

A CONCEPTUAL FRAMEWORK OF THE DOMAIN OF EVIDENCE-BASED DESIGN*

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The physical facilities in which healthcare services are performed play an important role in the healing process. Evidence-based design in healthcare is a developing field of study and holds great promise for benefiting key stakeholders: patients, families, physicians, nurses, other staff, and healthcare organizations. In this paper, we present and discuss a conceptual framework intended to capture the current domain of evidence-based design in healthcare. In our framework, the built environment is represented by nine design variable categories: audio environment, visual environment, safety enhancement, wayfinding system, sustainability, patient room, family support spaces, staff support spaces, and physician support spaces. Further, we present a series of matrices that indicate knowledge gaps concerning the relationship between specific healthcare facility design variable categories and participant and organizational outcomes. From this analysis, we identify fertile research opportunities from the perspectives of key stakeholders.

Research Category: Transformative Service and Quality of Life

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VALUES-BASED SERVICE FOR SUSTAINABLE BUSINESS: LESSONS FROM IKEA

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This book is the first to examine the role of values in developing and managing sustainable service organisations. The focus is on the role of values in creating customer and shareholder value. The first chapter describes and defines values-based service and sustainable business. The chapter also introduces IKEA and the company's business model. Chapter 2 provides an overview of the history of IKEA and the social and environmental perspectives. In Chapter 3, the concept of customer value is discussed. In Chapters 4–6, values-based service thinking is developed within the areas of service experience, service brand, and service leadership. Finally in Chapter 7, IKEA is compared with Starbucks, H&M, and Body Shop and we present five principles for a sustainable, values-based service business.

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COMMUNITY ACTION RESEARCH*

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This article describes a research and action method that has proven useful for both service innovation and design and for transformative services impact. Community action research is an alternative research method that uses the community as the unit of analysis. This approach seeks to forge alliances with relevant stakeholders in the community to explore and develop solutions to local problems. Co-creation occurs at all points in the process. The broad research approach is explained and the principles that guide this methodology are explored. In particular, the focus of this paper is on the complexities and dilemmas of doing community action research and findings from a field study focused on health and health services that are used to illustrate these issues. The field research occurred in a community with a high rate of diabetes. The ultimate goal of this research method is to develop sustainable community-based solutions and services to pressing consumer health and social problems.

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This article is forthcoming in the *Journal of Public Policy and Marketing*.

WILL THE “REAL” ADOLESCENT PLEASE SIGN IN? SELF-SOCIALIZATION ON THE INTERNET

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This paper examines the ubiquitous internet as a service that is a context for socialization for both younger and older adolescents. Our research finds that the internet adds dimensions to and takes away elements in the socialization process that have not been manifest in the same way in the past. The lack of the usual adult socialization agents in this service context challenges the more traditional view of adolescent socialization. Instead, our research finds a transcendent theme of self-socialization. Without the more traditional structured socialization contexts that include parents and other adult socialization agents, “self-socialization” occurs as adolescents gain even more independence and agency than has traditionally been the case and with peers are co-constructing their own environment and socialization on the internet. In particular, we see an impact on such norms as deception, privacy and “realness.” We also examine the carryover of this socialization to the offline world.

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This paper is under review at the *Journal of Public Policy and Marketing*.

REPAY NOW OR REPAY LATER: EXAMINING THE EFFECTS OF INFORMATION DISCLOSURE ON CONSUMER DEBT REPAYMENT DECISIONS

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Consumers are repaying debt more slowly than ever before. Experts argue that disclosing more information to credit consumers will enable them to reduce debt more effectively. We examine this within the context of credit card debt repayment, seeking to understand how information disclosure influences consumer repayment behavior. We examine effects of minimum required payment (MRP) and supplemental interest cost information on debt repayment decisions. We examine differential effects of “time” versus “money” information and temporal framing of cost information. Results reveal a strong negative effect of MRP information on repayment amount. This effect is attenuated by disclosing interest cost and time-to-payoff information. Temporal framing of information, consumer temporal orientation and financial knowledge moderate these effects. We provide insights into types of information (“time” versus “money”) that should be provided to consumers to improve debt repayment and specific marketing approaches that might reduce the firm’s credit risk by reducing default rates.

Research Category: Transformative Service and Quality of Life

* Salisbury, Linda C. and Katherine N. Lemon (2009), “Repay Now or Repay Later: Examining the Effects of Information Disclosure on Consumer Debt Repayment Decisions,” Working Paper, Boston College.

