement and shared decision-making in health (Nutbeam, 2000; Schulz and Nakamoto, 2012). Traditionally, health literacy was approached from a predominantly functional bias using education as the mantra for improved compliance and health-improving choices by consumers. Growing appreciation of the widening ambit of health literacy is reflected in a recent definition of health literacy as "the way in which consumers make decisions and take action about health and healthcare…influenced by their own skills, capacities and knowledge; and by the environments in which these actions are taken" (ACSQHC, 2013, p. 6). Healthcare service providers enact important behaviors in health literacy that have to take into account competing forms of knowledge, distributed health decision-making, and [de]professionalization (Chreim *et al*., 2007; Corley and Gioia, 2004).

A second literature stream is that of micro-foundations of value creation. Micro-foundations research was used originally in strategy to examine collective outcomes or phenomena by understanding how individual-level factors impact organization-level outcomes and performance (e.g., Felin *et al.*, 2015). Briefly, micro-foundations are "fundamentally explanations on a lower analytical level…than the phenomenon itself" (Storbacka *et al*.,

2016, p. 3008). They may include individual factors, social processes, and structures but are always investigated with a view to the macro-level outcome. In this research the macro-level phenomenon is value co-creation.

Method

The research applies Ricoeur's subjectivist hermeneutics to qualitative interviews with health service providers. Participants were recruited from the specific context of primary healthcare. Primary healthcare services are the first point of consultation for patients within the healthcare system, thus representing a focal point for service value. The analysis reveals three themes that synthesise HSPs' key roles in value co-creation.

Findings and discussion

The findings are presented according to the emergent themes: identifying the best path, co-learning; and resource mobilization. The data analysis indicated that these activities are not necessarily mutually exclusive, but may occur iteratively depending on diverse patient needs and contexts.

Theme 1: Identifying the best path

The health service providers commonly understand that consumerist trends and the information revolution have meant patients are more informed and increasingly adopt more active roles in their healthcare. However, as value-creating resources are accessed and integrated from patient's networks beyond the patient-practitioner relationship, the HSPs respond by adopting role practices of information interpreters and strategic managers. HSPs incorporate competing forms of knowledge and critically investigate challenges to medical science claims to reinforce their professional capabilities. Professionalism continues to be the application of specialized competences and technical knowledge, for example, planning a course of action as much as prescribing a course of medication, which co-exist with the shift in patient roles.

Theme 2: Co-learning

Co-learning implies shared power and values in which the patient relationship is a key element. The HSPs emphasized the relationship as the bridge between asymmetries in health knowledge, power, and autonomy. This process of relating not only enhances role identities but also allows the actors to adapt activities to support the relationship and create value (Ballantyne and Varey, 2006; McColl-Kennedy *et al*., 2012). Participants agreed that the medicalization of everyday life demands well-informed healthcare professionals who are receptive to new ideas. Although some were hesitant about giving up their information gate-keeping rights, they commonly agreed that learning together over time was an opportunity for role redefinition and value co-creation.

Theme 3: Resource mobilization

The participants perceive their role practices as helping patients to capitalize on their strengths and competencies, and to mobilize system resources within the patient's networks, asserting their role in inter-professional communication. However, the HSPs face constraints imposed by system structures, time, work flows, and costs that may counteract resource mobilization they aspire to. Also, this role is intertwined with the diverse and dynamic patient characteristics and preferences regarding the doctor- patient relationship. Ultimately, role practices around resource mobilization imply capacity building that encourages patients to develop and use appropriate skills and resources to participate collaboratively in the healthcare relationship.

Conclusion

This exploratory research highlights the nature of the service relationship HSPs seek to establish with their patients as they [re]-constitute the professional boundaries to [re]-claim competency and trustworthiness. Three key themes of their health literacy roles are: (1) *identifying the best path:* HSPs demonstrate a reluctance to cede their core work re-constructing their role to include planning a course of action in place of prescribing a course of medication; (2) *co-learning:* Incorporating competing forms of knowledge and critically investigating knowledge claims such that learning together over time was an opportunity for role redefinition and value co-creation; and (3) *resource mobilization:* the HSP is responsive to patients' dynamic contextual and personal preferences mobilizing their own resources (of medical philosophy, cognitive capabilities, and sense-making abilities), patients' resources, other network actors, and the healthcare system.

