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UNIVERSITY OF TURKU

EXTENDED VULNERABILITY IN CUSTOMER ENTITIES

A multi-actor perspective on secondary customers' needs and experiences

Henna Leino

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SARJA – SER. E OSA – TOM. 83 | OECONOMICA | TURKU 2021

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ABSTRACT

Family members are often actively involved and are essentially affected by services that are directed at their close others, especially if those close others are experiencing vulnerabilities. This phenomenon concerns all generations across the globe. Yet, the family members' position as a customer is often not acknowledged, although they frequently experience secondary vulnerabilities. In this study, family members are conceptualised as "secondary customers" who are an integral part of the customer entity. The main objective of the study is to analyse extended vulnerability in customer entities by applying a multi-actor perspective to secondary customers' needs and experiences.

The study consists of an introductory essay and four articles. The introductory essay positions the study in relation to service research and the consumer/customer vulnerability literature. Based on this, customer experience is adopted as a common ground that encapsulates the different dimensions of the research objective. In addition, the introductory part describes the research context of nursing home services, explains the research strategy and process, and provides a more detailed theoretical background. Article I conceptualises the primary care receivers as primary customers and their family members as secondary customers, who should all be considered as insiders of the service process. Article II discusses, with a multidisciplinary approach, the underlying elements that determine the dynamics and customer needs within a customer unit. It highlights emotions and social bonds and roles as determinants of health and well-being in a customer unit. It advocates for co-operation between the service provider and customer unit, where an individual and his/her close others can influence the service production from the perspective of their own unique ecosystem to generate positive well-being outcomes for both primary and secondary customers.

The empirical data consists of interviews and observations in two Finnish nursing homes. Article III is based on this empirical data, and it explores secondary customers' needs and their relationship to primary customers' needs in a nursing home service environment. In addition, it analyses how the different types of experienced vulnerabilities influence customers' needs. It concludes that, in order to

acknowledge the needs of both primary and secondary customers, and to alleviate their experienced vulnerabilities, balanced service inclusion is needed from the service system. This is expected to foster the service inclusion and well-being of the entire customer entity. Article IV further deepens the understanding of vulnerabilities and needs in customer entities by analysing how core value trade-offs and spillovers occur within services and how vulnerable stakeholders cope with them. The article concludes that secondary vulnerability within a customer entity can amplify the positive and negative spillover effects and can considerably influence well-being outcomes, both positively and negatively.

This thesis brings a novel perspective to service research by problematising the assumption that consumer vulnerability only concerns the core customer, and it places the focus on family members and their experiences of vulnerability. It contributes to service inclusion theory by unveiling the co-effects and counter-effects of service inclusion that take place between primary and secondary customers and by calling for balanced inclusion. Contributions also arise from highlighting the special relevance of the customer experience in contexts that can be conceptualised as facilitators of the final customer journey. Further, the study brings forth the unintended consequences of services for both primary and secondary customers stemming from core value trade-offs and from the resulting spillovers. Finally, the thesis problematises the root assumption of customer vulnerability as a liability and suggests that, in addition to vulnerability putting a strain on vulnerable customers and their close others, it can also be seen as a resource. This should be acknowledged in future service designs that aim to achieve service inclusion for the entire customer entity. As a practical implication, to foster customer experiences with transformative outcomes, the study suggests multi-actor customer journey mapping as a tool to unveil and process the different, sometimes contradictory viewpoints within customer entities. Recognition of these discrepancies is essential since the service provider sometimes needs to adopt a moderator role in order to balance inclusion and achieve well-being outcomes in a customer entity.

KEYWORDS: customer experience, vulnerability, family member, secondary customer, customer entity, customer unit, transformative service, well-being, nursing home

TURUN YLIOPISTO
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HENNA LEINO: LAAJENTUNUT HAAVOITTUVUUS ASIAKAS-KOKONAISUUKSISSA – Monitoimijanäkökulma sekundääristen asiakkaiden tarpeisiin ja kokemuksiin

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TIIVISTELMÄ

Perheenjäsenet osallistuvat usein aktiivisesti heidän läheisilleen suunnattuihin palveluihin – erityisesti, jos läheinen on altis kokemaan haavoittuvuutta. Palveluilla on näin ollen olennaisesti vaikutusta myös perheenjäseniin. Ilmiö koskee kaikkia sukupolvia ympäri maailman. Tästä huolimatta perheenjäsenten asemaa näiden palveluiden asiakkaana ei useinkaan tunnisteta, vaikka he ovat alttiita kokemaan sekundääristä haavoittuvuutta. Tämä tutkimus käsitteellistää perheenjäsenet 'sekundäärisinä asiakkaina', jotka ovat kiinteä osa asiakaskokonaisuutta. Tutkimuksen päätavoite on analysoida laajentunutta haavoittuvuutta asiakaskokonaisuuksissa soveltamalla monitoimijanäkökulmaa sekundääristen asiakkaiden tarpeisiin ja kokemuksiin.

Väitöskirja koostuu yhteenveto-osiosta ja neljästä artikkelista. Yhteenveto-osiossa asemoidaan tutkimus suhteessa palvelututkimukseen ja haavoittuvia kuluttajia/asiakkaita koskevaan kirjallisuuteen. Asiakaskokemus teoreettisena käsitteenä liittää yhteen tutkimuksen eri ulottuvuudet. Lisäksi yhteenveto-osiossa kuvataan hoivakodit tutkimuskontekstina, esitellään tutkimusstrategia ja -prosessi sekä luodaan tutkimukselle teoreettinen perusta. Artikkeli I käsitteellistää hoitoa/hoivaa tarvitsevat henkilöt primäärisinä asiakkaina ja heidän perheenjäsenensä sekundäärisinä asiakkaina, joita tulisi pitää palveluprosessiin kuuluvina henkilöinä. Artikkeli II käsittelee monitieteisestä näkökulmasta tekijöitä, jotka määrittelevät asiakasyksikön dynamiikkaa ja asiakastarpeita yksikön sisällä. Se tuo esiin, miten tunteet ja sosiaaliset siteet sekä sosiaaliset roolit vaikuttavat terveyden ja hyvinvoinnin muodostumiseen asiakasyksikön sisällä. Artikkeli suosittelee sellaista yhteistyötä palveluntarjoajan ja asiakkaan kesken, jossa yksilö ja hänen läheisensä voivat vaikuttaa palvelun tuottamiseen heidän yksilöllisen asiakasekosysteeminsä näkökulmasta. Tällä voidaan odottaa olevan positiivisia vaikutuksia niin primääristen kuin sekundääristen asiakkaiden hyvinvointiin.

Empiirinen aineisto koostuu haastatteluista ja havainnoinnista kahdessa suomalaisessa hoivakodissa. Artikkeli III perustuu tähän aineistoon ja tutkii sekundääristen asiakkaiden tarpeita ja niiden suhdetta primääristen asiakkaiden tarpeisiin hoivakotiympäristössä sekä eri tyyppisten haavoittuvuuksien vaikutusta asiakkaiden tarpeisiin. Artikkelin johtopäätöksenä on, että palvelujärjestelmän tulisi

tukea tasapainotettua osallistamista (balanced inclusion), jotta niin primääristen kuin sekundääristen asiakkaiden tarpeet huomioitaisiin ja molempien haavoittuvuuden kokemuksia pystyttäisiin lieventämään. Voidaan olettaa, että tämä edistää palveluun osallistamista (service inclusion) ja hyvinvointia koko asiakaskokonaisuuden osalta. Artikkeli IV syventää ymmärrystä asiakaskokonaisuuksien sisällä esiintyvistä haavoittuvuuksista ja tarpeista analysoimalla, miten ydinarvojen suhteen tehdyt kompromissit (trade-offs) ja tästä aiheutuvat seuraukset (spillovers) ilmenevät palveluympäristöissä ja miten haavoittuvat sidosryhmät käsittelevät niitä. Artikkelin yhtenä johtopäätöksenä on, että sekundäärinen haavoittuvuus asiakaskokonaisuuden sisällä voi suurentaa niin myönteisiä kuin kielteisiä seurauksia. Tämä puolestaan voi vaikuttaa hyvinvointiin huomattavasti – niin myönteisessä kuin kielteisessä merkityksessä.

Tutkimus tuo uuden näkökulman palvelututkimukseen kyseenalaistamalla oletuksen, että asiakashaavoittuvuus koskisi vain ”ydinasiakasta” ja keskittymällä perheenjäsenten haavoittuvuuden kokemuksiin ja tarpeisiin, jotka liittyvät heidän läheiselleen järjestettyyn palveluun. Teoreettisena kontribuutiona tutkimus tuo esiin yhteis- ja vastakkaisvaikutukset, jotka syntyvät primääristen ja sekundääristen asiakkaiden osallistamisesta palveluun (tai osallistamatta jättämisestä), ja joiden vuoksi tarvitaan tasapainotettua osallistamista (balanced inclusion). Tutkimus korostaa asiakaskokemuksen erityistä merkitystä tilanteissa, joissa on kyse lopullisesta asiakaspolusta. Lisäksi tutkimus tuo esiin primäärisille ja sekundäärisille asiakkaille aiheutuvat tahattomat seuraukset, jotka kumpuavat palveluiden parissa tapahtuvista ydinarvojen kompromisseista ja niiden seurauksista. Väitös myös problematisoi ns. juuriolettamuksen, jonka mukaan asiakashaavoittuvuus olisi vain taakka: huolimatta siitä, että haavoittuvuus aiheuttaa usein haittaa haavoittuvalle asiakkaalle ja läheisille, se voidaan nähdä myös voimavarana. Tämä tulisi huomioida tulevassa palvelusuunnittelussa, kun pyritään takaamaan osallisuus palveluun koko asiakaskokonaisuudelle. Tutkimus ehdottaa asiakaspolun kartoittamista monitoimijanäkökulmasta (multi-actor customer journey mapping), jotta pystyttäisiin paljastamaan ja siten käsittelemään erilaisia, joskus keskenään ristiriitaisia näkökulmia asiakaskokonaisuuksien sisällä. Näiden ristiriitojen tunnistaminen on keskeistä, koska palveluntarjoajan pitää joskus asettua sovittelijan rooliin mahdollistaakseen osallisuuden ja hyvinvointia koko asiakaskokonaisuudelle.

AVAINSANAT: asiakaskokemus, haavoittuvuus, perheenjäsen, sekundäärinen asiakas, asiakaskokonaisuus, asiakasyksikkö, transformatiivinen palvelu, hyvinvointi, hoivakoti

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Turku, 12.11.2021
Henna Leino

Prologue

The origins of this thesis lie in silence. They stem from words unspoken.

It was clear to me that my topic would concern well-being-related issues, but the research perspective and the final research question developed incrementally on different occasions. A key moment for me was the day when I was transcribing an interview before having even started my own research. I was working on a research project where one part focused on nursing home services. Within this project, I had the privilege of getting acquainted with data collected by my experienced research colleagues and supervisors (my most humble thanks to you, Leila and Birgitta) and processing it by transcribing the interviews. This data was collected in a nursing home[1] by interviewing residents, their family members and nurses. Among the interviews, there was one interview with an adult daughter whose elderly father was living in this nursing home. During the course of the interview, one question[2] touched her so much that she could not answer it; instead, she remained silent and held her tears back, even though the question, as such, was not prone to evoking such strong emotions. This reaction, this inability to speak, made me consider the position of family members with regards to elderly care services. The elderly are often considered vulnerable, but are the family members equally or even more vulnerable than the elderly themselves within these service settings?

I wanted to validate the relevance of this question by discussing – broadly speaking – the position and needs of family members in relation to care services with professionals who deal with patients or customers due to health- and well-being-related causes. I conducted two preliminary interviews to find answers to the initial questions regarding family members: one with a docent and physician in oncology, also holding a degree in psychotherapy, and one with a physiotherapist who rehabilitates individuals of all ages at her clinic as well as in nursing homes. I

[1] Later in the text and in Article III and Article IV, this nursing home is referred to as nursing home Pearl (a pseudonym).

[2] The theme of this interview question will be discussed in the end of the thesis, in section 6.4.

received valuable answers and confirmation regarding the relevance of the research theme by discussing it with these interviewees, who shared their professional experience and viewpoints with me. However, the importance of the family members' positions and needs became even more obvious to me as both interviewees started sharing their personal experiences regarding their own parents' care in nursing homes, although that was not directly asked about. In particular, the words of one interviewee revealed the immense impact of elderly care and its quality. She told me that, due to the long distance between her home and the elderly care home where her mother lived, she only had the chance to visit her mother on weekends. She was not happy about the gloomy, institution-like elderly care home where her mother was living, and stated that it always took her at least two days to recover from the visit and from the emotional strain caused by it.

Then there is me, the author. A researcher, but also a daughter who is very fond of her parents. They are the people who I highly respect and cherish. Therefore, I can only imagine – and actually do not even want to imagine – what it must be like to have no choice but to escort one's parent to a nursing home, especially if it were to happen against one's will. This feeling is probably shared by most of us. Yet, a comment from the audience at a conference where I presented my research topic made me widen my perspective so as not to hold anything as self-evident. The male voice from the audience made a remark: "Not all families are happy families." Naturally, there are also family relations that are not close or are inflamed, which may cause complicated situations. This made me take into account the nature of family ties and the potential influence of family systems on the family members' positions and needs in relation to their elderly family member and the services he/she receives. These issues arise, to some extent, in the literature that reports on previous empirical data on elderly care and family members' roles. The issues are also visible in the data that I later collected; however, that data also revealed rather surprising outcomes (more about these especially on the sixth point of theoretical contribution in section 6.1).

The intention and motivation behind this research is to find out how family members experience elderly care services and to discuss the evident but also latent needs that family members may have towards these services. The ultimate motivation is to analyse the elements that can improve the well-being of both the family members and the elderly. The topic is positioned within the research conducted at the Turku School of Economics, especially regarding its interest in customers' latent needs. Gaining an understanding of these needs is essential when designing service innovations, which, together with innovation management, are one of the key areas of the Global Innovation Management Programme at Turku School of Economics. In addition, the phenomenon studied in this thesis is global, relating to the phenomenon-based research interests of the International Business faculty.

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List of original publications

This dissertation is based on the following original publications, which are referred to in the text by their Roman numerals:

I Leino, Henna M. (2017) Secondary but significant: secondary customers' existence, vulnerability and needs in care services. *Journal of Services Marketing*, 31(7), 760–770.

II Leino, Henna (2017) Multidisciplinary view on the concept of customer unit in elderly care services. *Proceedings of the QUIS15, International Research Symposium on Service Excellence in Management*, June 12–15 2017, Faculty of Engineering of the University of Porto, Portugal, 519–528.

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IV Sandberg, Birgitta, Hurmerinta, Leila, Leino, Henna M. and Menzfeld, Mira (2021) Autonomy or security? Core value trade-offs and spillovers in servicescapes for vulnerable customers. *Journal of Service Research*. Published: 28 April 2021.

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1 Introduction

1.1 Motivation for the study

There is an increasing emphasis on patient experiences and patient-centred care in healthcare-related services and research, and essential developments have taken place in terms of how the patients or customers of care services have been involved in and empowered by the care process (Fix et al., 2018; Goodwin, 2020; Hare, Law, & Brennan, 2013; Pelzang, 2010; Pulvirenti, McMillan, & Lawn, 2014). Thus, the debate concentrates – rightly so – on the needs of the patients/focal customers. Yet, close family members are often involved or play a major role in decision making concerning the care services and they can experience at least as much or even more emotional stress, worry and ambivalence over the care arrangements as the focal customers themselves do (e.g. Gaugler, Reese, & Sauld, 2015; Nolan & Dellasega, 2000; Paun et al., 2015; Williams, Harris, Randall, Nichols, & Brown, 2003). This constant worry over their close other can have a substantial influence on the functional ability and well-being of the informal caretaker – typically a parent, spouse, or adult child of an elderly person.

Due to this high level of involvement, close family members can be regarded as *secondary customers* whose role is highlighted especially in healthcare, nursing or social services (Article I), where the family is typically closely involved in the customer journey (Lemon & Verhoef, 2016) of the primary customer. In addition to their high levels of involvement, the choice to label the family members of primary service customers as secondary customers is supported by a closely parallel concept of *secondary vulnerability*, which Pavia and Mason (2014) introduce to describe how the vulnerability experienced by one person (primary/initial vulnerability) can cause secondary vulnerability for individuals who belong to his/her close network. Similarly, the services arranged for primary customers can influence – in terms of various outcomes – their family members, which further advocates for regarding family members as secondary customers of these services.

In general, services can considerably influence individuals' well-being (Anderson et al., 2013). This is, to a great extent, due to consumers' potential vulnerability, because service consumers often lack some agency and control within service contexts (Baker, Gentry, & Rittenburg, 2005). In addition, due to the

experiential nature of services, the interactive, co-creative and potentially emotion-laden roles of customers can influence the customers' emotional and physical well-being (Anderson et al., 2013).

Thus, studying customer needs and vulnerabilities within service research and in service settings, especially within transformative service research (TSR), is important because transformative services' distinct aim is to generate well-being outcomes (Anderson et al., 2013; Rosenbaum et al., 2011; Rosenbaum, Edwards, Ramírez, & Grady, 2020; Rosenbaum, Seger-Guttmann, & Giraldo, 2017). TSR is defined as "the integration of consumer and service research that centres on creating uplifting changes and improvements in the well-being of consumer entities: individuals (consumers and employees), communities and the ecosystem" (Anderson et al., 2013, 1204). This goal can concern all kinds of services but is inherent especially in contexts such as social services, elderly care, or healthcare. In order to enable such customer experiences that have a positive, transformative influence on (collective) customer well-being, it is essential to acknowledge the customer vulnerabilities and needs from many perspectives and meet these needs as fully as possible. This applies to primary and secondary customers alike, and therefore this calls for a multi-actor perspective on customer vulnerability.

The business literature identifies the needs of customers from a variety of perspectives, and studying customer needs, behaviour and satisfaction are among the important, classic streams of marketing (e.g. Engel, Blackwell, & Kollat, 1968; Griskevicius & Kenrick, 2013; Oliver, 1997). However, the existence, vulnerabilities and needs of *secondary* customers is a largely unstudied field in business science. Firstly, only a few studies employ the secondary customer construct (e.g. Mascarenhas, 2011; Westcott, 2005) and, by definition, they typically consider secondary customers as outsiders regarding the service process. Secondly, while family members' role in customers' lives and ecosystems is increasingly acknowledged along with the multi-actor approaches to services (e.g. Heinonen et al., 2010; McColl-Kennedy, Hogan, Witell, & Snyder, 2017), their vulnerabilities and needs are understudied and they have largely been considered as third parties in relation to service encounters (Abboud et al., 2020).

Moreover, the needs of consumers have been classified mainly by using the most common psychological needs classifications (Costa & McCrae, 1988; Maslow & Frager, 1987; Solomon, White, Dahl, Zaichkowsky, & Polegato, 2017) but these classifications concentrate on a consumer's individual, self-centred viewpoint. Therefore, they are not directly applicable when examining the perspective of secondary customers. A needs inventory describing secondary customers' needs will presumably be quite different, since their needs are dualistic, entailing self- and other-related dimensions, as they also are in relation to the primary customer and his/her needs. Thus, this thesis considers needs as contextual, individual, value-

bound constructs (Guba & Lincoln, 1982) and departs from the Maslowian conceptualisation of basic human needs (e.g. Maslow & Frager, 1987), although they are also implicitly integrated within the value-bound needs. This value-bound perspective on needs is more suitable when the purpose is to analyse the self-related and other-related needs of an individual. Guba and Lincoln (1982) also argue that an individual does not always know what he/she needs, which is an essential reason for also studying latent needs (cf. Hurmerinta & Sandberg, 2015).

Both latent and conscious customer needs influence the customer experience and its outcomes. Since the *customer experience*, *value (co-) creation* and *well-being outcome* constructs are considered as closely connected and often even as intertwined, especially in transformative service contexts (e.g. Black & Gallan, 2015; Hepi, Foote, Finsterwalder, Carswell, & Baker, 2017; Kelleher, O'Loughlin, Gummerus, & Peñaloza, 2020), this study considers customer experience as a central link between customer vulnerabilities, needs and value (creation). For instance, Anker et al. (2015) perceive consumer value as equivalent to an increase in consumer well-being (in response to the marketing exchange). Thus, importantly, value is considered in terms of well-being outcomes in this thesis.

