

The co-creation of services

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Abstract

Co-creating services has inspired great enthusiasm among both researchers and practitioners, making it a widely applied concept and an ideal cited by many. However, amid all the hype about co-creating services, there also is increasing recognition that not every co-creation effort leads to a successful outcome. People intuitively perceive the value of collaborating during the design, development, delivery, and consumption of services, yet understanding of how co-creation truly works remains limited. By bridging five research gaps, this dissertation clarifies, empirically validates, and advances understanding of the benefits and process of co-creating services. Its interdisciplinary, multi-method approach explicitly integrates the interrelated disciplines of service management/marketing, service design, and service innovation.

Four empirical chapters, each a separate manuscript, reveal how and why people co-create services. The first establishes a common foundation, with a focused literature review that synthesises previous conceptualisations of co-creation and related terminology into a novel definition of co-creating services. It also provides a typology of beneficial and counterproductive outcomes from co-creating services, along six dimensions. The second chapter explores why people display certain behaviours during services co-creation, using scenario-based experiments. By integrating insights gleaned from interactive research workshops with design professionals, it also proposes factors driving and inhibiting people's co-creation engagement and a typology of personas and anti-personas, based on their likelihood to engage in co-creation, as a result of their personality traits and demographics. The third chapter examines the underlying dynamics and possible risks of the co-creation process and how it integrates people's lived experience, specifically in a healthcare context, where the need to integrate users' situated insights into the design of services that affect them is especially crucial, due to its sensitive, often urgent nature. Using phenomenological interviews, this chapter identifies six interacting tensions associated with integrating lived experience through co-creation in healthcare innovation and seven possible strategies to integrate people's experience amid these tensions. Finally, the fourth chapter develops a post-adoption model for the phase after the initial adoption of a co-creative service, tested with a cross-sectional survey of current customers of a large bank.

By systematically synthesising the theoretical and empirical premises of these four chapters, this dissertation formulates eight holistic conclusions that extend and challenge current understanding of the benefits and process of co-creating services. First, genuine services co-creation that transcends tokenistic collaborative approaches demands multi-directional communication among involved parties, who must actively participate and engage in the co-creation process. Second, the human-centred perspective of service design contributes to co-creation as a process, a toolbox, and a mind-set. Third, co-creating services takes place in earlier phases of the service process, related to innovating, and in later phases, related to the delivery and consumption of services. Fourth, innovation is both a contextual stage for

co-creating services and an outcome. Fifth, co-creating services depends on the participating party and the facilitating party. Sixth, there is no one best way to initiate co-creation; the first step can be taken by various actors, with varying implications. Seventh, through its beneficial outcomes, genuine services co-creation builds legitimacy, which supports institutional change. Eighth, the mental construction and social interaction inherent to co-creating services require paradoxical thinking to facilitate the co-creation process.

By clarifying the benefits of and process for co-creating services, this dissertation offers implications for academic developments related to the topic of co-creating services. The implications also can inform practical applications, whether by an individual to build a house, a healthcare organisation to innovate medical services, or policy makers to design people-centred services.