THE EFFECT OF SERVICE EVALUATIONS ON BEHAVIORAL INTENTIONS AND QUALITY-OF-LIFE

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Understanding the contribution of marketing to economic and social outcomes is fundamental to broadening the focus of marketing. The authors develop a model that integrates the impact of service quality and satisfaction on both economic and societal outcomes. The model is validated using two random samples (n=778, n=340) involving intensive health services. The results indicate that technical and functional service quality influence service satisfaction, and that these constructs, in turn, have a significant impact on behavioral intentions. Importantly, technical and functional service quality, and service satisfaction have a significant influence on the quality-of-life perceptions of customers. These are important findings given the movement towards recognising social and environmental outcomes, such as emphasised through triple bottom line reporting. The findings have important implications for improving the quality-of-life of customers and for enhancing customers' behavioral intentions towards the organization.

Research Category: Transformative Service and Quality of Life

* Dagger, T. and Sweeney, J. (2006), "The Effect of Service Evaluations on Behavioural Intentions and Quality-of-Life", *Journal of Service Research*, 9 (1), 2-19.

A HIERARCHICAL MODEL OF HEALTH SERVICE QUALITY: SCALE DEVELOPMENT AND INVESTIGATION OF AN INTEGRATED MODEL

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This research develops and tests a multidimensional hierarchical scale for measuring health service quality; further, the ability of the scale to predict satisfaction and intentions was examined. Data were collected from three field studies in two different health care contexts, oncology clinics (n=1118) and a general medical practice (n=215). Service quality was found to comprise four primary dimensions and multiple sub-dimensions:

- Interpersonal quality comprised interaction and relationship
- Technical quality comprised outcome and expertise,
- Environment quality comprised atmosphere and tangibles; and
- Administrative quality comprised timeliness, operation and support.

The research provides managers with an understanding of the dimensions on which quality is assessed. Managers can use this knowledge to monitor, improve and benchmark service quality perceptions. As service quality has an impact on satisfaction and behavioral intentions this is critical to all service providers.

Research Category: Transformative Service and Quality of Life

* Dagger, T., Sweeney, J. and Johnson, L. (2007) "A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model", *Journal of Service Research* 10 (2), 123-142.

UNEXPECTED BENEFITS OF SERVICE IMPROVEMENT AT THE CUSTOMER-EMPLOYEE INTERFACE: A FIELD EXPERIMENT IN THE HEALTHCARE INDUSTRY

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This study examines whether customer service training of frontline staff not only improves interpersonal quality perceptions but also improves evaluations of other more difficult-to-evaluate attributes. We term this a “selective halo” effect. A field experiment (n=772) is used to examine this effect in a health care environment. Findings indicate that customer ratings of interpersonal quality are significantly higher for frontline staff receiving customer service training than for the control group. Moreover, the ratings of some attributes not manipulated in the experiment were also significantly higher than for the control group, namely, atmosphere, operational processes, technical expertise, and outcome perceptions. This supports our selective halo effect and indicates that there are unexpected benefits resulting from improving the interpersonal quality of frontline staff. Namely, that perceptions of difficult-to-evaluate attributes also increase, thereby enhancing the overall service experience. Perceptions of easy-to-evaluate attributes did not improve as a result of customer service training.

THE RESTORATIVE QUALITIES OF AN ACTIVITY-BASED, THIRD PLACE CAFÉ FOR SENIORS: RESTORATION, SOCIAL SUPPORT, AND PLACE ATTACHMENT AT MATHER’S—MORE THAN A CAFÉ*

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Carla Windhorst, Mather’s Foundation

This article highlights the restorative qualities of an actual café that represents a “hybrid third place.” Similar to third places, the café studied in this work offers its customers food, beverages, and opportunities to participate in social activities. By drawing upon attention restoration theory (ART), the authors show that the café’s built environment, or servicescape, features the three stimuli that are required to facilitate personal restoration and promote relief from symptoms associated with mental fatigue. The authors also explore how social activities and social integration promote customer restoration and investigate how perceived restorativeness is related to commercial social support, place attachment, and customer health.