Based on these interrelations, in this study, customer experience is adopted as a central theoretical construct that acts as “a glue” in studying the multi-actor service setting from a customer-centric perspective. This is illustrated in **Figure 1**, which presents the interrelations between these constructs, as suggested in several studies and as understood in this thesis. The figure builds an aggregate-level conceptual framework to outline the relations of the constructs that are frequently used in the service literature but that are not always linked with each other. The positioning of the elements and their interrelations in the figure also depict the circularity of the customer experience (cf. Helkkula & Kelleher, 2010) that takes place along the customer journey. This refers to the phenomenon of the customer’s service experience affecting the perceived value and the perceived value affecting the cumulative customer service experience. Sense making of value in this experience is affected by the individual–social, past–future and imaginary–lived dimensions (Helkkula, Kelleher, & Pihlström, 2012).

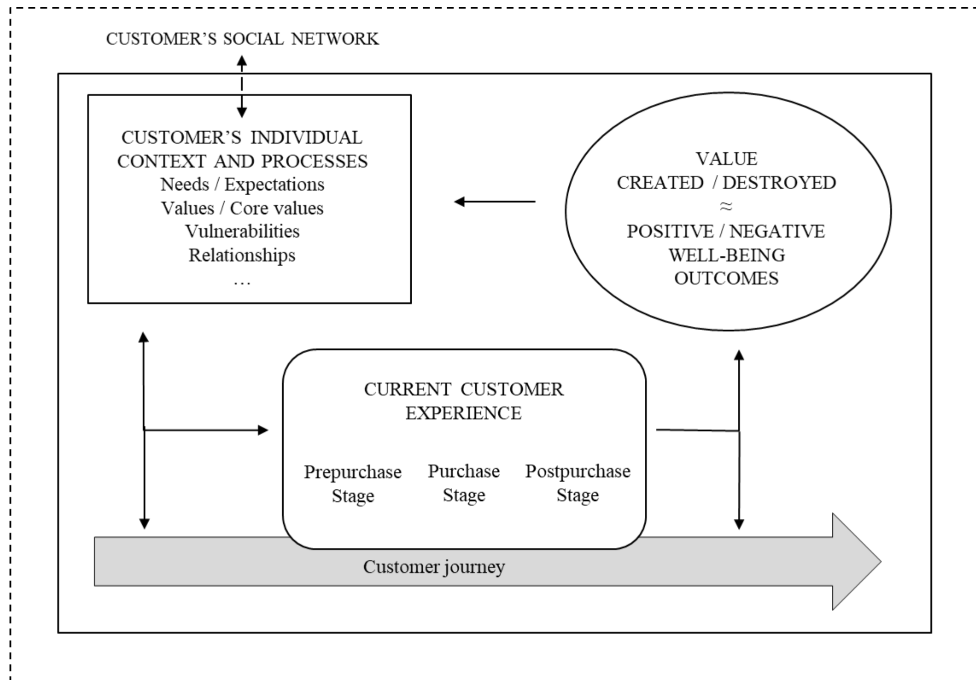

Figure 1. The interrelations between the constructs related to customer experience, value and well-being (based on Anker et al., 2015; Black & Gallan, 2015; Goodwin, 2020; Heinonen & Strandvik, 2015; Helkkula & Kelleher, 2010; Helkkula et al., 2012; Hepi et al., 2017; Kelleher et al., 2020; Lemon & Verhoef, 2016; McColl-Kennedy et al., 2017).

Another reason for employing customer experience as a central construct in the study is that, in the contemporary literature, customer experience is conceived as also encompassing emotional and social elements, and the subconscious level, in addition to cognitive and rational thinking, during the entire customer journey (Kranzbühler, Kleijnen, Morgan, & Teerling, 2018; Lemon & Verhoef, 2016). Emphasising the experiential nature of the customer experience, Becker and Jaakkola (2020, 637) suggest that it should be defined as “non-deliberate, spontaneous responses and reactions to particular stimuli”, thus not referring to the stimuli or conscious evaluations (such as quality judgements) following on from it. Accordingly, this study conceives of the customer experience as a response to a consumption process rather than as a response to managerial stimuli (cf. Becker & Jaakkola, 2020). In particular, the emotional and social elements of the experience, which tend to be spontaneous responses, can be regarded as inseparable and highly essential when discussing service customers with vulnerabilities, together with their close network. Figure 1 depicts how the customer experience may reflect on the customer’s social network in a broad sense, but in this thesis, the focus is specifically on the close network, mainly referring to the customer’s family. The social and emotional

elements are also directly connected to well-being, which is why Article II and subsection 3.4 are dedicated to detailing the interrelations between well-being, health and emotions.

A further reason for identifying customer needs and vulnerabilities in the domain of service research is that the potential solutions can also be found within this domain. Through better service inclusion (e.g. Fisk et al., 2018) and service design (Patrício, de Pinho, Teixeira, & Fisk, 2018; Teixeira et al., 2012; Wünderlich et al., 2020), the services can be expected to alleviate vulnerability in customer journeys and consequently, to positively influence the aggregate customer experience. Moreover, Rosenbaum et al. (2020, 434) point out the need to update service theory related to customer journey mapping, and they refer to the need to add to the understanding of the customer experience, especially in transformative services. Wünderlich et al. (2020) call for further research on how customer vulnerability affects third parties (referring mainly to other customers, but the definition can also be applied to close others (cf. Abboud et al., 2020)). The next section describes how this study positions itself with regards to the vulnerability literature and in relation to service research to achieve the goal of adding to the understanding of customer vulnerabilities, needs and experiences from the multi-stakeholder perspective.

1.2 Theoretical positioning of the study

This section briefly discusses the myriad understandings of the vulnerability construct, reviews how the *vulnerable consumer* construct is defined in the literature and states the vulnerability-related assumptions adopted by this study. In addition, an overview is given of how the service research literature covers the position of family members and their vulnerabilities and needs in relation to services. Based on this overview, the positioning of this study in the field of service research is explained.

1.2.1 Vulnerability and consumers with vulnerabilities

Consumer vulnerability is an established concept both in consumer and service research, but the concept is not unequivocal. Even the basic concept of vulnerability and its definition still lack consensus, with multiple definitions and conceptualisations in the literature. The widest perspective on vulnerability is the idea of *universal human vulnerability*, which means the general vulnerability of all human beings; because we are social and affective beings, we are emotionally and psychologically vulnerable to others in many ways (Rogers, Mackenzie, & Dodds, 2012, 1). From a more specific viewpoint, however, vulnerability analysis has been used as a theoretical lens within the social sciences to study at-risk groups, certain

populations, social injustices, or hazardous situations (Baker & Mason, 2012, 544; Luna, 2009). Baker and Mason (2012, 544–547) specify four alternative approaches: Vulnerability has been defined and analysed based on demographic, environmental, situational, or community-/context-related factors. Commuri and Ekici (2008) distinguish between a systemic class-based component and a transient state-based component of vulnerability, the first being parallel to the vulnerability arising from the demographic factors and the latter being close to the idea of context-related vulnerability. For instance, from the perspective of healthcare and social work, class-based and enduring vulnerability can be regarded as referring to groups with mental health, learning and physical difficulties (Hare et al., 2013), or to those with capability-related challenges, such as deficits in cognitive and physiological abilities, which consumer studies consider as leading to ageing consumers' vulnerability (Griffiths & Harmon, 2011). These types of class-based vulnerabilities that result from specific difficulties or deficits can typically be associated with primary customers with vulnerabilities. Commuri and Ekici (2008) argue that using the class-based vulnerability construct in a stigmatising way must be avoided, but, from the macromarketing perspective, the systemic variables should be taken into account in order to be able to avoid reactive policies and to favour proactive policy development.

Luna (2009; 2019) advocates for an individual-based approach to vulnerability by arguing that not all individuals who belong to a certain subpopulation defined by a factor evoking vulnerability experience an equal amount of vulnerability. In addition, some individuals may belong to several classes of vulnerable populations, such as being simultaneously blind and poor by definition, but they may still feel empowered and not vulnerable. Thus, Luna speaks in favour of the concept of layered vulnerability that takes the individual differences within groups into account. When it comes to *consumer vulnerability*, this approach is in line with the seminal work of Baker, Gentry and Rittenburg (2005, 134), which defines consumer vulnerability as:

> "…a state of powerlessness that arises from an imbalance in marketplace interactions or from the consumption of marketing messages and products. It occurs when control is not in an individual's hands, creating a dependence on external factors (e.g., marketers) to create fairness in the marketplace. The actual vulnerability arises from the interaction of individual states, individual characteristics, and external conditions within a context where consumption goals may be hindered and the experience affects personal and social perceptions of self."

This conceptualisation – together with many other studies published after it – speaks in favour of defining and analysing vulnerability as a context-specific condition that may be experienced by anyone, at any time, altering in intensity and often being temporal and not necessarily enduring (Baker, Gentry, & Rittenburg, 2005; Luna, 2019; Rogers et al., 2012; Shultz & Holbrook, 2009). Based on their recent review of research that studies consumer vulnerability, Hill and Sharma (2020, 554) reinforce *the contextual, situational and individual approach to consumer vulnerability* by defining it as "a state in which consumers are subject to harm because their access to and control over resources is restricted in ways that significantly inhibit their abilities to function in the marketplace".

What is central and notable in these definitions is that while their benefit is in the individual approach, it can also be seen as their pitfall if it means that only an individual being's vulnerability is discussed but consideration of the possible vulnerabilities of that individual's close network is excluded. Namely, as Baker and Mason (2012, 549) point out, studies in consumer research have primarily employed an individual-centred approach as opposed to a family- or community-centred approach to vulnerability.

This scarcity of family inclusion in studies on consumer vulnerability is rather surprising since the intertwined nature of vulnerability and dependency has already been acknowledged (e.g. Mackenzie, Rogers, & Dodds, 2014). This notion of interdependence implies that the sphere of influence of vulnerability is also extended to close others, which, as an assumption, is consistent with the concept of *secondary vulnerability* described by Pavia and Mason (2014). (The combination of conditions leading to secondary vulnerability are more accurately described in Article III). The few exceptions to the individual-centred approach to consumer vulnerability have been provided by Mason and Pavia (2006) and Pavia and Mason (2014), whose studies explore situations where vulnerability exists in family systems. Baker and Mason (2012, 549) suggest that the underlying dynamics in a family unit, such as family structures, roles and communication styles, could be analysed to understand the adaptive role of these constructs and to be able to develop solutions for improved family well-being.

As the discussion implies, the research field of vulnerability and the various constructs affiliated with it is vast and multidimensional. This multitude of perspectives related to vulnerability is illustrated in **Figure 2**, which will be used as a basis to elaborate on the approaches used in this study.

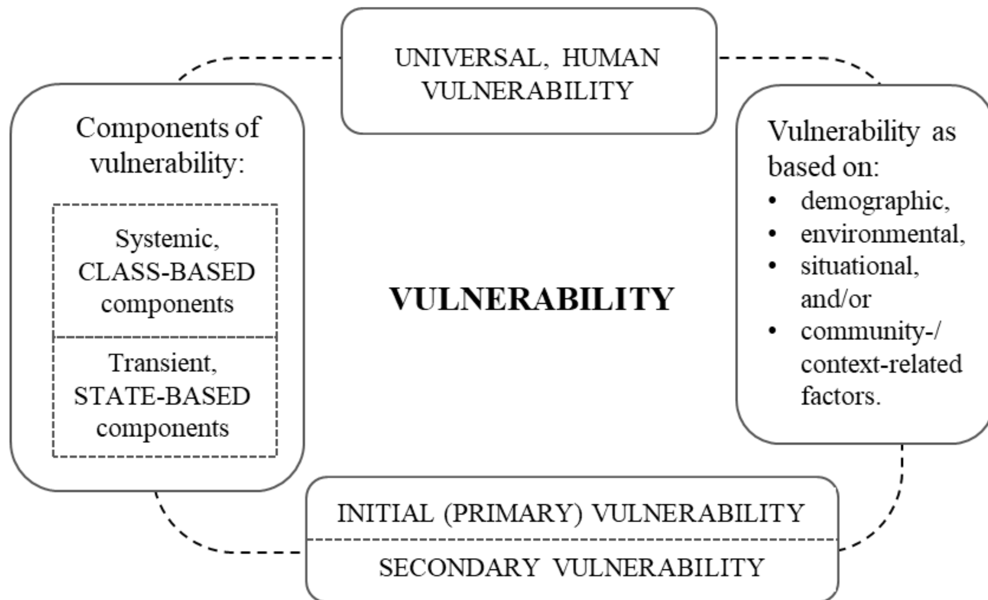

Figure 2. Dimensions of the vulnerability construct.

This study combines many of the dimensions and layers of vulnerability discussed above and illustrated in **Figure 2**, and considers *consumer/customer vulnerability* to consist of individuals' universal human, contextual and extended vulnerability. Here, the latter includes both primary and secondary vulnerability, especially within families. The adopted multi-layered view acknowledges that vulnerability may have a number of tightly intertwined root causes. For example, a family member with a permanent primary vulnerability (disease, disability, or declining health condition) may increase the likelihood of a secondary vulnerability in another family member (cf. Pavia & Mason, 2014). These root causes and the resulting different types of vulnerabilities may trigger various needs towards service providers. Therefore, it is essential to understand the occurrence of different types and intensities of vulnerabilities among separate individuals in a customer entity[3] or customer unit.

[3] The constructs of *consumer entity* (e.g. Anderson, Nasr, & Rayburn, 2018) and *customer unit* (Arantola-Hattab, 2015; Voima, Heinonen, Strandvik, Mickelsson, & Arantola-Hattab, 2011) are used in the literature to refer to a situation where a customer can be a single person but also several individuals linked to each other. These two terms are used in this thesis to refer to a situation where the customer entity/unit consists of the primary customer and one or more secondary customers. The term *consumer entity* is adjusted for the purposes of this study and will be used in the form of *customer entity* in this work. In Article IV, we use the term *extended customer entity* but in practice we are referring to this same structure. It is essential to note that the terms *customer entity* and *customer unit* are used interchangeably in this thesis.

To summarise, the study approaches the concept of vulnerability from an interpretivist perspective, realising that situational, contextual and personal variables, such as resilience and coping skills (e.g. Hill & Sharma, 2020), may influence the level of vulnerability experienced. Therefore, the study positions itself in that it considers vulnerability as a multi-layered (Luna, 2009; 2019) and multidimensional (Pavia & Mason, 2014) construct. The author is aware of the recent theoretical approach that stresses the experience-based view (as opposed to the characteristic-based view) on vulnerability, and this is emphasised in Article III. However, the study follows Sellman's (2005) argumentation that, despite the experience-based approach, vulnerability is not only a subjective experience but also something that can be judged by others, for instance, when it comes to infants, unconscious individuals, or individuals with severe cognitive impairment. In addition, the study agrees with Sellman's (2005, 7) notion that some individuals "do not have the full range of capacities necessary to articulate the subjective experience of vulnerability".

1.2.2 Service research

Why then is it essential to study consumer vulnerability on a family level within service research? First, it has been noted that many consumers experiencing secondary vulnerability may seek relief from their vulnerability from the service systems that are developed for and directed at primary customers (e.g. Pavia & Mason, 2014). If this need is not acknowledged, the full potential of service systems is not captured and many individuals are left without the support that could be vital for their well-being. Second, services' exponential transformative potential can be understood by studying how services can alleviate not only the primary but also the secondary customers' vulnerabilities and thus enhance the well-being of several individuals simultaneously (cf. Lam & Bianchi, 2019), creating social profit for communities and families (cf. Sudbury-Riley, Hunter-Jones, & Al-Abdin, 2020a). This enhancement of well-being is a central goal, especially in TSR, as explained earlier (e.g. Anderson et al., 2013; Rosenbaum et al., 2011; Rosenbaum et al., 2020). Third, there is a scarcity of knowledge on the theoretical aspects of the different forms of focal relationships, value formation and well-being outcomes in multi-actor service systems (e.g. McColl-Kennedy, Cheung, & Coote, 2020).

These considerations problematise the field assumption (see Alvesson & Sandberg, 2013, 55), which holds that services are designed for particular customer groups that are identified as the ones needing the core service. This study underscores how the "accompanying" individuals may also have needs towards these services, but they often remain unrecognised or are considered of lesser importance due to the narrow interpretation of the customer concept. The tendency in the current

service research is to apply a multi-actor perspective, but a gap regarding family members' needs still exists (see for exception Sudbury-Riley et al., 2020a), as explained in the following.

The customer-dominant logic (CDL) perspective does acknowledge the customer ecosystems and the multiple actors in them (Heinonen & Strandvik, 2015; Heinonen et al., 2010; Voima et al., 2011) and the emphasis on multi-actor approaches has generally increased. There are studies, for instance, on relationships and multi-actor engagement in service systems (e.g. Hepi et al., 2017; McColl-Kennedy et al., 2020; Sharma, Jain, Kingshott, & Ueno, 2020) and on customer-to-customer value co-creation (Rihova, Buhalis, Moital, & Beth Gouthro, 2013). In addition, recent value-creation studies have shifted from the dyadic customer–service provider view to a multi-actor approach by studying relational value creation in service systems (Kelleher et al., 2020; Lam & Bianchi, 2019), the role of transformative service mediators (Johns & Davey, 2019), or the engagement of associate (vulnerable) consumers (e.g. Fletcher-Brown, Turnbull, Viglia, Chen, & Pereira, 2020, Article I). Although these recent studies, published after the initial stages of this dissertation, do adopt the multi-actor perspective, a gap remains in studying and understanding the relational *needs* of customers within a customer unit and, in general, placing the emphasis on the family members' vulnerabilities and their affiliated role(s) in service contexts.

Table 1 addresses this gap in more detail by providing examples of how the multi-actor or multi-stakeholder perspective on the customer concept is adopted in service research studies, whether the family members' needs are acknowledged in these studies and whether the studies address consumer/customer vulnerability and its extended nature. The list of authors (in **Table 1**) that contemplate or adopt the multi-actor/multi-stakeholder view is not exhaustive. Instead, an attempt has been made to include central and recent research of relevance to the topic of this thesis in the service research field and especially within the TSR stream. Those studies that have positioned themselves under TSR have been marked with the TSR label after the author information in the first column of the table.

Table 1. Service research studies with a multi-actor perspective on the customer concept and on the inclusion of consumer/customer vulnerability.

Study	Perspective/focus	Adoption of a multi-actor perspective on the customer concept	Acknowledgement of consumer/customer vulnerability
Voima et al. (2011)	Problematises the definition of the customer construct and suggests that the customer may vary from singular to plural. The internal structure of the customer can be called a customer unit. Conceptualises customer ecosystems as systems of actors related to the customer that are relevant in terms of a specific service.	Yes. Focus on value creation. Customer needs are mentioned, but these are not in focus.	No.
Carù and Cova (2015)	Co-creation of the collective service experience.	No, but the presence and influence of other customers on experience is studied and conceptualised.	No.
Heinonen and Strandvik (2015)	The authors analyse the implications of adopting a customer-dominant logic (CDL) for a service, focusing on how firms can become involved in the customer's context.	Yes. "The buyer, payer, and user need not be the same actor, but these different roles can be separate elements of the customer concept." (p. 473) The emphasis is on understanding differences in customer logic rather than customer needs, wants and expectations.	No. (It may be assumed to be integrated in the customer logic, but is not explicitly mentioned or studied.)
Lemon and Verhoef (2016)	Examines existing definitions and conceptualisations of customer experience and contributes to the understanding of customer experience and the customer journey.	Yes, by pointing out the role of others (such as other customers or peer influences) in the social/external touchpoints of the customer experience. However, family members or their needs are not explicitly mentioned.	No, not explicitly mentioned.
Hepi et al. (2017) [TSR]	The study applies TSR to social services. It studies the engagement between the client and service provider and ways to improve it through transformative value co-creation.	Yes. Conceives of *other actors* as enablers of value or well-being co-creation. Co-creation takes place amongst two activity systems (e.g. the client and	Yes, but the focus is on primary customers' vulnerability, not on family members' vulnerability.

		service provider) and the outcomes may also influence the family members. Family members' needs are not explicitly addressed.	
Anderson et al. (2018) [TSR]	Discusses the transformative role of service design in improving service and consumer entities' well-being.	Yes. Considers healthcare consumers as entities that cover patients and their families. Family members' needs are not explicitly addressed.	Yes, but they primarily refer to the potential vulnerability of the patients.
Johns and Davey (2019) [TSR]	Introduces the *transformative service mediator* concept. The paper distinguishes the role of mediators in supporting value co-creation for vulnerable consumers in service contexts.	Yes, but considers family members in intermediary roles, not as customers.	Yes, but family members' potential vulnerabilities are not addressed (family members are conceptualised as transformative apomediaries).
Lam and Bianchi (2019) [TSR]	The study investigates how family members co-create value and improve the well-being of patients with chronic developmental disorders.	Yes. The focus is on value co-creation for well-being outcomes. The findings reveal well-being outcomes for both patients and family members. Family members' vulnerabilities and needs are implicitly touched upon, but they are not the focus of the study.	Yes, but only in the methodology section and not regarding the family members.
McColl Kennedy et al. (2020)	The study discusses how differing worldviews of the actors create tensions and how they are resolved through trade-offs in service ecosystems.	Yes, the paper conceptualises focal actors (e.g. the patient) and other actors (who take on a relational role with the focal actor) (e.g. family, friends, doctors, nurses). The focus is on (differing) worldviews, but actors' goals and needs are also addressed.	No. (The vulnerability of actors may be implicitly prevalent in the data but not directly addressed in the study.)
Kelleher et al. (2020) [TSR]	The paper studies interdependencies among multiple resource-integrating actors and value outcomes in service systems. It terms these interdependent value outcomes as *relational value*.	Yes. The focus is on relational value, but family members' needs or goals are not explicitly addressed. In the managerial implications, the authors mention that the findings indicate that they should be acknowledged by service organisations.	Yes, but in limited aspects. (The dependent referent beneficiaries are considered as vulnerable but vulnerability is only tangentially addressed. Family members' vulnerability is not explicitly addressed, although it is implicitly recognised and discussed in relation to value obstruction.)