Resources "require application and integration to become valuable" (Mele *et al*., 2010, p. 61) and while value co-creation dynamically builds on resources that "actors and networks have at hand" (Lusch *et al*., 2016, p. 2961) resources are typically mobilized as a result of interaction. Thus health literacy roles enacted by the health service provider are fundamental micro-foundations of value co-creation.

This study contributes to the body of knowledge in service literature by providing insights into the micro-level foundations of value co-creation in primary healthcare. The second contribution lies in the paper providing support for health literacy in primary healthcare service management processes that facilitate value co-creation.

Limitations

Although the sample was limited in size, the participants were appropriate for providing rich data given their expertise in health literacy in a primary healthcare context.

Further Research

An important next step will be to involve a larger sample and to extend the research beyond the dyadic level to encompass social network roles, answering the call by Keeling *et al* (2018). In addition, future research could explore the gaps between role expectations and role enactments in healthcare by focusing on both sides of the patient-practitioner relationship within each relationship.

Bibliography

Aarikka-Stenroos, L. and Jaakkola, E. (2012), "Value co-creation in knowledge intensive business services: a dyadic perspective on the joint problem solving process", *Industrial Marketing Management*, Vol. 41 No. 1, pp. 15-26.

Australian Commission on Safety and Quality in Health Care (ACSQHC) (2013), "Consumers, the health system and health literacy: Taking action to improve safety and quality", consultation paper, Sydney, ACSQHC, June.

Ballantyne, D. and Varey, R.J. (2006), "Creating value-in-use through marketing interaction: the exchange logic of relating, communicating and knowing", *Marketing Theory*, Vol. 6 No. 3, pp. 335-348.

Chen, T., Drennan, J. and Andrews, L. (2012), "Experience sharing", *Journal of Marketing Management*, Vol. 28 No. 13-14, pp. 1535-1552.

Chreim, S., Williams, B.E. and Hinings, C.R. (2007), "Interlevel influences on the reconstruction of professional role identity", *Academy of Management Journal*, Vol. 50 No. 6, pp. 1515-1539.

Corley, K.G. and Gioia, D.A. (2004), "Identity ambiguity and change in the wake of a corporate spin-off", *Administrative Science Quarterly*, Vol. 49 No. 2, pp. 173-208.

Felin, T., Foss, N.J. and Ployhart, R.E. (2015), "The microfoundations movement in strategy and organization theory", *Academy of Management Annals*, Vol. 9 No. 1, pp. 575-632.

Keeling, D.I. and Laing, A. (2015), "Realigning from health problems to service provision in integrated care", in Proceedings of the 8th European Public Health Conference, p. 263.

Keeling, D.I., Laing, A. and De Ruyter, K. (2018), "Evolving roles and structures of triadic engagement in healthcare", *Journal of Service Management*, Vol. 29 No. 3, pp. 352-377.

Lusch, R.F., Vargo, S.L. and Gustafsson, A. (2016), "Fostering a trans-disciplinary perspectives of service ecosystems", *Journal of Business Research*, Vol. 69 No. 8, pp. 2957-2963.

McColl-Kennedy, J.R., Vargo, S.L., Dagger, T.S., Sweeney, J.C. and van Kasteren, Y. (2012), "Health care customer value cocreation practice styles", *Journal of Service Research*, Vol. 15 No. 4, pp. 370-389.

Mele, C., Spena, T.R. and Colurcio, M. (2010),"Co-creating value innovation through resource integration", *International Journal of Quality and Service Sciences*, Vol. 2 No. 1, pp. 60-78.

Moeller, S., Ciuchita, R., Mahr, D., Odekerken-Schröder, G. and Fassnacht, M. (2013), "Uncovering collaborative value creation patterns and establishing corresponding customer roles", *Journal of Service Research*, Vol. 16 No. 4, pp. 471-487.

Nutbeam, D. (2000), "Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century", *Health Promotion International*, Vol. 15 No. 3, pp. 259-267.

Schulz, P.J. and Nakamoto, K. (2012), "Health literacy and patient empowerment in health communication: the importance of separating conjoined twins", *Patient Education and Counseling*, Vol. 90 No. 1, pp. 4-11.

Storbacka, K., Brodie, R.J., Böhmann, T., Maglio, P.P. and Nenonen, S. (2016), "Actor engagement as a microfoundation for value co-creation", *Journal of Business Research*, Vol. 69 No. 8, pp. 3008-3017.

Sykes, S., Wills, J., Rowlands, G. and Popple, K. (2013), "Understanding critical health literacy: a concept", *BMC Public Health*, Vol. 13 No. 1, pp. 150-160.