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PEOPLE AS VIRTUAL PRODUCTS: ANALYZING HUMAN EXCHANGES ON CRAIGSLIST AND GUMTREE.COM

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This article examines marketing as exchange in the context of online personal advertisements that appear on U.S.-based Craigslist and U.K.-based Gumtree.com. Building on the person-as-product paradigm, we put forth a resource exchange framework that details 13 product, or human, characteristics that people offer and seek in free, online personal advertisements. In addition, we reveal differences between heterosexual and homosexual Internet users in their use of photographs and personal descriptions in their advertisements. The results reveal the extent to which online classified sites are changing American society, as people are engaging in physical, service, and informational exchanges in ways that are not available in print advertisements. We discuss health implications regarding the use of personal advertisements on Craigslist, as the site is being used by groups of consumers who seek and provide sexual activities and those who desire discrete relationships with others.

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THE EFFECT OF INSTANT MESSAGING SERVICES ON SOCIETY'S MENTAL HEALTH

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This article shows how instant-messaging (IM) service providers are helping and hindering societal mental health among young adults. IM services provide users with an ability to obtain instantaneous and inexpensive support in their time of need. However, excessive Internet usage may place IM users at risk for experiencing symptoms associated with Internet addiction and Adult Attention Deficit Hyperactivity Disorder (ADHD).

A framework obtained from coding qualitative data is proposed. The framework is tested with structural equation methodology and latent mean analysis from data collected from younger-aged Chinese and American IM users.

The findings show that IM users in both China and America are obtaining social support from their virtual networks. However, both groups of IM users are showing signs of elevated levels of Internet addiction and of being at-risk for ADHD. This research highlights that excessive IM/Internet usage may be hindering mental health among young adults and the problem is likely to grow in the future.

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INNOVATIVE HEALTHCARE DELIVERY

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Critics of the American healthcare system recite a long list of problems: rising out-of-pocket costs, inconvenient access, overuse of emergency departments, uncoordinated medical records, and declining numbers of primary care doctors. To address these issues, some new venues have evolved, such as retail and urgent care clinics, but the emergency department has become the only service provider available to all patients on a 24/7 basis. It is time to reinvent the system. The concept of patient-centered medical homes offers a structure for integrating innovations that can transform the delivery of healthcare. In this model, each patient develops an ongoing relationship with a primary care physician supported by a team of caregivers. An integral feature is the electronic medical record, which facilitates coordinated communication and decisions. Access expands beyond the traditional physician office visit to satellite services tailored to individual needs. Services center on whole-person care, including wellness and preventive counseling as well as acute and chronic care. Adoption of the patient-centered medical home transforms healthcare delivery into a system that benefits everyone.

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LESSONS PATIENT-CENTERED MEDICAL HOMES CAN LEARN FROM HEALTH MAINTENANCE ORGANIZATIONS' MISTAKES

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Patient-centered medical homes (PCMHs) have been endorsed by primary and specialty care medical associations, payers and patient groups as an innovative structure for transforming healthcare delivery. The cornerstone principle of the PCMH is the primary care physician's coordination of a patient's use of healthcare services, including visits to specialists, to improve effectiveness and efficiency. This principle aligns with the vision behind the creation of health maintenance organizations (HMOs), managed care organizations that were once embraced by physicians, patients and policy analysts but have since lost much of their luster. Many patients and physicians rejected HMOs as too restrictive, objecting particularly to the concept of gatekeeping. This paper reviews the HMO experience and identifies lessons applicable to PCMHs that build on HMO strengths and avoid HMO mistakes.

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THE ROLE OF 'THIRD PLACE' SOCIAL SUPPORT IN CANCER PATIENTS' QUALITY OF LIFE*

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To date, cancer centers have operated under the premise that they were offering cancer patients and survivors healthful benefits by offering them an array of courses and activities. This work reveals that a cancer center's courses and activities per se do not influence a patron's quality of life. Indeed, a center's courses and activities serve as a natural forum for nurturing employee-patron social support, which significantly improves a cancer patient's perceived emotional, social, and cognitive well-being. Rather than permit employee-patron social support to emerge perchance and inconsistently among its patrons, Living Well Cancer Resource Center has altered its practices. Living Well is now strategically managing in-house social support by sending its employees to oncology practices to meet with cancer patients at the point of their initial cancer diagnosis. Hence, newly diagnosed cancer patients may receive immediate dosages of therapeutic medical procedures (i.e., surgery, chemotherapy, and radiation) and social support, which together represents a "complete" solution to cancer health care and to a cancer patient's health and well-being.

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