Vulnerable consumers have been studied from multiple perspectives in consumer research, as briefly explained in section 1.2.1 (e.g. Baker et al., 2005; Baker & Mason, 2012; Hill & Sharma, 2020), as well as in the service research and specifically in TSR (as **Table 1** indicates). The customer experience literature already addresses the multi-actor effect in terms of customer experience formation (e.g. Lemon & Verhoef, 2016). However, there is still a shortage of *empirical* work that explores multi-actor interactions and focal relationships in service systems that extend beyond the customer–service provider dyad (McColl-Kennedy et al., 2020). In addition, there is a lack of research on how service design and processes influence vulnerable consumers (Rosenbaum, Seger-Guttmann, & Giraldo, 2017). The consumers' or customers' extended or secondary vulnerability is even more scarcely studied in consumer and service research, even though studies on the multi-actor perspective and multi-stakeholder perspective on consumers and services are increasing in number.

Rosenbaum et al. (2020, 433) pose the question of whether any of the extant research frameworks from the service industries are generalisable to consumers with vulnerabilities, also mentioning "other at-risk people", presumably to open avenues up for research on consumer vulnerabilities beyond the traditional understanding of vulnerable consumers. The "other at-risk people" can refer to various types of situations or subpopulations, but one group belonging to this category is arguably the family members of vulnerable customers. This calls for new or adapted frameworks, together with suggestions for exploring the underlying dynamics in family units (Baker & Mason, 2012) or customer ecosystems (Heinonen & Strandvik, 2015) and in research informants' social networks and lifeworld contexts (Helkkula et al., 2012). This implies that there is a need to better understand the profound antecedents (such as family-level vulnerabilities) of customer experiences. If they are studied within service studies and an adequate understanding of these antecedents can be developed, the domain of service science can gain enhanced potential to solve or at least relieve customer vulnerabilities, moving beyond the marketplace- or servicescape-related vulnerabilities.

This study aims to address these gaps in the research and expand the theoretical understanding of customers' vulnerabilities, needs and customer experience by adopting a relational, multi-actor perspective regarding these constructs. Therefore, the study is positioned at the intersection of TSR, customer experience, the multi-actor/multi-stakeholder perspective on the customer construct and consumer/ customer vulnerability. **Figure 3** presents this theoretical positioning and illustrates the literature streams and theoretical constructs that overlap in this study.

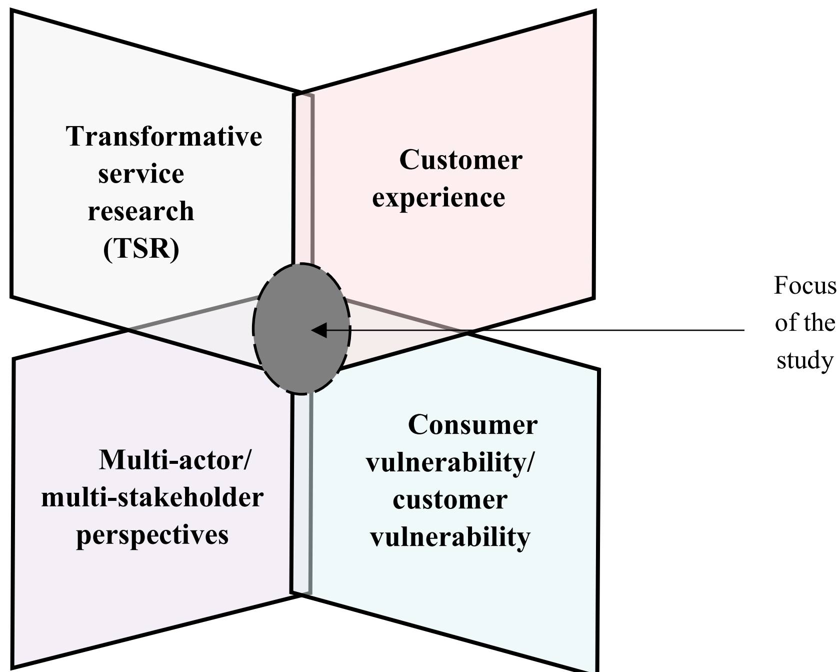

Figure 3. Theoretical positioning of the study.

As **Figure 3** shows, the focus of the research lies at the intersection of four research areas that are emphasised in the current and future service research (Ostrom et al, 2021). In order to understand how services influence customer experience formation and well-being outcomes in a multi-actor customer unit (such as a family), there is a need to better understand the vulnerabilities and needs of customers on a relational level. The multi-actor/multi-stakeholder perspective involves theories and literature that adopt an extended view of the customer construct (such as customer units or customer entities with multiple individuals). The choice to position secondary customers at the centre of the research implicitly problematises the assumption or connotation of secondary as being of lesser importance; this study adopts the view that a secondary position is not necessarily secondary in importance. Moreover, it raises the question of whose needs are or should be in focus when the customer is a unit with multiple individuals (such as a family unit) (cf. Arantola-Hattab, 2015). These questions will be analysed in the empirical context of this study, which is introduced in what follows.

1.3 Contextual positioning of the study

The service context of this study is elderly care services and, more specifically, nursing home service environments. The elderly care context and the position of family members in this context is a critical area of study because it concerns us all: It influences the well-being of many populations and generations since ageing populations are a global trend and the number of elderly people needing caretaking is therefore rapidly rising (Fisk et al., 2018; United Nations, 2017). In developed economies, the demographic old-age dependency ratio (people aged 65 or above relative to those aged 15–64) has been projected to rise from the current 31 per cent (in 2019) to 47 per cent by 2050 (United Nations, 2020, 67). Consequently, the number of family members who are involved in caregiving or choosing care services for their elderly family members will be even higher, since an elderly person usually has multiple family members.

Family caregivers who have multiple responsibilities, such as full-time employment and a family, are especially vulnerable to feeling burdened (Cohen et al., 2014) and their emotional well-being is affected by this (Kelleher et al., 2020). They have also been called the *sandwich generation* due to an array of responsibilities regarding work, children, older adults and possible personal interests (Merla et al., 2018), and this is a global phenomenon (Burke, 2017).

Using family-systems thinking and family-centred care does exist on an intuitive level, but the use of this thinking is not yet systematic (Byrne, 2016; Fogarty & Mauksch, 2017). In the nursing home context, family members' perspectives and experiences have been acknowledged (e.g. Iwasiw et al., 2003; Kellett, 1999; Marquis, Freegaard, & Hoogland, 2004), but few studies have explicitly examined the roles or needs of family members in institutionalised or long-term care settings, although family members are often intensely involved in the long-term care process (Dupuis & Norris, 1997; 2001; Garity, 2006; Helgesen, Athlin, & Larsson, 2015). The focus is rarely on family members' *personal* needs (e.g. Garity, 2006), although it is essential to study their needs and viewpoints to support them in their multiple caregiver roles and to foster their well-being. Koivula (2013) argues that while there are excellent local and individual examples of family involvement in the context of elderly care, these good practices will not gain full strength with regards to their clinical, educational, or political potential without a coherent theory. These statements imply that more systemic thinking is needed to promote the well-being of healthcare and nursing service recipients and of their close others. Therefore, secondary customers deserve more research in general and specifically in the nursing home context.

Moreover, transformative services, such as elderly care services, have been characterised as a contemporary priority of service research (Ostrom et al., 2015). This research theme is very topical due to the great structural changes taking place

in societal healthcare systems, for instance, the ongoing social welfare and healthcare reform in Finland, the United States healthcare reform, or the NHS reforms in the UK. The debates mainly revolve around the new systems, processes and procedures of different organisations, and the viewpoint of the individual is often forgotten (cf. Goodwin, 2020, 23). As a deviation from mainstream debates, this study purely focuses on individuals (primary and secondary customers) and their needs in the chosen research context.

In sum, due to the societal and individual-level importance of elderly care services and nursing homes, the study adopts these services as a research context. The *nursing home* concept is used to refer to a full-time service where the elderly (primary customers) reside in the care facilities. This means that they have restricted possibilities to exit the nursing home, at least not on their own. The nursing home residents' family members are regarded as *secondary customers with (potential) vulnerabilities*. The focus is on these secondary customers' needs in relation to the nursing home service and their customer experiences, but tangentially, the primary customers' needs and experiences are also covered, as the secondary and primary customers' needs and experiences are interrelated. From the perspective of vulnerability definitions (section 1.2.1), the study context involves primary customers whose vulnerability can be seen as a continuous state resulting from declining cognitive or physiological abilities, and not as a passing state of vulnerability caused by exceptional or momentary circumstances. The secondary customers involved, on their part, are considered to potentially experience secondary vulnerability that results from the primary customers' initial/primary vulnerability (cf. Pavia & Mason, 2014).

This context is expected to give novel theoretical insights, especially on the customer experience of *reluctant customers*, because the nature of the nursing home context is such that the customers do not often choose to be part of the experience (McColl-Kennedy et al., 2015). This context may sometimes be considered as a *negative service* (despite its transformative aspirations) where customers need to cope with unwanted or stressful situations (Gelfand Miller, Luce, Kahn, & Conant, 2009), or even as a *captive service* where customers are dependent on the service provider, and imbalance of power may take place between the customer and the service provider (cf. Rayburn, 2015). The context also belongs to the category of contact-intensive services (Jaakkola et al., 2017) and high-emotion services that can trigger strong feelings before the service even begins (Berry, Davis, & Wilmet, 2015, 88). This is why emotions are incorporated into the study's discussion.

1.4 Aim and outline of the study

The study aims to respond to the call for holistic and systemic approaches that today's complex service landscape favours over atomistic and dyadic ones (Lipkin, 2016) and to the current emphasis on multi-actor ecosystems in service research (e.g. McColl-Kennedy et al., 2020; Sharma et al., 2020). The overview of the current multi-actor studies (section 1.2.2) indicated that there is still a scarcity of research on family members' (secondary customers') needs and especially that there is a lack of recognition of their vulnerabilities. Therefore, **the aim of the research is to analyse extended vulnerability in customer entities, applying a multi-actor perspective to secondary customers' needs and experiences.** The ultimate motivation for this aim arises from the value- and well-being-related outcomes of these constructs (meeting customer needs and having positive customer experiences amounts to value and well-being) that have been found in previous service research studies (**Figure 1**) but not studied in relation to secondary customers. The research aim will be analysed and fulfilled with the help of the following research questions (RQs):

- RQ1: How can the position of family members be conceptualised in relation to the primary customer in care services?
- RQ2: What kinds of elements determine the dynamics and customer needs within a customer unit?
- RQ3: What kinds of needs can be recognised among primary and secondary customers of nursing home services and how are they related to each other?
- RQ4: How does vulnerability manifest in an extended customer entity and what is the impact on the customer experience (in the nursing home environment)?

The relationship between the research questions and the article themes is illustrated in **Figure 4**.

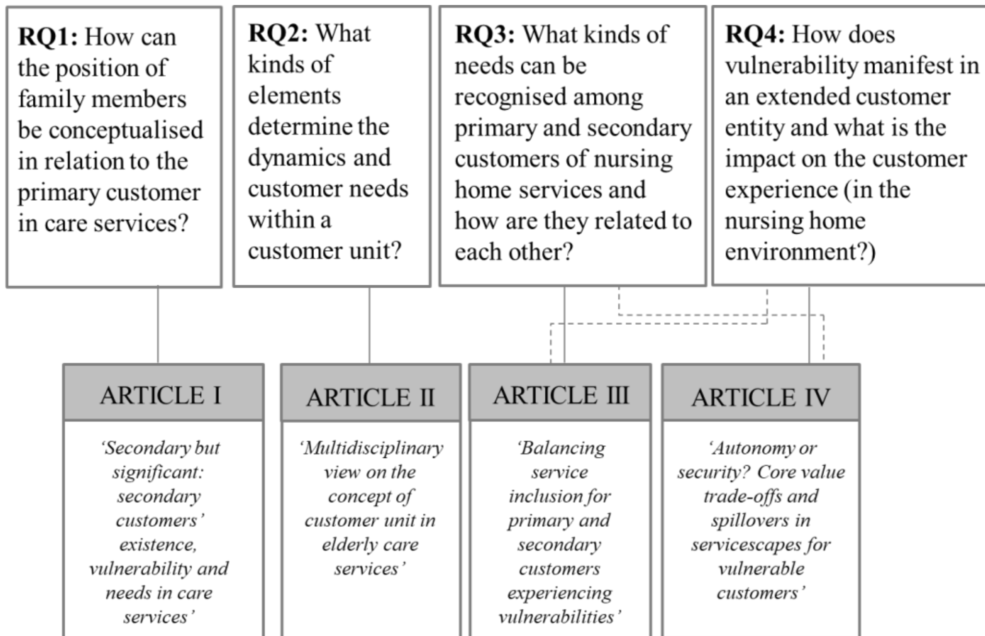

Figure 4. The relationship between the research questions and the original articles of the thesis.

Adopting the viewpoint of secondary customers deviates from mainstream research on consumer needs and experiences. The theoretical contributions are strongest in the context of interrelated customer needs and experiences in vulnerable family units. The special features of the research context are expected to generate an understanding that can be applied to other similarly vulnerable service contexts.

The practical implications are derived from these theoretical contributions and from the findings to provide service management with concrete measures that will assist in fostering service inclusion (Fisk et al., 2018) for vulnerable secondary customers. The study provides tools for enhancing customer well-being and thus for generating transformative outcomes for primary as well as secondary customers, in line with the goals of TSR. Managerial implications also arise from recognising the needs of secondary customers and thereby gaining insights to improve service quality and customer satisfaction to create a competitive advantage. Individual and societal contributions include generating a better understanding of vulnerable consumers' and customers' needs and thereby providing ideas for better service design and enhanced well-being.

1.5 Structure of the thesis

This article-based thesis consists of an introductory part and four articles. Three of the articles are journal articles and one (Article II) is a conference article. After having explained the motivation, positioning and aim of the study (in section 1), section 2 explains how the aim was pursued. Therefore, the research strategy section describes the research process as a whole in order to give the reader a clear view of how the thinking proceeded during the study and in which order the different stages took place. More specifically, the research strategy is presented before moving on to the theoretical background and context-related literature review in order to describe how this review preceded and affected the data-collection phase. In section 3, a more detailed theoretical background is presented to precede and support the empirical research. The section also builds a conceptual framework to support the planning of the data-collection phase. Section 4 serves this same goal by providing context-specific understanding of the topic; the section presents a systematic review of empirical studies that have explored family members' positions in relation to nursing home services. Section 5 discusses the findings from the articles and summarises the essential content of the articles at the beginning of the section in **Table 5**. Section 6 presents the conclusions derived from the study, encompassing theoretical contributions and practical implications. The evaluation of the study is presented after these implications. The thesis ends by voicing the limitations of the study and suggesting essential topics for further research. The introductory part is followed by the four original research articles.

2 Research strategy

This section introduces the methodological considerations and choices that directed the procedures of this study. The methodology of each article is described in the articles and is therefore not repeated here in detail. Instead, this section concentrates on the issues that have influenced, on the one hand, the overall outline of the study, and on the other hand, the details of the data-collection process. These include the discussion on the research philosophy and research approach as well as an accurate description of the entire research process and its timeline together with the considerations related to research ethics.

2.1 Philosophical underpinnings and the research paradigm

Starting with the methodological considerations, it seems necessary to recognise and transparently state the underlying philosophical assumptions and one's own relationship to the research topic (cf. Creswell, 2013, 22). The very origins of this research are aligned with post-modernistic philosophy, since the need for the study was detected in silence, in the absence of words (see the Prologue) – in-depth investigations of silences and absences are considered typical methods of post-modernistic research (Saunders, Lewis, & Thornhill, 2019, 145). Thus, I strongly relied on my own reflexive interpretations of an individual's wordless reactions (in previously collected data) when initially framing the main research question (Alvesson & Karreman, 2011; Alvesson & Sandberg, 2013, 108–109).

As mentioned in the Prologue and Introduction, the main motivation for this research is to enhance individuals' well-being by determining their needs, how those needs are related to others' needs and how they can be satisfied (in the care service context). This starting point arises from my subjective thinking, which assumes that it is important to support human well-being and that meeting an individual's needs supports this goal. I also consider services and the interactions conducted within them to bear great potential in facilitating individuals' well-being, although many other factors outside the services are always in interplay with each other when the well-being outcomes are determined. Thus, it is obvious that, in terms of axiology, the research is value-bound and relies on integral and reflective means for dealing

with the values, and is thus positioned on the subjectivism end on the continuum between objectivism and subjectivism. Also, ontologically, the research holds assumptions that represent subjectivism. (Saunders et al., 2019, 130–135.)

More specifically, my thinking aligns with social constructionism, which sees reality as constructed through social interaction, during which social actors create partially shared meanings and realities (Koskinen, Alasuutari, & Peltonen, 2005; Saunders et al., 2019, 137). I think that we, as social actors, share certain realities with the people we interact with. These shared or partially shared realities can occur from the micro to the macro level, and we adopt them through family cultures, national cultures, or institutions, such as the education system. Yet, each of us interprets the surrounding world and its nuances from the perspective of our own personality and individual experiences in life. Individual needs, customer expectations, and customer experiences are examples of issues where various individual interpretations are typical (cf. Heinonen, Strandvik, & Voima, 2013; Verhoef et al., 2009; Voima et al., 2011). In this study, this means that I expect each customer to interpret and experience the service environment and service interactions differently, reflecting on their own previous experiences, current needs and expectations, and relative to the experienced relationship with the service provider. For these reasons, and to understand and account for these nuances that I consider to encompass essential information about human behaviour, I have adopted *interpretivism* as the main underlying research philosophy for this research.

This choice seems to naturally guide researchers to look at the research topic through the *interpretivist paradigm*[4] (Kivunja & Kuyini, 2017). The central goal of the interpretivist paradigm is to understand an individual's subjective thinking, experience and meaning making in a specific context. The researcher's endeavour is to try to understand the research subject's viewpoint and context-specific interpretations of the surrounding world. It is essential for this paradigm that contextual factors are pivotal when interpreting and attempting to understand the research phenomenon. (Kivunja & Kuyini, 2017.) This is why the individual viewpoints and contextual characteristics have been given a strong emphasis in this

[4] Due to the unequivocal use of the term *paradigm* in the research literature, it is useful to define what is meant by paradigm in this thesis and how I have understood and adopted the term. Morgan (2007, 51) introduces four alternate applications of the paradigm concept in social science methodology: paradigms as worldviews, paradigms as epistemological stances, paradigms as shared beliefs in a research field and paradigms as model examples. In this work, I use the term paradigm to explain through what kind of epistemological lens I look at the research subject, thus adopting the definition that views a paradigm as an epistemological stance. In light of this, I will describe those essential features of the interpretivist paradigm that explain my perspective on knowledge creation and justify the choices made in this research.

research, for instance through open-ended interview questions and by conducting observation with ethnographic features in the research context (more detailed explanation on this in sections 2.2 and 2.4). In sum, the epistemological stances held by this research follow subjectivism.

Regarding theory building, the interpretivist paradigm suggests theory to be grounded in the data that is generated by the research, and not vice versa (Kivunja & Kuyini, 2017). These philosophical underpinnings and paradigm-related views guided the subsequent decisions concerning the research approach and research strategies. They are presented in section 2.2.

2.2 Research approach and choice of methods

Since the interpretivist paradigm guides researchers in building a theory based on data, it suggests an inductive approach to theory building (Saunders et al., 2019, 179). Therefore, the research approach to theory building in this study is inductive. With regards to the methodology, the research adopts a qualitative approach because it is clearly associated with interpretive philosophy (Saunders et al., 2019, 179) and because the research question is multidimensional and complex. These kinds of research questions, related to a complex phenomenon with socially constructed meanings, typically require qualitative methodologies to gain an in-depth understanding related to the phenomenon (Marshall & Rossman, 1989, 9; Saunders et al., 2019, 179). Moreover, as the study is interested in customers' conscious as well as unconscious needs, qualitative research may be the only method to help in depicting and understanding these needs (cf. Maison, 2019, 17). The research context was previously familiar to me only through a few personal experiences and through a summer job period in an elderly care home before my adulthood. I believe that these experiences provided me with a platform to build on, to gain interest in the studied theme and to understand the relevance of meeting family members' needs. However, the starting point of being "an outsider", not too familiar with the context, has also enabled me to see the context through a different perspective and perhaps to identify novel insights into customers' latent needs as compared with an insider to the context.

The nature of the research question guides the choice of the research strategy. Since the purpose of the study is to investigate a phenomenon that lacks understanding (extended vulnerability in customer entities) and to identify important elements related to this phenomenon, the research question is exploratory in nature (cf. Marshall & Rossman, 1989, 78; Saunders et al., 2019, 187). This is why the data collection is conducted as a field study that attempts to understand the phenomenon and actors related to it in their natural context within the customer ecosystems and customer units.

Originally, to be honest, the goal was to focus only on secondary customers' needs, but in the course of the research, it became obvious that they cannot be understood properly without understanding the primary customers' needs. For this reason, and because the study is specifically interested in customer ecosystems and customer units or entities, a systemic view was adopted naturally in the research methodology and an exploration of the primary customers' needs was also added to the research design. The basic assumption in systems theory is that a system is formed of regularly interacting and interrelating activities, and the whole has properties that cannot be understood by analysing its components in isolation (Arbnor & Bjerke, 2009, 103). However, the study does not aim to find regularities in customer units' activities as such, and it does not therefore result in a proposal for how customer units work as systems, but the aim is to understand the relationship between individuals' needs within a customer ecosystem and customer unit, thus analysing both primary and secondary customers' needs and their interrelations.

2.3 The research process

As explained above, the process was ignited by the insight into the family members' sensitive experiences in the nursing home context. This resulted in the initial idea of possibly conceptualising them as secondary customers of the services. To make the research process and its different phases as clear and as transparent to the reader as possible, the procedure from the initial steps to the final analyses is summarised in **Figure 5**.

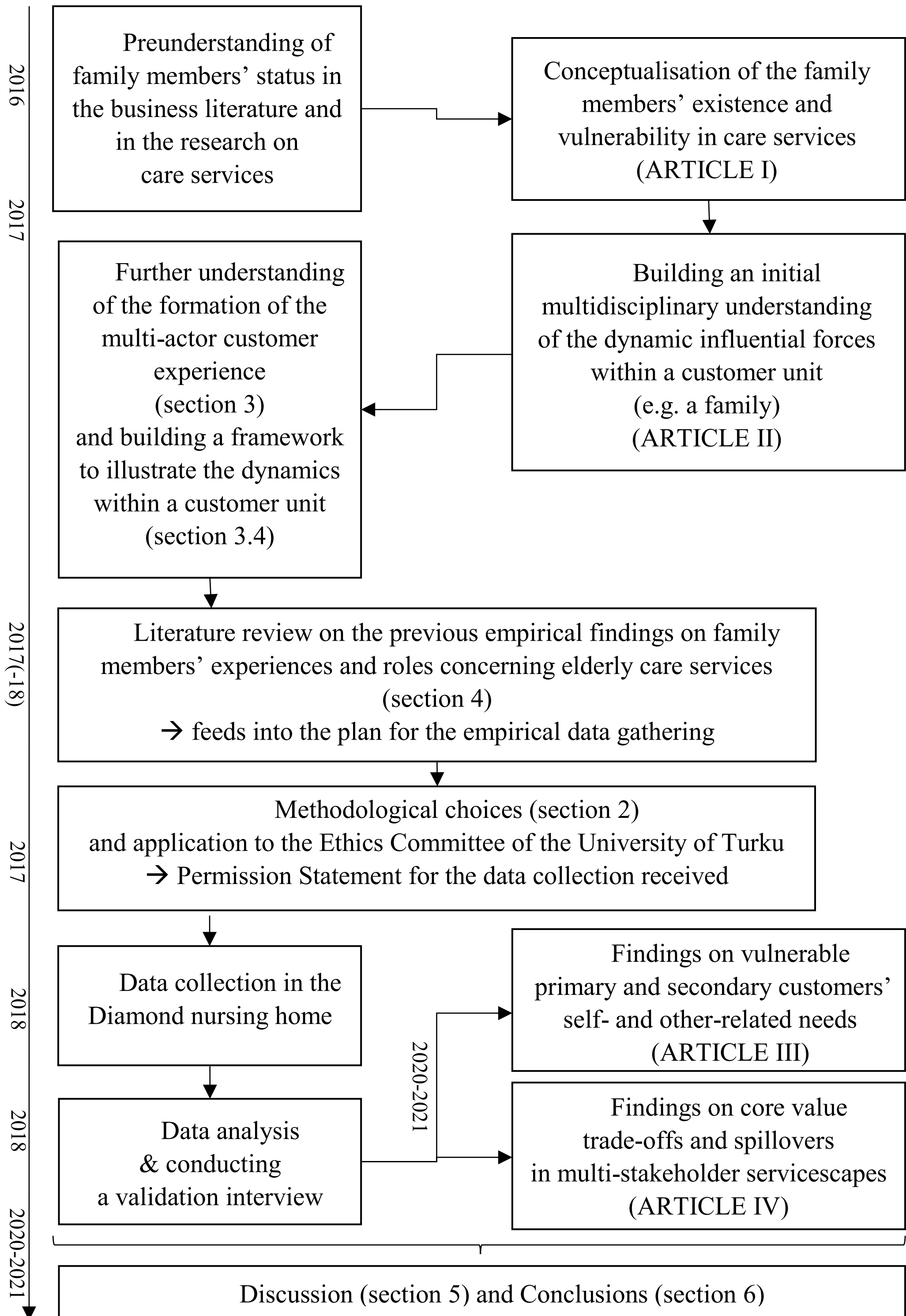

Figure 5. Research process described in relation to the structure of the thesis.

As shown in **Figure 5**, the idea of conceptualising family members as primary and secondary customers was followed by a phase that involved studying how the business literature defined the term *secondary customer* and how it has been employed in empirical research. Since the term was found to be rather infrequently used, parallel concepts (such as family members) were also used when conducting the literature review on the experiences of secondary customers of care services. These experiences were studied in order to gain a holistic idea about what, broadly speaking, is important from the family members' perspective in this service sector. These literature-based searches and analyses resulted in Article I, which underscores the family members' vulnerability and conceptualises the term secondary customer to be used in care service studies that concentrate on the family members of (primary) care service customers.

The next phase was to build an initial multidisciplinary understanding of the dynamic influential forces within a customer unit (e.g. a family). This was scrutinised on a conceptual level in Article II. This conference article worked as a basis for gaining a deeper understanding of the formation of the multi-stakeholder customer experience from the literature and for building a framework to illustrate the dynamics within a customer unit. This understanding is constructed and summarised in the framework figures in section 3.4. Since the reviewers and commentators recommended building a solid contextual understanding to accompany the conceptual discussion, a literature review on the previous empirical findings on family members' experiences and roles concerning elderly care services was then conducted. The results of this literature review are presented and analysed in section 4. The review employed the initial frameworks built in section 3.4 and this assisted in planning the empirical data-gathering process and in defining the main themes for the semi-structured interviews that were chosen as the primary method for data collection, with participant observation being the complementary method. After choosing the most suitable methods (justified more accurately in section 2.2), the research plan, together with the ethical considerations related to it, was prepared for the application directed at the Ethics Committee of the University of Turku. Since the chosen methods involve working with vulnerable individuals and potentially vulnerable individuals, special attention needs to be paid to the ethical considerations. The measures taken to follow ethical procedures in the data collection are described in detail in section 2.6. After receiving a supporting statement from the Committee, the data-gathering process was initiated and was completed during a half-year period in 2018. This data-collection process is described in more detail in section 2.4 below.

The empirical data was analysed from several perspectives and with an open-ended inductive approach that resulted in the themes for Article III and Article IV.

The discussion, based on the entire research material, is found in section 5 and the concluding thoughts and contributions are presented in section 6.

2.4 Data collection

2.4.1 Overview of the data-collection techniques

At first, a comprehensive pre-understanding of the subject was formed through literature reviews on the studies that had concentrated on family members' roles and perspectives in care services in general (Article I) and in elderly care or nursing homes specifically (section 4). After gaining a pre-understanding from the literature reviews and after conducting preliminary interviews with professionals and nurses to confirm the formulation of the research questions, the study proceeded by employing an exploratory approach due to the exploratory nature of the research questions (see section 2.2).

As the research theme can be regarded as emotionally sensitive and because the research data was to be collected among vulnerable or potentially vulnerable informants, a supporting statement from the Ethical Board of the University of Turku was applied for and gained (statement 55/2017) before starting the data collection. This procedure is more accurately explained in section 2.6, which concerns the ethical considerations of the research design.

Since the study aims to analyse extended vulnerability in customer entities by applying a multi-actor perspective to secondary customers' needs and experiences, it explores, in practice, individuals' subjective needs and experiences related to the research context. Due to the realisation of the great variance in individual situations and lifeworld contexts (Helkkula et al., 2012), I found it necessary to gain as much background information as possible on the informants' individual processes in relation to the service and regarding the relations between family members. This goal essentially affected the data-collection techniques and procedures.

The choice to collect data by employing interviewing and observations as techniques seemed appropriate because they are recommended data-collection techniques for exploratory studies (e.g. Marshall & Rossman, 1989, 78) and they provide for a solid methodological fit in relation to the study's research questions (Edmondson & McManus, 2007). Individual interviews are suitable especially when the researcher is looking for really in-depth information, needs to reach the subconscious areas (e.g. needs, motives, values), or aims to examine individual experiences (Maison, 2019, 64). This is why I chose to specifically employ *individual* interviews. The interviews were allowed to develop into thorough discussions, but to simultaneously ensure that similar issues were systematically covered with each interviewee and thereby enable comparisons between the

interview answers, a semi-structured interview guide was used as a tool in the interviews (e.g. Saunders et al., 2019). The complementary data-collection technique was observation, or more specifically, participant observation (Marshall & Rossman, 1989). In practice, this meant that, on most interview days, the researcher(s) stayed at the nursing home, observing the activities and interactions between the residents, family members and nurses, and participating in the daily life of the nursing home by having conversations with these individuals. Participation also meant taking part in some small assisting activities during meals and coffee times, and in general, socialising with people. The purpose of this technique was to gain an understanding of the informal culture and practices, a so-called tacit understanding, of the research context. To some extent, this technique follows the reflexive idea of ethnography, which is "not about observing, but about understanding" (Berg & Lune, 2012, 205). Notes were made during and after the observations and they were included as part of the analysis.

2.4.2 The details of the data-collection process

A summary of the comprehensive data utilised in the study is presented in **Table 2** and more detailed interview outlines are attached in Appendices 1–3. The data consists of primary and secondary data, the latter having been collected at first. This *secondary data* was collected at a private nursing home in Southern Finland by Dr. Leila Hurmerinta, Dr. Birgitta Sandberg and research assistants Riikka Harikkala and Hannamari Lakkala in 2014. (It was the data that I was transcribing in 2015 and from which the main research question for this study emerged.) This nursing home is labelled as nursing home Pearl (or simply Pearl) in Articles III and IV and in this thesis. The data from Pearl consists of interviews of residents, family members and nurses, and of participatory observation notes. The reason why it was essential to collect new data, in addition to the data collected previously at Pearl, arose from the strong multi-actor emphasis and needs-related research questions of this thesis: The need to collect data that systematically covered the different actors' views on a certain resident or family member (the triadic views; explained in more detail later in this section) became evident when the multi-actor perspective on customer vulnerability and customer needs and experiences was adopted.

Table 2. Summary of the data utilised.

	Data-collection purpose	Place and time	Methods					Data collected by
			Semi-structured interviews				Observations	
			Residents (primary customers)	**Family members** (secondary customers)	**Nurses**	**Other** (professionals)		
SECONDARY DATA	Data on nursing home customers' experiences and service-related conceptions	**Nursing Home Pearl** (2014)	9 interviews (7 h 1 min)	12 interviews (7 h 55 min)	13 interviews (8 h 48 min)	-	7 days	L. Hurmerinta, B. Sandberg (interviews and observations) and research assistants R. Harikkala and H. Lakkala (observations)
PRIMARY DATA	Preliminary interviews	**Turku** (Oct 2015), **Helsinki** (Oct 2016)	-	-	-	2 interviews (2 h 18 min)	-	The author
	Preliminary interviews	**Nursing Home Diamond** (Unit 1) (Feb–Mar 2018)	-	-	7 interviews (8 h 28 min)	-	1 day	The author and H.V.L. Nguyen together
	Data on nursing home customers' needs and experiences	**Nursing Home Diamond** (Unit 1 & Unit 2, Jun–Oct 2018)	6 interviews (3 h 15 min)	17 interviews (26 h 30 min)	11 interviews (15 h 25 min)	-	4 days	The author (interviews and observations), L. Hurmerinta and B. Sandberg observations)
	Validation interview	**Helsinki** (Oct 2018)	-	1 interview (1 h 44 min)	-	-	-	The author
	TOTAL		**15 interviews**	**30 interviews**	**32 interviews**	**2 interviews**	**12 days**	

As **Table 2** indicates, the *primary data* consists of two preliminary interviews of two professionals who work with care service customers (first interview in October 2015 with a physiotherapist who rehabilitates individuals of all ages at her clinic as well as in nursing homes and a second interview in October 2016 with a docent and physician in oncology, also holding a degree in psychotherapy). It also contains seven preliminary interviews of nurses at the private nursing home Diamond (or simply Diamond, pseudonymised) conducted from February–March 2018 in Southern Finland, where I, together with the research group, gained access to also conduct the exploratory field study. These preliminary interviews were collected at Diamond together with Ms. Linh Nguyen. Their function for me was to inquire about the nurses' views of the customer concept and to validate the relevance of the intended interview themes for the actual customer interviews (whereas for Ms. Nguyen, the interviews formed the data for her master's thesis). Finally, I conducted interviews with the elderly residents (primary customers), their family members (secondary customers) and the associated nurses at Diamond between June and October 2018.

Pearl accommodated twelve residents, and Diamond had altogether forty-eight residents in two separate units (Unit 1 and Unit 2). To protect Diamond's anonymity, the exact division of resident numbers between the two units is not detailed here, but it is essential to note that Unit 2 was smaller and the number of interviewees was only two family members and two nurses.

The data-collection process in the nursing homes was commenced by inviting all family members to participate in the research (research notice for research participants and consent forms in Appendices 4–6). All of the volunteer participants were interviewed. The interviews were conducted during their visits to the nursing home. Their elderly family members were interviewed if they (the family members) gave permission on the basis of informed consent (see section 2.6) for interviewing them. Their permission was essentially required because all residents at Diamond and most residents at Pearl had a more or less severe memory disease.

The nurse interviews were arranged in order to learn how the nurses viewed the needs of the residents and family members by reflecting on their work experience, thus gaining a more complete understanding of the primary and secondary customers' needs and their interrelations. The nurses' views were valuable since the interviewed nurses had considerable experience of working either at nursing homes or in care services in general. The nurses interviewed at Pearl possessed one to fifteen years of working experience in care services (on average over six years). Except for one nurse, all of them had worked in other nursing homes before working at Pearl. In Diamond, the nurses' experience in care services varied between two and thirty years (thirteen years on average). All of the interviewed nurses had at least one year of experience working at Diamond. The nurses at Diamond were invited to the interviews on the basis of whose designated nurses (the "MyNurse" system) they were. The idea was to gain a triadic view of each customer, when possible: an interview with the resident

(primary customer), his/her family member(s) (secondary customer(s)) and the resident's designated nurse, who presumably knew this particular customer the best. The nurse interviews were undertaken on the part of all triads, but due to declining cognition, many of the residents could not be interviewed. Thus, it was even more essential to gain at least the family member's and a nurse's viewpoint on these residents. For the same reason, observation as a method was also important: Although interviews were not possible with everyone, it was still possible to observe their everyday life at the nursing home and, to some extent, also participate in it.

These ethnographic observations (Berg & Lune, 2012, 403) were beneficial because they enabled us to experience the situations in which the interaction between the care service providers and secondary as well as primary customers took place. At Pearl, the observations were carried out by Dr. Hurmerinta, Dr. Sandberg and research assistants Harikkala and Lakkala. At Diamond, I conducted most of the observations, but at times, Dr. Hurmerinta or Dr. Sandberg also carried out the observations with me. Observations were compiled in a reflective manner without a strictly pre-structured scheme in order to allow us to undertake inductive, open-minded observations of the residents', family members' and nurses' everyday lives and interactions with each other. A prolonged stay inside the research environment provided tacit knowledge and an understanding of the way of life and atmosphere at the nursing homes, which was valuable and assisted considerably in interpreting and understanding the interviewees' perspectives and opinions that they expressed during the interviews.

In addition to the data collection at the nursing homes, an additional interview was conducted to gain a completely different kind of perspective on customers' experiences in this service context. Namely, as it turned out that at Pearl and Diamond the family members' overall satisfaction towards the service was rather high, or very high, it seemed important to be able to compare their answers with someone who was not so satisfied with a nursing home service. This person was detected based on an article that she had written about her mother's treatment in a private nursing home in Southern Finland. The article revealed some points of dissatisfaction and family members' vulnerabilities in relation to this service setting where her mother was residing (to protect the anonymity of the interviewee, accurate information from the article is not provided here). She was willing to participate in the research to elaborate on her experiences in more detail, and thus I interviewed her to gain an understanding about what was different in the experiences and touchpoints of her and her mother's customer journey in that other nursing home when compared to Pearl and Diamond. The interview provided valuable "counter-validation" for the previous interviews by pointing out how the same touchpoints had importance but generated opposite well-being outcomes depending on how they were handled (poorly or successfully). Thus, this interview can be considered as a relevant validation interview for the other interviews (cf. Buchbinder, 2011).

For all of the interviews, social-constructionist thinking (Koskinen et al., 2005; Saunders et al., 2019, 137) influenced their course, as I did not remain only as a silent receiver of information, but I constantly reflected on the interviewee's thoughts in relation to previous knowledge (generated by the literature, by previous interviewees, especially within the triad in question, or by previous answers from that particular interviewee) and asked relevant additional questions, especially when something insightful or surprising was sensed in the answers, thereby conducting iterative data analysis (Azzari & Baker, 2020). Thus, it can be characterised as the interviewee constructing his/her reality and the reality to be shared with me by choosing what to say and what to leave unspoken. These realities were also naturally shaped on the basis of what was recalled in that specific moment. Since many of the family members told their "story" relating to their loved one's illness and stages before and after him/her moving to the nursing home, the interviews actually also seemed to give insights for the interviewees, as they formed a holistic understanding of the events and their perceptions of the events constructively from novel viewpoints that they had not previously considered. This responds to TSR's call to co-create meaning with the research participants (Azzari & Baker, 2020). It may be, as Berg and Lune (2012, 140) state, that individuals who agree to participate in research interviews have a complex set of reasons for doing so; the reasons may include an expectation of some sort of therapeutic benefit or the possibility to share personal experiences that they have not felt comfortable sharing with others before. I believe that even though this was maybe not the expectation of the interviewees beforehand, many of them ended up gaining this kind of benefit from being able to tell their story and to reflect on their experiences from several angles.

2.5 Data analysis

This section focuses on describing the data-analysis process concerning the empirical data collected at the nursing homes. The literature review conducted for Article I can also be considered as a data-collection process, but since it is described in detail in the article, the process is not repeated in this section. Instead, the emphasis is placed on explaining the analysis process for the empirical data, because in the articles (Article III and Article IV), the word-count limitations did not allow for a thorough description of the data-collection and -analysis procedures.

All of the interview data from both Pearl and Diamond was saved with a digital recorder and transcribed to facilitate a systematic analysis and several iteration cycles of the data. To further enhance the systematic and multidimensional processing of the data, both the interview data and observation notes were imported into NVivo software, which specifically supports the analysis and interpretation process for textual data (e.g. Sinkovics, Penz, & Ghauri, 2005), and is even considered as a code-based theory builder (Berg & Lune, 2012, 379). The only exceptions to this were the

preliminary nurse interviews at Diamond (conducted during February and March 2018). They were transcribed but not imported into NVivo because they were not meant to be coded or analysed in a detailed manner; instead, they were used to generate a pre-understanding of the service context of the nursing home and to confirm and further cultivate the initially planned structure of the forthcoming interviews with the nursing home customers (primary and secondary) and their designated nurses.

At first, all transcripts were read through a couple of times and notes of the initial insights, surprising issues and important recurring themes were made. These notes were added to the equivalent data files as annotations related to certain text passages and as memos combining the overall thoughts and interpretations of the entire interview in question. This procedure follows the recommendations of the NVivo user guide. After this phase, the data was systematically coded.

It was evident, based on the research question, that the customers' needs were coded in detail. However, no extant needs classifications were used in order to avoid repetitive research and to allow for inductive theory building. Thus, the needs were coded by using the following, non-specific need-related categorisation (a non-thematic categorisation) that allowed freedom for the subsequent thematic analysis (cf. Attride-Stirling, 2001):

- Family members' self-related needs
- Family members' other-related needs
- Family members' self-related and other-related needs as expressed by others
- Residents' self-related needs
- Residents' other-related needs
- Residents' self-related and other-related needs as expressed by others
- Nurses' views on family members' needs
- Nurses' views on residents' needs
- Nurses' responses to family members' needs
- Nurses' responses to residents' needs

As the list indicates, the needs were coded according to whose needs were in question and to whom they were related, as expressed by the respondent him-/herself. For instance, family members' other-related needs included needs that they mentioned as them having concerning the resident (or another person in his/her family unit). In addition, family members' self- and other-related needs and residents' self- and other-related needs were coded *as expressed by others* to reveal others' perceptions of their

needs and possible discrepancies in relation to their own perceptions. This logic of cross-referencing is illustrated in Article III (Figure 1 in the article).

The actual data analysis was conducted by employing the Gioia methodology (Corley & Gioia, 2004; Gioia, Corley, & Hamilton, 2013). This means that initially the needs were listed as they were expressed, and similar types of needs were loosely classified and placed into the same categories (first-order concepts). Next, second-order concepts were detected by searching for upper-level similarities in the first-order concepts. Finally, aggregate-level patterns were detected in the second-order concepts, which led to conceptualising customer needs from a relational perspective: building categories based on the needs' inter-relatedness (or non-relatedness) between primary and secondary customers.

Customer experience, as a construct, was not coded by using any predetermined classification in order to allow for an inductive analysis. Instead, notes were made on key insights regarding the issues that were considered relevant in relation to customer experience and its connection to well-being outcomes. These notes revealed the unintended consequences taking place within and due to the service settings. These consequences, as a phenomenon, were detected in the data gathered both at Pearl and at Diamond, and it became evident that experiences related to meeting the core values of the customers had an influence on the customer experience and well-being outcomes for primary as well as for secondary customers. This insight led to the detailed coding of experiences and thoughts regarding autonomy and security (and a lack of autonomy and lack of security, respectively). These codings function as the basis for the analysis and inductive theory building in Article IV, which analyses how the tensions between these two core values caused trade-offs for primary customers (residents) and, thereby, spillovers for secondary customers (family members) and other customers.

The validation interview (see **Table 2**) was also recorded, transcribed and imported into NVivo. This interview was analysed especially in light of the key touchpoints of the customer experience, such as, arrival/accommodation of the resident, family visits to the nursing home, contact by phone or e-mail, interactions with staff. This was done to see how the customer experiences differed when the (secondary) customer felt unsatisfied with the service as opposed to feeling satisfied (as the family members for the most part did at Pearl and Diamond) and when the resulting well-being outcomes were negative as opposed to being positive. This interview confirmed many of the interpretations of the elements that are important for vulnerable customers and secondarily vulnerable customers during the customer journey (inside the physical service environment and outside of it, thus encapsulating the entire customer experience). The interviewee in this validation interview pointed out, as deficits and well-being deteriorating factors, many of the exact issues that were considered as benefits and well-being-supporting factors at Pearl and Diamond, where those issues were well taken care of.

In sum, the data analysis and the choice to look at the data from the perspective of multiple actors (residents, family members and nurses) generated essential insights into how a customer's needs and experiences can be interpreted from several viewpoints that sometimes align and sometimes differ and even contradict each other – even in the cases where the ultimate goal of each actor is the well-being of each actor. Regarding the data analysis as a whole, it is essential to state that, in this research, it seemed essential to also allow for and acknowledge the researchers' own reflexive and emotional responses and interpretations during the fieldwork and its analysis, since "overrationalized, highly objectified, nearly sterile methodological accounts of fieldwork efforts are not complete descriptions of the research enterprise" (Berg & Lune, 2012, 213). Being open and sensitive to the research participants' emotions felt especially important for detecting and interpreting the emotional vulnerabilities of the participants because some of these vulnerabilities were difficult to put into words or to consciously discuss in detail. Rather, they take place on a latent level and therefore require a subtle and sensitive approach from the researcher in order to be able to recognise and analyse them. Due to these vulnerabilities, it was essential to plan the data-collection process so that the participants' well-being was ensured in the research design. These ethical considerations are explained next in section 2.6.

2.6 Ethical considerations in the research design

Since the research concerns people, it was important to ensure an ethical and sustainable code of conduct during the data collection and analysis. The fundamental principle of ethical social scientific research is the guidance to *do no harm* (Berg & Lune, 2012, 61), which is a simple instruction in principle, but in practice, it requires thorough consideration regarding the research design. Especially, as the study participants are considered vulnerable or at least potentially vulnerable, it is of utmost importance to address the ethical issues. The concept of vulnerability plays an essential role in research ethics thinking, although it has multiple and unequivocal definitions (Bracken-Roche, Bell, Macdonald, & Racine, 2017). In the contemporary literature on vulnerability, it is argued that a serious flaw in earlier (and even extant) conceptions of vulnerability in research ethics is the tendency to treat it as a label that defines or describes a certain subpopulation, although the concept of vulnerability has several layers and needs to be understood as a dynamic construct (Luna, 2009; 2019). The attempts to find fixed definitions of vulnerability may actually be the reason why the family members of vulnerable consumers are typically not considered as vulnerable in the research design. If secondary vulnerability and universal and emotional vulnerability are not taken into account, then family members are, indeed, easily considered as being associated with vulnerable individuals but not as vulnerable themselves. This thesis argues otherwise (see section 1.2) and therefore also pays attention to the family members' vulnerabilities in the research design, yet emphasises

even more caution regarding the protection of the primarily vulnerable customers (elderly residents) as research informants.

In practice, this means that there was a need to apply for a review of the research plan from the Ethical Board of the University of Turku. No licence was needed as the research did not concern medical research, but a review and supporting statement were applied for to make sure that the research plan and the data-collection and management plans appeared as acceptable and ethical from the perspective of the Ethical Board. As this research is part of a larger research project[5] where the principal investigators are Dr. Leila Hurmerinta, Dr. Birgitta Sandberg (the project leader) and me, the documents[6] to be reviewed were compiled by me, commented on by Dr. Hurmerinta and Dr. Sandberg and completed in co-operation.

The considerations related to the ethical issues in this research mainly concerned the possible influences of data collection on the informants. Since the ultimate goal of this research is to generate well-being for individuals and society – in line with the TSR goals – the immediate impact of the interviews was also intended to be positive. This is why the questions were designed not to be too personal and not to evoke strong emotional reactions. This follows the guidance given to qualitative transformative service researchers to be participant-centric (Azzari & Baker, 2020). In addition to doing no harm, an important value in data collection is to ensure the autonomy of the informants. This was ensured by giving the participants detailed information on the research in writing and orally. As recommended, the information sheets given to the potential participants fully explained the research purpose and methods, and their right to withdraw from the research at any time was emphasised (Silverman, 2009, 159). Their autonomy was protected by collecting informed consent from the elderly people and their family members (with a formal written form). Written consent was also collected for recording the interviews. In case the elderly resident did not have authority to give permission for his/her own interview, consent was asked for from a family member (see section 3.4 in Kohonen, Kuula-Luumi, & Spoof, 2019; Silverman, 2009, 165). Autonomy of the elderly was, naturally, still respected by asking the elderly individual about his/her willingness to be interviewed before the

[5] This research is a subproject of the KULTA project funded by the Emil Aaltonen Foundation. The subproject is called “WENE: The wellbeing-related needs of nursing service customers” and it is introduced to the research participants under this project name (WENE).

[6] The documents contained the research plan, a description of how the ethical code of conduct would be ensured in the data-collection phase, the information sheets compiled for the participants, the forms for informed consent together with a description of how the informed consent would be collected, justifications for collecting data from informants with limited self-authority (due to dementia, in most cases), the registration form for scientific research data, the curriculum vitae of the responsible research project leader, Dr. Sandberg, and a report on the research funding.

interview commenced. In addition, the interviews were scheduled and rescheduled together with the nurses to ensure that the residents were not too tired for the interviews. The residents were always left in the company of nurses after their interviews in order to ensure that they felt well and safe even after some time had elapsed following the interviews. After ending the family members' interviews, I encouraged them to ask if they had any questions in mind, or if they would like to add something or reflect on the interview, and I made sure that they felt fine after their interviews, thus debriefing the participants (Berg & Lune, 2012, 89). I also informed them that they could contact me afterwards if they would like to add or ask anything or talk more about the interview.

A further measure to protect the informants and to conduct ethically sound research was to ensure confidentiality for all participants (Berg & Lune, 2012, 93-95; Silverman, 2009, 155, 166). This was done by pseudonymising information that could make identification of individual participants possible. The nursing homes were given pseudonyms (Pearl and Diamond), their location was not revealed (apart from stating which part of Finland they were located in) and the resident informants as well as family member informants were pseudonymised. Nurses were labelled as nurses without any further information in the data reports, although some of them were medical nurses and some were practical nurses due to their education. The more general *nurse* title was used to protect all nurses' confidentiality. Moreover, in some parts of the data descriptions, the gender of some respondents was deliberately changed in the report if revealing the real gender would have jeopardised the confidentiality of the informant. In addition, there was one interviewee who was an (adult) grandchild of a resident. Since no other grandchild informants participated in the study, this informant's identity and confidentiality were protected by also using the *adult child* label in each of this informant's quotes, and any analysis that would have specified a grandchild's viewpoint was not explicitly performed. These measures were undertaken because one of the acknowledged risks to the research participants is their possible identification in the published papers, either by themselves or others (Richards & Schwartz, 2002).

The data, as a whole, was protected (Berg & Lune, 2012, 95) by saving it to the password-protected file on the University of Turku's drive, where only the nominated key researchers have access. This was also explained in the information letter given to the research participants. To sum up, I found that compiling the application to the Ethical Board with all the required appendices was an important phase in my research. It guided me in designing the data-collection and management phases so that the integrity, meticulousness and accuracy in conducting and presenting the research were ensured, following the guidelines given by the Finnish Advisory Board on Research Integrity (Kohonen et al., 2019).

3 Transformative customer experience formation in a customer entity with vulnerabilities

While the Introduction section presented the justifications for this study in light of the gaps in theory and by considering the practical challenges to be solved, this section elaborates on the theoretical background that builds the basis for this study. It involves a review of the literature that can be employed when considering how to achieve transformative customer experiences (customer experiences with positive well-being outcomes) in customer entities where individuals experience vulnerabilities.

3.1 From understanding the customer journey to facilitating the customer experience

As explained in the section on the contextual positioning of the study (section 1.3), healthcare and nursing services are often scrutinised from the service providers' perspective, and the current discussion on the reforms of healthcare systems in many countries revolves around processes, often omitting the viewpoint of the individual. In the field of service research, however, an increasing emphasis has been placed on the individual customer experience (Lipkin, 2016; McColl-Kennedy et al., 2015).

Holbrook and Hirschman (1982) were among the first to highlight the experiential components of consumption and to emphasise that the influence of emotions needs to be realised when adopting the experiential perspective. Today, the customer experience construct is viewed as holistic, encompassing the customers' cognitive, affective, social and physical responses to the service provider (e.g. Verhoef et al., 2009). This is an essential viewpoint, especially when transformative, positive well-being outcomes are pursued since each of these dimensions is connected to health and well-being (which is explained in more detail in section 3.4). The relevance of the affective component of the experience can be considered to be highlighted especially in high-emotion services that are prone to triggering strong emotions when consuming the service and even before entering the service (Berry et al., 2015; Berry, 2019). Healthcare and nursing services often correspond to this characterisation because they

"bring people together at moments in life when emotions are profoundly touched" (Goodwin, 2020, 41).

Customer experience has been regarded as encompassing all touchpoints between the customer and the service provider, before, during and after consumption and/or a service encounter (Bolton, Gustafsson, McColl-Kennedy, Sirianni, & Tse, 2014; Shaw, 2007) and as being circular in nature (Helkkula & Kelleher, 2010). As briefly explained in section 1.1, circularity refers to the iteration taking place in the perceived value-creation process, meaning that it is not linear, but includes dynamic interrelating processes with the customer's other experiences within services and in life (Helkkula & Kelleher, 2010). It has been argued that to successfully manage the total customer experience, service providers must gain a profound understanding of the customer journey and the multiple touchpoints along the journey (Berry, Carbone, & Haeckel, 2002; Lemon & Verhoef, 2016; Verhoef et al., 2009). There are four categories of customer experience touchpoints: brand-owned, partner-owned, customer-owned and social/external/independent. The customer may interact with each of these touchpoint categories in each stage of the customer experience. (Lemon & Verhoef, 2016.) Importantly, the experience is created from two kinds of elements: those that can be controlled by the service provider and those that cannot. For instance, the atmosphere of the service venue can be adjusted by the service provider through temperature, music, or other equivalent means, but the influence of others, such as customers' experiences in alternative services, falls outside of the service provider's control. (Verhoef et al., 2009.)

Furthermore, based on a metatheoretical analysis of the research traditions related to customer experience, Becker and Jaakkola (2020) identify two separate streams of customer experience literature. They distinguish between research that perceives of customer experience either as a response to managerial stimuli or to consumption processes. This thesis is primarily interested in the customer's vulnerabilities and needs, and is thus positioned at that end of the continuum, which considers customer experience as a consumption process, highlighting the customers' emic and agentic perspectives regarding the experience. It purposefully emphasises the *customer* status (as opposed to the consumer status) of the primary and secondary customers and is focused on the customer journey and experience within a specific service setting (the nursing homes where data is gathered). However, the study acknowledges, in line with Becker (2020, 24), that each of these customer journeys is actually a part of a larger consumer journey that consists of multiple customer journeys with several service providers and other actors. For instance, an adult child may undergo two separate customer journeys if both parents live in a nursing home but in different places or if the other parent is hospitalised and the other dwells in a nursing home. These separate but possibly simultaneous customer journeys with different service entities can both be considered to relate to the consumer's overall journey (Hamilton & Price, 2019) of

looking after the well-being of one's family members, and they may impact each other, currently or retrospectively.

Berry et al. (2002) state that it is challenging to manage the total customer experience, but the above-mentioned customer-centric viewpoints actually raise a question regarding whether a customer experience can ever truly be *managed* by the service provider or if it is more of a *facilitation* of the customer's activities at touchpoints that each individual customer determines differently along the journey (Rosenbaum, Otalora, & Ramírez, 2017) of searching for a response to his/her needs. Experience management faces additional complexity in cases where a customer entity consists of multiple individuals, often characterised by dependencies, especially in vulnerable service contexts (cf. Dodds, 2014). It is obvious that the relationships within customer units (such as families) cannot be controlled, although the service may arguably have some influence on them. Therefore, a customer experience that involves these relationships – typically in vulnerable service contexts where apomediary transformative service mediators (TSMs) are present (Johns & Davey, 2019; this is explained in more detail in section 3.3) – can be seen as a sum of many dynamic and interrelated factors that influence the customer on his/her larger consumer journey and have an impact on the customer experience. Thus, it is essential to attempt to understand customers' lives beyond the service encounter, as discussed in the next section.

3.2 From understanding customers' lives to value and well-being formation

This thesis does not engage in a value-creation discussion *per se*, but since value is considered as equivalent to well-being in many recent studies (e.g. Anker et al., 2015; Johns & Davey, 2019; Kelleher et al., 2020), it is considered as essential to review how value is argued to be formed in the current service studies. The CDL research field advocates for the necessity of service providers supporting customers' activities and providing value-in-use for customers in their own unique context. Consequently, the CDL perspective suggests that research on the value experienced by a customer should be extended beyond service interactions to include the entire influence potential that a service has on the customer's life and to consider the invisible and mental life of the customer (Heinonen et al., 2013; Heinonen & Strandvik, 2015; Heinonen et al., 2010). Similarly, Helkkula and Kelleher (2010) argue that in order to fully understand customers' service experience and customers' perceived value, it is essential to understand how the phenomenological frame of reference of the customer and other recalled experiences impact the experience.

The customer experience literature discusses the social nature of customer experiences and the impact of peer customers, addressing the need for additional research on how the social environment influences the customer experience (Helkkula

et al., 2012; Lemon & Verhoef, 2016; Verhoef et al., 2009). This includes customer-to-customer interactions (Rihova et al., 2013). Recent customer experience studies emphasise even more profound customer-centricity in studying customer experience formation and in conducting customer journey mapping (e.g. Becker, Jaakkola, & Halinen, 2020; Rosenbaum et al., 2017). Correspondingly, the CDL literature takes a customer-centric or customer-dominant approach to customer experience by defining how "the term "dominant" refers to customers having a dominant role in the firm" (Heinonen & Strandvik, 2015, 476). This means that the CDL literature has focused on how customers embed services in their processes instead of looking at how services are provided to the customers (the latter referring to service exchanges) or how value is created through service exchanges, which is the basis of the service-dominant logic (SDL) (Heinonen & Strandvik, 2015; Heinonen et al., 2010; Vargo & Lusch, 2016). Thus, a provider applying CDL is dominated by customer-related aspects rather than by products, services, costs, or growth. CDL views customer logic as both cognitive and emotional, and that it drives customer perceptions and experiences. Moreover, CDL aims to understand the social dimensions of a customer by considering the prevalence of *customer ecosystems,* which refer to the customers' lives and dynamic social communities as well as the dynamic value formation within them (Heinonen et al., 2013; Heinonen & Strandvik, 2015; Voima et al., 2011). **Figure 6** illustrates the interaction arena taking place at the interface of a customer ecosystem and service system as presented by Heinonen and Strandvik (2015, 476).

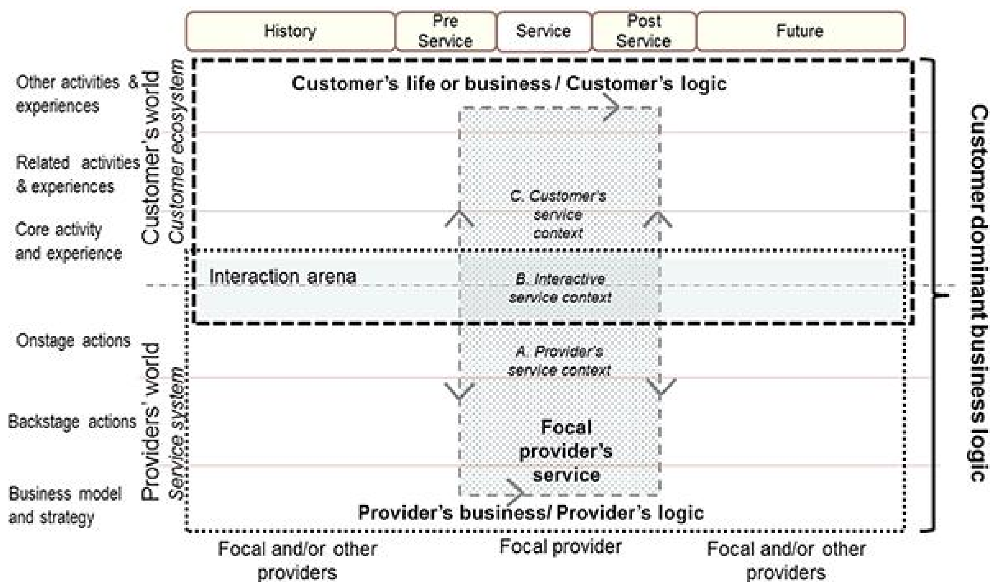

Figure 6. Customer-dominant logic of service (Heinonen & Strandvik, 2015, 476 – expanded from Heinonen et al., 2010, 535).

Heinonen and Strandvik (2015) present the customer's world as overlapping with the service system in the *interaction arena* where the *interactive service context* is an arena where the pre-service, service and post-service phases play out (**Figure 6**). The figure is a holistic, upper-level illustration of a customer ecosystem that refers to the customer's life by using terms such as *activities* and *experiences* related or unrelated to the service context. In their recent writing, Heinonen and Strandvik (2020, 83) argue that the use of CDL can positively contribute to social inclusion, consumer well-being and societal welfare. To gain a deeper understanding of the customer ecosystem and its logic, further research has been called for that would analyse the characteristics of customer ecosystems and the customer concept, especially in terms of the *customer unit*, time frame, roles and activities (Heinonen & Strandvik, 2015). This highlights the need to closely study the interrelations between different actors in a customer unit.

Therefore, this thesis adopts the systems view (e.g. Arbnor & Bjerke, 2009) to understand not only individual needs, but also the interdependencies of the actors within a system, in this case referring to that part of the customer ecosystem that is involved in or affected by the studied services (see also section 2.2). This approach will be applied in what follows by discussing the literature that conceives of the customer construct as a unit, entity, ecosystem, or network, thus taking into account the customer entity beyond the primary customer.

3.3 A multi-actor perspective on the customer construct

Voima et al. (2011) and Arantola-Hattab (2013; 2015) expand on the former view that perceives of a customer as a single individual who is visible and/or known to the service provider by perceiving the customer as a network with potentially multiple actors related to the customer's purchases, use and experiences of the service. Arantola-Hattab (2013, 52–53) describes how there can be several combinations of customer visibility or neglect as far as the service provider is concerned:

1) **One visible person in the interaction**: The service provider perceives that only one individual is in the customer unit (who is involved in the interaction), thus neglecting one or more individuals as invisible (who are not involved in the interaction).
2) **Dyads are only partly visible:** Two persons are visible as customers (who are involved in the interaction), neglecting one or more individuals of the dyads within a customer unit as invisible (who are not involved in the interaction). (A customer unit may consist of several dyads.)
3) **The customer remains invisible:** The service provider is neither actively interested in nor in contact with any of the persons within a customer unit

(no active interaction), and thus, all individuals and dyads in a customer unit remain invisible (not in interaction) to the service provider.

Voima et al. (2011) and Arantola-Hattab (2013; 2015) underscore that when the customer unit is not a single individual but is instead a group, the resulting customer experience is a collective, socially constructed experience. Yet, perceptions and value formation in a customer unit occur differently for each individual within the unit. Thus, a customer unit can be considered an intersection of several customer ecosystems.

The customer unit construct and the different roles within it can be regarded as especially relevant in the context where the influence of the service extends to the individuals beyond the primary customer or where a customer is likely to engage resources beyond the service provider, such as family and friends (cf. Sweeney, Danaher, & McColl-Kennedy, 2015). Akaka and Chandler (2011) study *value networks* and posit that a social role is more of a network construct than a dyadic relation. In practice, service providers need to consider several individuals' needs and opinions arising in the customer unit, instead of focusing only on the primary customer. This rationale also involves viewing family members as customers (secondary customers) in order to integrate their needs into the service design along with those of primary customers (Article I). However, as presented in the Introduction section, the term secondary customer is rarely used in the extant business literature and secondary customers are not seen as insiders of the process (e.g. Mascarenhas, 2011; Westcott, 2005). Thus, in Article I, the inclusion of secondary customers is advocated due to their close position to the service, especially in vulnerable contexts.

In recent service research, the multi-actor perspective already exists, as briefly reviewed in section 1.2.2; customer ecosystems appear in settings and conceptualisations that involve multiple actors who co-create value. For instance, Kelleher et al. (2020) conceptualise family members as *non-referent beneficiaries* (parallel to the secondary customer conceptualisation) and dependent family members as *referent beneficiaries* in service systems (parallel to the primary customer conceptualisation). They describe how the non-referent beneficiaries co-create value for the referent beneficiaries in service systems, challenging the tacit assumption of all actors being agentic and independent in customer–service provider dyads. This co-creation perspective adopted by Kelleher et al. (2020) emphasises the non-referent beneficiaries' active role in service systems.

Fletcher-Brown et al. (2020) introduce the concepts of *principal vulnerable consumers* and *associate vulnerable consumers*, specifically studying consumers with vulnerabilities. They are labelled according to their proximity to the vulnerable context, such as a disease, and the association between these consumers is based on family ties or friendship, for instance. Associate vulnerable consumers are considered to act in the consumer–producer role, which suggests that they have an active and co-

creative role even outside service settings. In any case, these individuals can be interpreted as belonging to overlapping customer ecosystems that interact with each other. Also, Johns and Davey's (2019) transformative service mediator (TSM) concept refers to an active role adopted by actors who are not focal to the service process. They argue that the TSMs mediate the services and their value outcomes for vulnerable consumers, and they range from service providers to consumer advocates, service gatekeepers and risk analysts. Thus, not all TSMs are in a close and secondarily vulnerable position in relation to the primary customer; instead, they are *intermediaries* who focus on facilitating the service delivery from the service provider to the vulnerable consumer or *transformative apomediaries* who represent the vulnerable consumer to the service provider.

Each of the three studies discussed above adopt a multi-actor perspective and highlight the relational aspects in the value (co-)creation process, but their focus is on the focal customer rather than on the needs and vulnerabilities of the associated or secondary customer. This is why it seems necessary to place a special focus on secondary customers' personal considerations and needs and on the lived experiences that influence their position as service recipients in association with the primary customers. Their "inner worlds" need to be more closely analysed instead of labelling and perceiving them as actors who are studied only as third parties in relation to the primary customer (cf. Abboud et al., 2020).

Therefore, it is appropriate to explore the underlying elements, needs and processes that guide an individual's social behaviour (apart from the basic motivation theories) and that determine the well-being outcomes within customer ecosystems and family systems, and from a service provider's perspective, within *customer* units. This is in line with Heinonen et al. (2013, 116), who state that "the customer's world is turbulent, dynamic and chaotic, where the customer has multiple individual and collective roles" and where value is experientially formed in the customer's ecosystem. They suggest that the focus should shift from the service-oriented perspective towards understanding the customers' social lives to reveal what influences their decision-making and behaviour.

To respond to the call for holistic and systemic approaches in service research (Lipkin, 2016), this thesis employs a multidisciplinary approach, using contemporary service research and inviting insights from theories that are related to the research context, such as attachment theory and family systems theory, to develop a more profound customer understanding. The scope is expanded beyond the dyadic customer–service provider relationship by placing the focus on secondary customers and by considering the needs and well-being outcomes within family systems. This is why Article II and section 3.4 discuss the elements and dynamics that underlie the customer units, and which should be understood, or at least recognised, in order to gain a profound customer understanding on a family-system level, and further, to thoroughly understand customer experience and well-being formation in a customer

unit. Chronologically, Article II is located between this section (3.3) and the following section (3.4), which builds on the understanding reviewed in Article II. Therefore, the reader is suggested to familiarise him-/herself with the content of Article II before moving to the following section.

3.4 Underlying elements and dynamics in customer units

In order to understand how well-being outcomes are formed in a customer unit, there is a need to study individual-level well-being formation and collective-level well-being formation. Article II was written to synthesise an understanding of these components before conducting a context-related literature review (section 4) and the empirical data collection, as illustrated in **Figure 5**, which describes the different phases of the research process in chronological order. Article II discusses which elements constitute the well-being, health and emotions of an individual and how these elements are interrelated with each other and with the social bonds and roles of an individual. This section complements the discussion in Article II in some parts and further builds on the article by constructing illustrations of the relationships between the different well-being-related elements in a customer unit.

The WHO's (1946) definition of health as a state of complete physical, mental and social well-being implies that affective and social elements are directly connected to well-being formation. Accounting for these elements in a customer unit is considered essential in this thesis because vulnerability is essentially a social phenomenon (cf. Honkasalo, 2018) and can thus be argued to essentially impact the dynamics of a customer unit. At its simplest, vulnerability can be considered as a personal experience, but at the other extreme, it can be regarded as an all-encompassing condition that is embraced by the entire customer unit.

Article II emphasises this connection between emotions and well-being and the role of emotions in creating customer experiences (e.g. Berry et al., 2002). It distinguishes between positive and negative emotions (e.g. Laros & Steenkamp, 2005; Oatley, Keltner, & Jenkins, 2006), integral and incidental emotions (e.g. Han, Lerner, & Keltner, 2007; Lerner & Keltner, 2000), and self-related and other-related emotions (Aaker & Williams, 1998; Agrawal, Menon, & Aaker, 2007; Markus & Kitayama, 1991). In a service context, integral emotions can be regarded as those that are directly related to or triggered by the service. Incidental emotions refer to emotions evoked by actors or events not related to the service (i.e. other life events) (e.g. Han et al., 2007; Lerner & Keltner, 2000). Self-related emotions tend to be associated with heightened awareness of a person's internal state (e.g. personal needs and goals), while other-related emotions tend to be associated with heightened awareness of the internal state of close others (Aaker & Williams, 1998; Agrawal et al., 2007; Markus & Kitayama, 1991). It is also essential to add the division between individual and collective

emotions to the discussion (cf. Seyfert, 2012; Von Scheve & Ismer, 2013). Individual emotions can be understood as personal emotions (e.g. Lutz & White, 1986), whereas collective emotions can be defined as “the synchronous convergence in affective responding across individuals towards a specific event or object” (Von Scheve & Ismer, 2013, 406).

In order to further understand why individuals and families within customer units have different needs, behaviours and dynamics, Article II also briefly discusses social bonds and social roles, therefore reviewing some basic elements of *attachment theory* and *family systems theory*. These may not be as essential in all contexts, but in vulnerable service contexts, these elements are highlighted since the emotions and emotional bonds between individuals in a customer unit are influenced by the social bonds and roles within the unit, which may also predict emotion-related vulnerabilities (cf. Agrawal et al., 2007; Fitzgerald, 2016). The bonds may be strong, weak or broken, also having an influence on the vulnerabilities within the customer unit. In addition, Fogarty and Mauksch (2017) underscore the importance of family systems in gaining a comprehensive understanding of health and argue that all healthcare personnel should learn family systems and systemic thinking. Briefly stated, Article II outlines how *attachment theory* is focused on dynamics involving protection, care and felt security (Oatley et al., 2006; Rothbaum, Rosen, Ujiie, & Uchida, 2002). *Family systems theory* describes family dynamics, involving structures, roles, communication patterns, boundaries and power relations (Rothbaum et al., 2002), considering the family as a complex system where individuals essentially exist in and are affected by the context of their relationships with each other (Alderfer, 2006).

To summarise, there is an interrelation between different types of emotions, social bonds and roles stemming from attachment patterns, family systems and other relationships, and these elements are connected to an individual’s well-being and health. A synthesising presentation of these interrelations and connections is illustrated in **Figure 7** below.

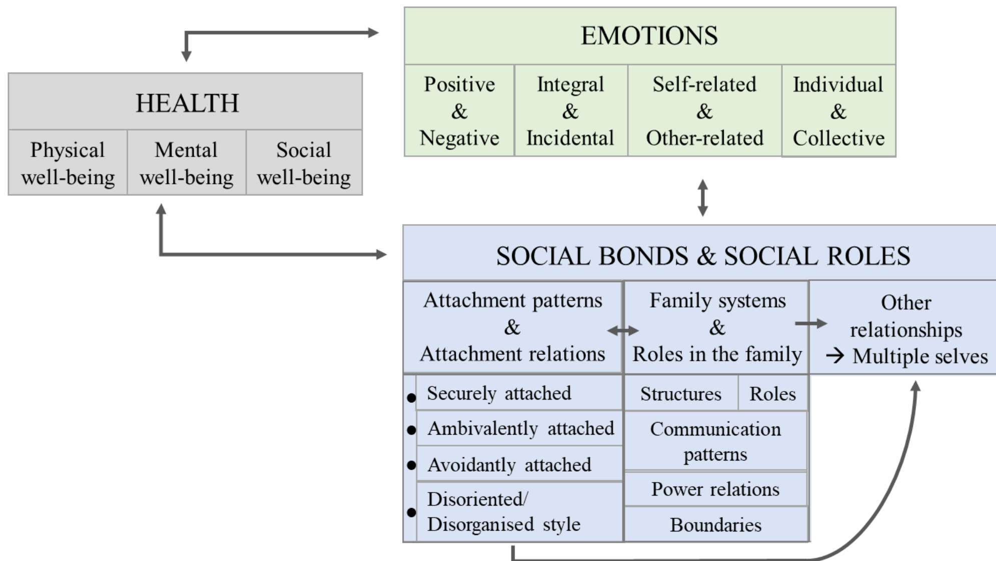

Figure 7. The interrelations between emotions, social bonds and roles, and the health/well-being of an individual.

Since social bonds and roles, and especially self- and other-related emotions, are relevant for an individual's well-being, it is reasonable to expect that, within a customer unit (such as a family), the well-being of individuals is interlinked. Therefore, **Figure 8** builds on **Figure 7** and suggests that the underlying dynamics in a customer unit are affected by multiple individuals' emotions, social bonds, roles and states of health, thus being intertwined[7].

[7] To keep the illustration clear, the subcategories of emotions, social bonds and social roles presented in **Figure 7** are not visible in **Figure 8**. For the same reason, **Figure 8** only illustrates a relationship between two family members, but in practice, a family unit can consist of relationships between multiple individuals.

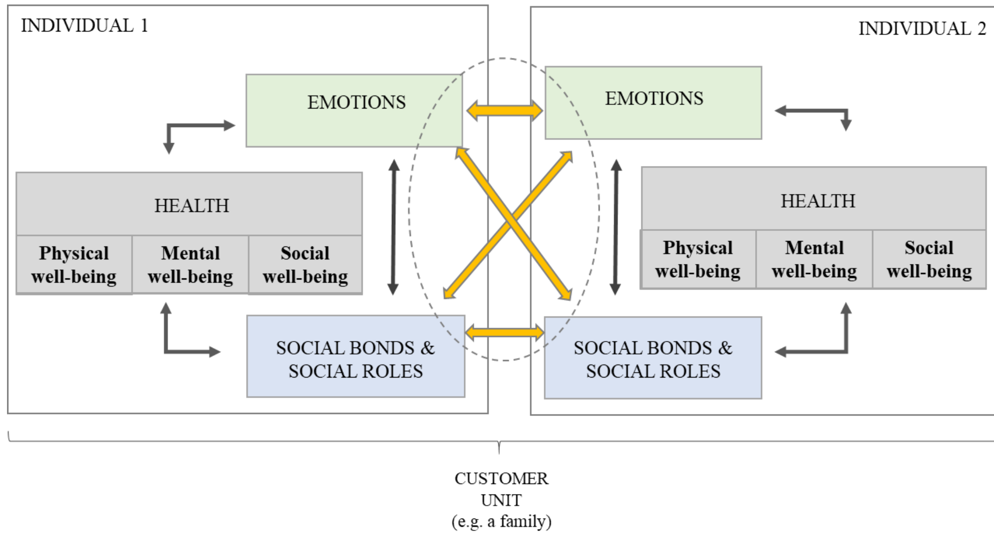

Figure 8. The intertwined bonds, roles, emotions, well-being and health in a customer unit.

These assumptions and illustrations, which were built based on the multidisciplinary literature, will be studied in section 4, where empirical examples from the literature on elderly care settings are analysed based on these frameworks. The purpose of these frameworks does not relate to theory building, but rather to a loose structuring of the literature review and the generation of a well-organised pre-understanding to guide the aggregate-level plan for data collection and to stimulate questions during research interviews (cf. Silverman, 2009, 319).

4 Systematic review of prior research on family members' experiences of nursing homes

An exploration of the frameworks suggested in section 3 is supported, for instance, by Tamiya, Chen and Sugisawa (2009), who call for an investigation of family-system dynamics, broader care possibilities and familial support for primary caregivers. There is a shortage of research, especially on family-caregiver adjustment and the nature of the family-caregiving role post-nursing home placement (Davies & Nolan, 2006; Garity, 2006; Koivula, 2013; Merla et al., 2018). Research on this subject is needed to understand family members' (secondary customers') vulnerabilities, needs and experiences in this service context – and in other vulnerable service contexts. This understanding is expected to foster their service inclusion and transformative, enhanced well-being outcomes from the services, as outlined in the goals of this thesis (section 1.4). Hence, this section reviews the experiences of family members reported in the earlier research on elderly care settings (nursing homes, long-term care facilities and assisted-living centres) to build awareness of the findings that concern these themes in this empirical context. An important reason for reviewing how the elements of customer units were visible in the literature was to study the prevalence of detailed emotions in this way: As a precaution, asking about emotions was avoided in the empirical data collection (to protect the informants from overly sensitive questions), but in the literature review, it was also possible to analyse emotions through studying how they had been analysed in the previous research.

4.1 Description of the literature review process

To find out how family members' roles and experiences in elderly care services had been studied in different disciplines, a literature review was conducted. The aim of the review was to evaluate the state of knowledge on this particular topic. Thus, the themes illustrated in **Figure 7** (health/well-being, emotions and social bonds/roles) were the main targets of analysis when reviewing the articles. However, the goal was not to provide numeric, exhaustive data on how many articles had been published related to the themes or how many times the themes had appeared in the articles. The

search strategy was systematic regarding the search sentence, but since the inclusion/exclusion criteria were not strictly defined and the content analysis was also not strictly predetermined or restricted, the review can be considered as a *semi-systematic* literature review. It is a suitable method when the purpose is to gain an overview of how the studied themes appear in the prior literature (Snyder, 2019).

The literature review was conducted using international databases (e.g. PubMed, Web of Science and Scopus). Although elderly care services also cover home care, the literature review focused on studies that analysed: 1) the decision-making concerning nursing home admission; 2) the transition phase to a nursing home; or 3) the phase post-nursing home placement. The search sentence was, in fact, limited to the post-placement experiences of family members or family carers/caregivers (of the elderly), but many research articles covered all three phases. After an initial reading of the material, all phases were included in the analysis, since it appeared that during all three phases, the interaction between the family member and the care service provider can be very intense and meaningful. Moreover, the transition phase imposes a change in roles and demands on the caregiver (Gaugler, Mittelman, Hepburn, & Newcomer, 2010), which is a relevant theme for this customer ecosystem- and family-system-focused study.

The review was limited to research-based studies published in English. Research employing qualitative as well as quantitative methods was included. The relevant articles were identified based on the title and abstract. Altogether, there were thirty-three relevant articles from nine countries/cultures: Australia, Canada, Japan, Singapore, Spain, Sweden, Taiwan, the United Kingdom and the United States. Some articles dealt with majority populations, some with minority populations, and some with both. The articles' content was manually summarised as "raw" data in table format with the following information: reference, elements studied, country/cultural context, admission phase studied (pre/transition/post), findings and key implications. The reviewed literature covered multiple disciplines and approaches, ranging from clinical and advanced nursing to gerontology and to studies concerning ageing. Findings from all disciplines that resulted from the literature search were included since the nursing home context was the lens through which the articles' inclusion in the review was determined.

Emotions and their triggers (**Table 3**) were inductively analysed. The number of references below each emotion describes the number of articles in which the particular emotion was mentioned. With regard to the subcategories of social bonds and roles (Attachment patterns and attachment relations, Family systems/Roles in the family, Other relationships/Multiple selves), a thematic analysis (Bryman & Bell, 2015) with inductive as well as deductive analysis methods was employed. First, "basic themes" related to social bonds and roles in the raw data were detected. They were organised under the above-mentioned subcategories, as shown in **Table 4**. The analysis process will be further explained in section 4.2 below.

4.2 Experiences concerning emotions, social bonds and social roles

The results concerning secondary customers' emotions, social bonds and roles are discussed in the same section since the results indicated that the assumed interlinkage between these themes was so strong that reporting and analysing them as separate entities would not reveal the dynamics embedded in and between them. Emotions are reported when they were classified as emotions (or sometimes also as feelings) in the literature, hence, in this analysis, not strictly limiting their inclusion via any specific classification of discrete emotions (such as that of Laros & Steenkamp, 2005). Thus, emotions were analysed inductively. The findings in **Table 3** concerning emotions are not categorically divided into the subcategories listed in **Figure 7**, since the categories in question overlap and are not of an exclusive type. However, for the sake of clarity, the negative emotions appear at the beginning of the table and positive emotions at the end.

The findings revealed myriad emotions affiliated with nursing home admissions (**Table 3**). Positive and negative, integral and incidental, self- and other-related as well as individual and collective emotions were identifiable in the research articles. On the negative side, there were self- and other-related emotions, such as grief, sadness, loneliness, disappointment, pain, fear, uncertainty/insecurity, self-blame, feelings of irresponsibility, guilt, regret and concern. These negative emotions often went hand-in-hand with family members' stress, burden and anxiety, and were also exacerbated by these conditions (Alonso, Prieto Ursúa, & Caperos, 2017; Garity, 2006; Gaugler et al., 2010; Gaugler et al., 2015; Golden, 2010; Nikzad-Terhune, Anderson, Newcomer, & Gaugler, 2010; Schulz et al., 2014). Stress, burden and anxiety were mainly due to caregiving pre-nursing home admission or post-nursing home admission, the placement process, lack of family engagement in caregiving post-nursing home admission and relational disruption or dialectical contradictions during the placement process.

Table 3. Emotions and their triggers in family members' experiences of their elderly relative's placement in a nursing home (NH).

Experienced emotions	Triggers of emotions
Guilt, self-blame *(Alonso et al., 2017; Caldwell, Low, & Brodaty, 2014; Chang, Yu-Ping, Schneider, & Sessanna, 2011; Garity, 2006; Kellett, 1999; Kong, Deatrick, & Evans, 2010; Marquis, Freegard, & Hoogland, 2004; Nolan & Dellasega, 1999; Paun et al., 2015; Sandberg, Lundh, & Nolan, 2001)*	Family and filial piety/collectivism, feeling of irresponsibility, admission (process) to NH*, care quality in NH, losing the role of family caregiver, perception of having let the older person down
Grief *(Alonso et al., 2017; Fink & Picot, 1995; Marquis et al., 2004; Paun et al., 2015; Schulz et al., 2014)*	Admission to NH, losing the role of family caregiver
Regret *(Chang, Yu-Ping, & Schneider, 2010; Fink & Picot, 1995)*	Reluctant or conflictive decision-making, admission to NH
Sadness *(Alonso et al., 2017; Caldwell et al., 2014; Fink & Picot, 1995; Kellett, 1999; Kong et al., 2010; Paun et al., 2015)*	Admission to NH, filial piety
Disappointment *(Fink & Picot, 1995)*	Admission to NH
Loneliness *(Marquis et al., 2004; Sandberg et al., 2001)*	Admission to NH, feeling of isolation and perception of losing a life-long partner
Pain *(Alonso et al., 2017)*	Admission to NH
Fear *(Caldwell et al., 2014; Sandberg et al., 2001)*	Expectation that the older adult would be unhappy in the NH and deteriorate, fear that complaining about the care would have a negative impact on care, fearful expectations of NHs due to past experiences
Uncertainty/insecurity *(Garity, 2006; Johansson, Ruzin, Graneheim, & Lindgren, 2014)*	Lack of adequate information, uncertainty about future
Concern *(Nolan & Dellasega, 1999)*	Concern about the resident's happiness/unhappiness, concern about the quality of care
Feelings of loss *(Marquis et al., 2004; Marziali, Shulman, & Damianakis, 2006; Nolan & Dellasega, 1999; Sandberg et al., 2001)*	Admission to NH, losing the role of family caregiver, feeling of losing a life-long partner
Relief *(Caldwell et al., 2014; Gaugler et al., 2010; Kellett, 1999; Kong et al., 2010; Marquis et al., 2004; Nolan & Dellasega, 1999; Sandberg et al., 2001)*	Admission to NH, placement process
Hope *(Slape, 2014)*	Spiritual needs in end-of-life care
Gratitude *(Kong et al., 2010)*	Quality of care
Feeling lucky *(Caldwell et al., 2014)*	Receiving a place in the NH

*NH = nursing home

Often, positive and negative emotions were experienced simultaneously, causing emotional turmoil and ambivalence for the family caregivers (Fink & Picot, 1995; Kellett, 1999; Nolan & Dellasega, 1999; Penrod, Dellasega, Strang, Neufeld, & Nolan, 1998). For instance, admission to the nursing home triggered both negative and positive emotions, such as guilt, sadness and relief (**Table 3**). This phenomenon is related to the concept of emotional dissonance – a conflict between experienced emotions and socially appropriate emotional expressions (Abraham, 1999). This dissonance may threaten psychological well-being, and the processing of the dissonance requires emotional labour or emotional regulation (Abraham, 1999; Scott, Awasty, Johnson, Matta, & Hollenbeck, 2020). This underscores the strong influence of emotions and the stamina required to cope with them.

Emotions or emotional states appeared to be related to and/or triggered by integral issues (such as the actual nursing home transition process, the service, staff and facilities) as well as incidental issues (such as grief due to changes in relationships and caregiver roles, fear over the older relative's deteriorating well-being and guilt because of cultural expectations of filial piety – a cultural value of respect, taking care of one's parents and saving face). The nursing home admission was the concrete change that was more or less the trigger for the emotional reactions. However, the effect was often not direct; instead, the admission had an indirect influence through causing changes in family relationships and roles. This reinforces the assumption of the dynamic, two-way influence between emotions, social bonds and roles in a customer unit, as suggested in **Figure 8**. For instance, many articles reported family members' *feelings of loss* (Marquis et al., 2004; Marziali et al., 2006; Nolan & Dellasega, 1999; Sandberg et al., 2001). This theme was often reported as an emotion, but can be interpreted to originate from the changes in social bonds and roles, such as role disruption causing guilt or a sense of a changing relationship with a beloved person causing loneliness. Therefore, *feelings of loss* are reported in **Table 3** and in **Table 4**, since they are affiliated with both themes.

The results concerning social bonds and roles were extracted from the literature by deductively dividing them into the subcategories, as organised in **Figure 7**: a) Attachment patterns and attachment relations; b) Family systems/Roles in the family; and c) Other relationships/Multiple selves. This categorisation and the associated detailed themes and the implications discussed in the reviewed articles are shown in **Table 4**.

Table 4. Social bonds and social roles in family members' experiences of their elderly relative's placement in a nursing home.

Sub-category	Appearance of theme and implications
Attach-ment patterns and attach-ment relations	The complexity of ongoing changing relationships → myriad emotions → the nature of the family visits and the level of burden *(Cohen et al., 2014; Kelley, Swanson, Maas, & Tripp-Reimer, 1999)*
	Family members' prior relationships with the residents and social support from current significant others → modifying influence on family visitations *(Kelley et al., 1999)*
Family systems/ Roles in the family	Family disagreement about NHA* → conflictive decision-making, damaged family relationships *(Caldwell et al., 2014; Chang, Yu-Ping, & Schneider, 2010; Chang, Yu-Ping et al., 2011; Gaugler, Pearlin, Leitsch, & Davey, 2001)*
	Family and filial piety → conflictive decision-making and emotional responses, such as guilt and regret *(Chang, Yu-Ping, & Schneider, 2010; Chang, Yu-Ping et al., 2011; Kong et al., 2010; Tamiya et al., 2009)*
	Dynamics of the family system → the amount of familial support available *(Tamiya et al., 2009)*
	Losing the role of family caregiver → feelings of loss *(Marquis et al., 2004; Marziali et al., 2006; Nolan & Dellasega, 1999; Sandberg et al., 2001)*
	Caregivers'/family members' continuing/shifting/renewing roles post-NHA • Important to maintain connectedness between family members, relationships can also improve post-NHA • Role disruption can take place → guilt • Role adjustment needed *(Alonso et al., 2017; Fink & Picot, 1995; Garity, 2006; Golden, 2010; Iwasiw, Goldenberg, Bol, & MacMaster, 2003; Kelley et al., 1999; Merla et al., 2018; Sandberg et al., 2001; Slape, 2014)*
Other relation-ships/ Multiple selves	Partners in care/Caring partnerships/Family Involvement in Care (FIC) → recognition of this potential role of family members (by staff) is an important facilitating aspect in NHA adjustment *(Alonso et al., 2017; Fink & Picot, 1995; Gaugler et al., 2001; Johansson et al., 2014; Kellett, 1999; Kelley et al., 1999; Nolan & Dellasega, 1999; Schulz et al., 2014; Sussman & Dupuis, 2012)*
	Establishment of new roles and relationships with nursing home staff and other nursing home residents → new purpose and meaning for the caregiver, positive or negative effect on coping (depending on the nature of the interaction) *(Garity, 2006; Iwasiw et al., 2003; Sandberg et al., 2001)*
	Members of the extended family in vital role → support also sought from other than (core) family members, such as friends, and these interactions can positively or negatively affect coping *(Fink & Picot, 1995; Garity, 2006; Nolan & Dellasega, 1999)*
	Also other relatives (apart from close family) can be caregivers – cultural variation in the number of other relatives as caregivers *(Nolan & Dellasega, 1999)*
	Multiple responsibilities (= multiple selves): full-time employment, children, older adults and personal interests → special vulnerability to burden *(Cohen et al., 2014; Merla et al., 2018)*

*NHA = nursing home admission

As **Table 4** indicate*s*, *the attachment patterns and attachment relations* were scarcely explored or reported in the literature concerning the reviewed topic, but at least one study (Kelley et al., 1999) made visible the connection between the quality of prior interpersonal relationships in a family (i.e. attachment relations) and the relationship quality and willingness to visit when the elderly family member was in a care unit. The study described an example where bad early attachment relations made the adult children decide not to visit their parent in the nursing home. Additionally, it was shown that the attachment relations of adult age (e.g. to a spouse) modified family visitations, encouraging or restricting them.

There seem to be two kinds of mechanisms involved in how *family systems / roles in the family* influence a family/customer unit, also impacting the family members' well-being: (1) the relations between the family member and the resident and (2) the relations between the family members outside the nursing home. As **Table 4** shows, regarding relations between the family member and the resident (1), it seems that there is a strong need for continuity and maintaining connectedness after a nursing home admission. Especially for the primary family caregivers, the family member's transition to a nursing home can cause severe feelings of loss, often affiliated with the perceived loss of the caregiver role. Therefore, continuing roles, possibly in renewed forms, and role adjustment seem essential in supporting the family dynamics and roles in the family post-nursing home admission, thereby alleviating the distress and negative emotions caused by the change. The service provider can perform a significant role in this stage. Concerning the relations between family members outside the nursing home (2), family disagreement over nursing home admission causes conflictive decision-making and damaged family relations. Filial piety can have different intensities in family members, causing conflicts in decision-making, judgements about others' opinions, and negative emotions, such as regret. Importantly, family dynamics influence the amount of familial support available (Tamiya et al., 2009), which may further impact the support needed from the service provider.

The category *Other relationships/Multiple selves* indicates how new roles can arise in the nursing home environment if it is possible to connect with the staff and other residents in co-operative ways, establishing new kinds of partnerships that enable (but do not require) involvement in the care routines and/or other daily routines in the nursing home. This new role can give new meaning and assist in coping post-nursing home admission. Another aspect of this category concerned the importance of friends or the "extended family", who were able to give support but whose opinions could also negatively affect coping if they were judgemental and non-supportive. The extended family or other relatives who are not close family members can also be in a caregiver role (pre- and post-nursing home admission), which implies that a family unit, in its narrow interpretation, does not necessarily equal a customer unit. In

addition, the existence of multiple selves manifested as multiple responsibilities, which increased the vulnerability towards feeling burdened (Cohen et al., 2014).

These findings, which provided a valuable, global-range pre-understanding of the studied context and phenomenon, were employed in designing the empirical data gathering and were reflected upon in the course of the interviews. In addition, there were certain issues that were further studied relating to the literature review findings. In particular, the connections between emotions, social bonds and roles, and well-being, as outlined in **Figure 7**, were studied both during the literature analysis and data-collection phases; the perceptions from the literature and from practice are reported in the appropriate passages in Articles III and IV and in the Conclusions section. The following synthesis explains how the literature review analysis was employed when planning the data-collection phase.

Firstly, the evident ambivalence of emotions that were both self- and other-related, and that were even simultaneously positive and negative, suggested that it was essential to ask the family member interviewees' about their needs and wishes concerning themselves as well as concerning the resident. What was equally important was to find out what the residents considered as important needs or wishes from their own point of view in order to cross-check these needs against family members' resident-related needs. An analysis of this aspect was undertaken in Article III, where the relational dimensions of needs were introduced, and, to some extent, also in Article IV, where spillovers from core value trade-offs were discussed.

Secondly, the feelings of loss that were strongly prevalent in the literature findings encouraged me to find out more about the transition phase of moving to the nursing home. This is why the family members were rather broadly asked about the circumstances that led to the nursing home admission, and this allowed for lengthy descriptions about what preceded the transfer, how it happened and how things fell into place after that. These open-ended inquiries generated considerable information on the informants' relationships and life conditions before and after the nursing home admission (about the customer journey before and during the current customer experience; see **Figure 1**), bringing forth the myriad individual variables in the circumstances and expectations that preceded the customer experience. They also revealed much about the vulnerabilities that the family members and residents experienced prior to the transfer. These will be discussed in more detail in section 6.2.1, where managerial implications are suggested based on the results.

Furthermore, as role adjustment was considered essential for supporting family dynamics and roles (in light of the literature review results), the family member interviewees were asked if and how their relationship to the resident had changed after the nursing home admission. The nurses, on their behalf, were posed a question about if and how they supported the relationships and changes within relationships between family members. In addition to giving these clues for the data-collection phase, the findings of the literature review also acted as *supplementary validation* that eventually

explained some findings from the empirical data of this research (Silverman, 2009, 319). These will be discussed in more detail in the Conclusions section (section 6). The next section (section 5) presents the findings of this research: the conceptual work in Articles I and II that preceded the literature review, and the empirical work that took place after the literature review and that is analysed in Articles III and IV.

5 Findings and discussion

This section summarises the content and contributions of the original research articles (I–IV) of this thesis. **Table 5** presents the key information related to the articles. Article I answers the research question on how the position of family members can be conceptualised in relation to the primary customer in care services (RQ1). Article II addresses the question of what kinds of elements determine the dynamics and customer needs within a customer unit (RQ2). Article III and partly also Article IV answer RQ3: What kinds of needs can be recognised among primary and secondary customers of nursing home services and how are they related to each other? Article IV and partly also Article III discuss how vulnerability manifests in an extended customer entity and what the impact is on the customer experience (in the nursing home environment) (RQ4).

Table 5. Summary of the original research articles

	ARTICLE I	ARTICLE II	ARTICLE III	ARTICLE IV
AUTHORS	Leino	Leino	Leino, Hurmerinta, Sandberg	Sandberg, Hurmerinta, Leino, Menzfeld
TITLE	Secondary but significant: secondary customers' existence, vulnerability and needs in care services	Multidisciplinary view on the concept of customer unit in elderly care services	Balancing service inclusion for primary and secondary customers experiencing vulnerabilities	Autonomy or security? Core value trade-offs and spillovers in servicescapes for vulnerable customers
PURPOSE	To explore the status, vulnerabilities and needs of family members and other loved ones of care service customers.	To develop the extant discussion on customer ecosystems by adopting a multidisciplinary approach to the elements that determine the dynamics within customer units.	To analyse secondary customers' needs and their relationship to primary customers' needs in a nursing home service environment (implicitly entailing the presence of vulnerabilities).	To analyse how core value trade-offs and spillovers occur within servicescapes and how vulnerable stakeholders cope with them.
METHO-DOLOGY / DATA	Literature review/ Conceptual paper	Conceptual paper	Interviews and ethnographic observations in nursing homes	Interviews and ethnographic observations in nursing homes
MAIN FINDINGS	● Twelve themes regarding secondary customers' needs in the care service literature appeared. The most recurring were: 1) the need for psychosocial care and support; 2) communication and information shared with secondary customers; and 3) cultural differences and the importance of cultural sensitivity.	● Not only dyadic interactions, but also triadic influence mechanisms are relevant for well-being outcomes from services.	● The primary and secondary customers' needs are interrelated in four ways: they are separate, congruent, intertwined, or discrepant. ● The context-specific factors of a service environment may exacerbate or alleviate the experience of vulnerability.	● Core values can penetrate all servicescape dimensions and need to be taken into account in servicescapes. ● Incorporating heterogeneous values into everyday conduct and services involves trade-offs.

5.1 Article I: Conceptualisation of the role and position of family members in care services

The motivation behind Article I was to find out if and how family members and close others are perceived and conceptualised as customers in the business literature and, more specifically, in the service research, and whether their potential vulnerability was recognised. In more detail, the purpose of the paper was to explore the status, vulnerabilities and needs of family members and other loved ones of care service customers (labelled as secondary customers in the article). The paper suggests that since it has been realised that care services (as well as services in general) should acknowledge the customer's network beyond firm–customer service interactions (e.g. Heinonen et al., 2013; Heinonen & Strandvik, 2015; Sweeney et al., 2015), family members should also be perceived as customers. The reason for suggesting customer status for them in this article (and thesis) is the assumption that it could promote the acknowledgement of their needs in service design and development. Further, recognising their secondary vulnerability could enhance the development of methods by the service providers to support them and thereby generate well-being outcomes.

Initially, the paper presents a literature review on how the secondary customers of care services have been empirically studied in the business, nursing and social science research. The data search was conducted in databases covering healthcare, nursing and the social and business sciences: Web of Science, Medline and ABI Inform/ProQuest. Based on the content analysis (Silverman, 2001) of the review results, the article addresses twelve different themes regarding secondary customers' needs arising in the care service literature. The three most frequently recurring themes were: 1) the need for psychosocial care and support; 2) communication and information being shared with secondary customers; and 3) cultural differences in secondary customers' needs and the importance of cultural sensitivity. Based on the review results, the article confirms how psychosocial support is considered essential for well-being outcomes among family members, also stressing the existence and often overlooked needs of siblings as family members who may need support.

After presenting the review results, the paper enters into a conceptual discussion on how family members' positions can be acknowledged in service research and management. At first, the definitions of the secondary customer concept are reviewed and the paper presents the three different definitions that were found in the business literature, each of them also defining the affiliated term of primary customer (Mascarenhas, 2011; Scherer, Saunders, & Brown, 1995; Westcott, 2005). These definitions view secondary customers as outsiders of the service process (Westcott, 2005) or as having intermediary roles (Mascarenhas, 2011), yet mention that they are influenced by the process output (Westcott, 2005). The paper points out that, in the discussion on customer ecosystems, the collective dimensions of a customer experience are already acknowledged since the discussion addresses value formation

as a longitudinal and experiential, socially constructed process within a customer unit that can entail an individual or a group (such as a family) (Heinonen & Strandvik, 2015; Voima et al., 2011). However, the paper suggests that this discussion on customer and value units could achieve structural clarification by utilising the concepts of primary and secondary customers to distinguish between different individuals within customer and value units. The unit, as a construct, may remain distant or not very concrete to the service provider, while the individual-level division into primary and secondary customers could emphasise the individuals – the humans – within the customer units, with their distinct needs and expectations.

The theoretical contributions of the article concern linking the customer unit and value unit discussion to the under-used primary and secondary customer definitions that already exist in the business literature. Another contribution is the modification of the conceptual definition of the secondary customer to the care service context. The paper suggests that "in the care service context, the "secondary customer" concept can consist of primary customers' parents, grandparents, spouse or significant other, children, grandchildren and siblings, but sometimes also of in-laws, friends or other close peers" (Article I, 766). Moreover, the paper expects that the integration of the secondary customers' existence and influence over the customer experience can add novel dimensions to the value-related service research, especially expanding the scope of the value co-creation and customer engagement research areas. Additionally, the benefits for TSR are outlined based on the assumption that the conceptual division between primary and secondary customers (parallel to primary and secondary vulnerabilities) can assist in detecting the distinct needs and promoting the well-being of individuals and families.

Managerially, the key implication of the paper is the argument that "to improve services […] secondary customers should be seen as an integral part of the service process in which the process can consist of interactive and co-operative activities created to serve both the primary and secondary customers, yet recognising and addressing their differing needs in the service design" (Article I, 766). Interestingly, the empirical data that was later (in 2018) collected revealed how the nurses perceived family members in relation to the service provider. There was variance in how the status of family members was perceived; some of the nurses considered them simply as close others while others also thought of them as customers. One nurse gave a specifically insightful perspective on the issue. She stated that, in personal encounters with family members, she thinks of them as close others, but from the service point of view, she thinks of them as customers. This reflects the situation that can be considered ideal: on a system level, the nurses work as part of a service system that also involves family members in the service design and, on an individual level, this enables close person-to-person interaction.

In addition, the paper presents scholarly contributions that stem from the primary and secondary vulnerabilities of research informants in vulnerable research contexts.

The paper underlines the importance of ethical codes of conduct and subtle approaches to the research informants, not only regarding the primary customers but also their family members. This includes the protection of all informants' emotional well-being and the collection of their informed and autonomous consent. These guidelines are familiar, for instance, in the social sciences, but are not automatically a self-evident part of business studies in which vulnerable contexts are rarely studied. This is why it seemed essential to underscore what kinds of precautions are necessary when collecting data from vulnerable or potentially vulnerable informants.

The paper's contributions concern several vulnerable service contexts, especially those that are aimed at vulnerable groups, such as children and the disabled. Several open questions are provided to assist the service provider in rethinking how the service conceives of the customer concept, such as by evaluating whose needs and vulnerabilities should be recognised and whose satisfaction and opinions affect (or should affect) service development.

Further research is suggested, especially concerning secondary customers' vulnerability and regarding their most recurring needs, which the literature review in the article indicated. It is also argued that secondary customers' affects should be further examined because secondary customers' needs can be largely affect-related (due to the close social and emotional connection to the primary customer). A concrete example of this arose from the literature review: communication and its framing in care services caused affective reactions in primary and secondary customers alike. This is why Article II adopts a multidisciplinary approach to the dynamics within a customer unit and aims to also address the role of affects in determining the various needs in a customer unit.

5.2 Article II: Discussion of the elements that determine the dynamics and customer needs within a customer unit

This conference paper commences by stating that the context of many transformative services, such as healthcare and elderly care, can be emotionally intense. The paper summarises how, in service research, increasing consideration is being given to the individual, and the relevance of emotional responses is understood, since it has been stated that a customer experience consists of the customer's cognitive, affective, social and physical responses to the firm (e.g. Verhoef et al., 2009). The literature suggests that a profound understanding of the customer journey (including all touchpoints before, during and after consumption) is needed to successfully manage the total customer experience (Berry et al., 2002; Lemon & Verhoef, 2016). The customer-dominant logic (CDL) is discussed as a school of thought that emphasises the customer's individual processes as part of the customer ecosystem (Heinonen et al., 2013; Heinonen & Strandvik, 2015; Voima et al., 2011).

The purpose of the paper is to develop the extant conceptual discussion on customer ecosystems by focusing on the customer unit construct and by adopting a multidisciplinary approach to the elements that determine the dynamics within a customer unit. This is done by discussing the underlying elements and processes that guide an individual's social behaviour within customer ecosystems and that are also expected to determine well-being outcomes. The paper points out that because well-being is considered as such an important goal for services, especially in transformative services, and as consumer value is even defined in terms of an increase in consumer well-being (in response to the marketing exchange) (Anker et al., 2015), it is important to discuss what constructs well-being as a phenomenon in more detail. Another concrete reason for discussing the dynamics in a customer unit is that they need to be understood in order to provide/enable customer experiences that can generate well-being.

The paper argues that affects and social elements are directly connected to an individual's well-being and health, since health is defined as a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity (WHO, 1946). Therefore, a preliminary summarising classification is made regarding how emotions have been conceptualised in the literature. Emotions can exist at least on the following continuums: positive–negative, integral–incidental and self-related–other-related. These are discussed in more detail in Article II and in section 3.4 of this thesis, which further builds on Article II and illustrates the dimensions related to emotions and social roles. The paper suggests that, especially in care service contexts, incidental emotions can be expected to influence the customer experience along with integral emotions.

To bring about an additional multidisciplinary understanding of the dynamics within a customer unit, the paper briefly explains how attachment theory and family systems theory can explain the myriad differences in the needs and behaviours taking place in customer units. The reason for this is that each family is a constellation of unique attachments and behaviours. This is linked to the discussion on how social bonds and roles are essential with regard to an individual's health. Additionally, social bonds and roles other than family-related ones are considered essential on this account. Depending on one's roles and relationships, an individual may possess multiple selves, and, as Akaka and Chandler (2011) point out, social roles can be seen as resources in value (co-)creation. The possible transformation of social roles during the course of one's life is highlighted and the possible support needs are addressed in situations where roles are in flux, for instance, when a spouse moves to a care home.

The paper describes how a customer unit may be constructed in the elderly care service context, because it considers it especially important to study customer units in such service contexts, where individuals beyond the primary customer (typically family members) are also influenced by the service. Due to the attachment patterns, individual differences and multiple roles prevailing in a customer unit, the service

provider may encounter multiple selves of multiple individuals when facing one single customer unit and may therefore need to handle multiple expectations. For this reason and to achieve positive well-being outcomes, the paper suggests the co-creation and coproduction of services together with family and friends. The assumption is that these procedures can support the maintenance of the social roles and meaningful activities between the individuals since the activities would then take place in a "creational" mode and would not involve treating the customers as passive actors who are only the "objects" of care. This would support the current recommendations that call for customer agency, also for vulnerable consumers (cf. Anderson et al., 2013; Johns & Davey, 2019; Article IV).

The paper concludes that in order to truly understand a customer's ecosystem and social life, the relevance of social roles within and outside of family relations should be understood. The acknowledgement of incidental emotions, in addition to integral emotions, which are directly related to the service, can assist in better understanding and influencing customer behaviour. The main contribution of the article is the following conclusion: "since it is not possible for a service provider to influence the life history, attachment patterns or social bonds of an individual, an ever greater role could be given to cocreation of activities where an individual and his/her close others can influence the service production from the perspective of their own unique ecosystem" (Article II, 526). As a managerial implication, the paper emphasises the relational mechanisms of well-being formation and frames this as follows: "serving those individuals within a customer unit that are not directly the purpose of the service's existence can indirectly affect also wellbeing of the primary customers and vice versa" (Article II, 526). This implies that paying attention to secondary customers can have transformative outcomes for the primary customer and the recognition of their relationship can assist in managing, or facilitating, the customer experience of both. This conceptual idea was further developed in Article III.

In practice, Article II functions as a basis for building the loose frameworks of customer unit dynamics in section 3.4 of this thesis. These frameworks provide the structure for the content analysis performed in the contextual literature review in section 4 concerning family members' roles and experiences in elderly care services (in the extant literature). In addition, these frameworks, together with the literature review results, assisted in planning the interview guide for the data-collection phase at the Diamond nursing home in 2018.

5.3 Article III: Qualitative analysis of the primary and secondary customers' needs and their interrelations in a nursing home context

Article III, co-authored with Dr. Leila Hurmerinta and Dr. Birgitta Sandberg, argues that a relational perspective on primary and secondary customers' needs in customer

entities is lacking, although customers have self- and other-related needs. This is the case especially in family-centred transformative services where family members' (i.e. secondary customers') secondary vulnerabilities (Pavia & Mason, 2014) are concretised in addition to the primary customers' vulnerabilities. Therefore, we conducted empirical research, with our purpose being to analyse secondary customers' needs and their relationship to primary customers' needs in a nursing home service environment that implicitly entails the presence of vulnerabilities. The study addresses extended vulnerability within a family, thus responding to Pavia and Mason's (2014) and Luna's (2009; 2019) call to study different layers of vulnerability. By adding to the understanding of these vulnerabilities and interrelated needs, the goal is to assist in designing service processes and managing service encounters with all members of the customer entity for service inclusion and customer well-being. We employ service inclusion as a lens through which to understand primary and secondary customers' experiences of vulnerability. Theoretically, the study contributes to three separate but partially intertwined areas in the service theory and literature: 1) consumers who experience vulnerability, 2) secondary customers within services, and 3) service inclusion.

Service inclusion is an emergent theory from the TSR paradigm (Fisk et al., 2018). It suggests the following *four pillars of service inclusion* that are essential to fostering service inclusion: *enabling opportunities* (providing access to services and the ability to receive and co-create valued services), *offering choice* (between different service offerings and opting out of services), *relieving suffering* (fair access to essential services that fulfil basic human needs) and *fostering happiness* (hedonic well-being from services) (Fisk et al., 2018, 844).

The paper reviews various understandings and levels of analysis concerning the vulnerability construct and consumer vulnerability to build a basis for the analysis of customer vulnerabilities in the nursing home context. It distinguishes especially between universal human vulnerability, context-based experiences of vulnerability, condition-based experiences of vulnerability and experiences of secondary vulnerability. In addition, it points out how the statements on the intertwined nature of vulnerability and dependency (Mackenzie et al., 2014) support the concept of secondary vulnerability. It also reviews the recent service research literature on those conceptualisations that can be considered parallel with the secondary customer discussion and delineates how these definitions (e.g. associate vulnerable consumer, non-referent beneficiary and transformative service mediator) are similar or different from the secondary customer concept. The use of the term secondary customer is explained as justified because it emphasises the customer status of the family members, acknowledging their needs as service recipients and thereby promoting their inclusion in the services and in the service design. The nursing home as a service and research context is justified by indicating the gaps in the research concerning family members' positions and needs in long-term care environments. Their inclusion in the

nursing homes and involvement in care are known to be influential regarding the primary customers' well-being, but challenges are common and the subject is understudied.

The study reports its findings on the empirical data collected at the Pearl and Diamond nursing homes. The data consists of altogether sixty-eight interviews with elderly residents (primary customers), their family members (secondary customers) and nurses. In addition, we used ethnographic observations as a method to be able to understand the research context profoundly by gaining knowledge on the "lived experiences" of the routines, interactions, cultures and values of the nursing homes. The details on the data collection and ethical procedures are described in more detail in the article and in sections 2.4 and 2.6 of this thesis, respectively.

The data analysis generated a detailed understanding of the primary and secondary customers' needs and their interrelated nature. The data revealed four dimensions of family members' and residents' needs, and their relationship: there are separate, congruent, intertwined and discrepant needs. *Separate needs* mean that family members' and residents' needs are individual and different from each other. *Congruent needs* refer to a family member having a need of his/her own that is similar to the resident's need. *Intertwined needs* are such that satisfying residents' needs also satisfies family members' needs (and vice versa) and/or generates well-being. Finally, *discrepant needs* take place when the family members' self- or other-related needs contradict the residents' self-related needs. The results also indicated that the customers' experiences of vulnerability fluctuate in intensity and over time, individually reflecting on these need dimensions. For instance, experiences of strong secondary vulnerability may require considerable emotional support from the service provider at the beginning of the adjustment phase, but the increased well-being of the primary customer may alleviate the secondary customer's concerns and experiences of personal vulnerability.

The theoretical contributions of the study include a novel understanding of the relational needs of primary and secondary customers, especially in vulnerable service contexts, thus addressing the TSR's goals to understand consumers with vulnerabilities in service settings (e.g. Rosenbaum et al., 2017) and responding to the call to study vulnerability as a layered construct (Luna, 2009; 2019; Pavia & Mason, 2014). However, this classification can basically be transferred to any other service context where customer entities entail more than one individual. Thereby, the study supports the adoption of the extended view of a consumer/customer (e.g. Fletcher-Brown et al., 2020; Article I) and the relational perspective on customer entities and value/well-being formation within them (Kelleher et al., 2020), but focuses strongly on customer *needs* (including the latent ones) and their connection to well-being.

Another theoretical contribution is the above-mentioned notion of vulnerability as an experience that can vary individually in intensity and over time. This confirms the view that conceives of vulnerability as relative and gradating (e.g. Baker et al., 2005),

and this has implications especially in service settings designed for vulnerable consumers/customers because it implies that services can influence, at least to a certain degree, the customers' experience of vulnerability. These influences can have a long-term effect on customers' well-being, even after the service consumption is ended. (This point is addressed in more detail in Article IV, where spillover effects for secondary customers are discussed.) From a theoretical perspective, the distinction between different kinds of service settings for vulnerable consumers is also essential. The customer's needs and vulnerabilities are under-researched, especially in contexts where the situation leading to vulnerability cannot be remediated and where vulnerability results from *complex, dynamic* and *unresolvable* elements (Pavia & Mason, 2014). This may refer to individuals with developmental disorders or patients in palliative or end-of-life care, or to residents with memory disorders in nursing homes. Further research on vulnerable consumers/customers could aim to define and classify differences in the service environment and service design requirements, depending on whether the consumption of the service is of a hedonic, utilitarian or unavoidable nature. This suggestion was not mentioned in the article, but it seems to be an essential point to add to future research suggestions.

Furthermore, the article presents a theoretical contribution by conceptualising the relational effects of service inclusion, suggesting that inclusion for both primary and secondary customers should be considered. The article concludes, on the basis of the findings, that the relational effects of service inclusion can appear in the form of *supportive co-inclusion* (inclusion for both primary and secondary customer, is fostered), *counter-effective inclusion* (inclusion of one causes exclusion of the other, or vice versa), or *disruptive co-exclusion* (exclusion of one causes exclusion of the other, and thus, inclusion for neither the primary nor secondary customer is successful). The article suggests that, due to these various outcome possibilities, there is a need to aim at *balanced inclusion* for primary and secondary customers since the inclusion or exclusion outcomes can alleviate or exacerbate the customers' experiences of vulnerability and thereby influence the well-being outcomes resulting from the service. In addition, the article argues that the inclusion of secondary customers is essential, because it may often be a prerequisite for succeeding at the complete service inclusion of primary customers.

Regarding the managerial implications, the article concludes that the findings essentially speak in favour of family members' service inclusion because their secondary vulnerability and needs require special attention from the service provider, in addition to acknowledging the primary customers' needs. Understanding customers' latent needs is underscored. The article also highlights how, due to the primary customers' condition-based experiences of vulnerability, they need to be protected in case such discrepant needs arise whereby a secondary customer's wishes or demands regarding the primary customer's care do not serve the primary customer's best interests. In these cases, *moderation* may be needed from the service

provider, and the secondary customer's requirements need to be considered as secondary, literally, if they are potentially harmful for the primary customer's well-being.

The article does not directly translate the findings into customer touchpoint thinking, but the findings can be summarised as follows: a positive customer experience that generates well-being outcomes results from an experience that is equivalent to a "good home". It can be considered as a place where you are always welcome, you feel safe, things are communicated openly and informally, the others are interested in you and your well-being, trust and close co-operative relationships form between members of the community, and conflicts and differing interests are resolved via discussions and by trying to find constructive solutions. Thus, with this kind of service, it is not necessarily about certain touchpoints, but is more about the overall atmosphere and attitude that forms the customer experience. However, certain moments (equivalent to the touchpoint construct) do carry special weight in creating trust and well-being: arriving at the service setting for the first time, how the staff receive visitors, an unhurried feeling during encounters, being seen and heard and a proactive approach by the staff so that family members get information even without asking for it.

5.4 Article IV: Inductive analysis of core value trade-offs and spillovers in servicescapes for vulnerable customers

Article IV, co-authored with Dr. Birgitta Sandberg, Dr. Leila Hurmerinta and Dr. Mira Menzfeld, studies customer needs from the viewpoint of *core values* that create and influence many human needs. The article specifically discusses the core values of autonomy and security, and explores the tensions caused by them in servicescapes for vulnerable customers. TSR considers security as especially important for vulnerable consumers, but the impact of increased security on well-being can be ambiguous if it simultaneously compromises autonomy. Thus, tensions between these core values are not uncommon, especially in vulnerable service contexts. It is also known that these tensions create trade-offs between core values, which, furthermore, create unintended consequences (either positive or negative) for the customers themselves or for other stakeholders (e.g. Anderson et al., 2013; Rosenbaum et al., 2011). However, empirical research on this theme is lacking. There is also a shortage of research on how core value trade-offs arise in servicescapes, and how individuals within servicescapes cope with these trade-offs and spillovers caused by them. Thus, the purpose of the study was to analyse how core value trade-offs and spillovers occur within servicescapes and how vulnerable stakeholders cope with them.

The nursing home was a natural research context for this research because it is a servicescape where the trade-off between the core values of autonomy and security is

faced on a daily basis due to residents' vulnerabilities and dependency on others. Autonomy in this environment, as well as in other care-related environments, is compromised "automatically" because of the nature of the service: These services are often considered as negative services (e.g. Miller et al., 2009) where reluctant customers (McColl-Kennedy et al., 2015) enter because the service is necessary for them. Due to the multidimensional nature of the topic and the multi-stakeholder context, we adopted a qualitative research approach to take these complexities into account. We conducted field research in two Finnish private-sector nursing homes, labelled with the pseudonyms Pearl and Diamond in our research. The details of the data collection and analysis are presented in Article IV, but to summarise, we included a total of sixty-four[8] interviews with elderly residents, their family members and nurses in our analysis, from 2014 (at Pearl) and 2018 (at Diamond). In addition, we employed ethnographic observations as a method to gain a deep understanding of the research context by gaining knowledge of the "lived experiences" in the nursing home environments.

The findings show how the core values, and the tensions and trade-offs related to them, manifest in different dimensions of the servicescape: in the physical, social, socially-symbolic and natural dimensions (see Rosenbaum & Massiah, 2011). These are explained in more detail in the article, but an essential issue to mention is that the practical arrangements and the way in which nurses acted had an essential influence on how intensely the tension and trade-offs between core values were experienced in the different dimensions of the servicescape. Interestingly, the findings showed how the residents' trade-offs between security and autonomy created both positive and negative spillovers for the other stakeholders (i.e. family members and other customers). This was the case both when the trade-off resulted in an increase or decrease in autonomy or in an increase or decrease in security. For instance, family members regained some autonomy when the security of the residents was guaranteed after entering the nursing home and day-long care was no longer required from the family member (even though this life change was emotionally challenging for both). However, the resident's increased security also caused negative spillovers as it restricted the way in which family members were able to visit the nursing home (locked doors) or the way in which the other residents without memory disorders were restricted in their freedom to move around (with the same measures in place as for those with memory disorders).

A relevant issue with regards to customer well-being is how they faced the trade-offs and how the customers coped with them. We identified both non-defensive

[8] The four interviews from Unit 2 of Diamond nursing home were not included in Article IV because the low number of interviews and not having any resident interviews in this unit did not allow for a thorough analysis regarding the servicescape-related experiences of customers regarding this unit.

coping mechanisms (giving up and giving in) and defensive coping mechanisms (e.g. transcendence, rebelling and the creation of new structures) (Hill & Sharma, 2020) among the residents and family members. In addition, there were coping mechanisms with a forward-time orientation; we identified preventive, anticipatory and proactive coping mechanisms.

The article provides theoretical contributions to the servicescape literature, to multi-stakeholder research and to the discussion on consumer vulnerability. This is done, respectively, by highlighting the appearance of core values in different servicescape dimensions, by analysing how trade-offs and spillovers generate unintended consequences for several stakeholders, and by studying vulnerability and coping mechanisms in the extended customer entity (comprising primary and secondary customers). We argue that several core values connect to an individual's holistic well-being, and therefore servicescape dimensions should acknowledge not only security (and autonomy) but also other core values, such as dignity. However, we also call for a context-sensitive analysis of the core value trade-offs since the service context defines which core values need to be prioritised in order to avoid (negative) unintended consequences. That is, in care services, different core values are emphasised than in recreational services.

With regards to the multi-stakeholder perspective on TSR and servicescapes, our findings show how the core value trade-offs create a ripple effect and spillovers (cf. Finsterwalder & Kuppelwieser, 2020) within customer entities, and we highlight the service provider's role in balancing the core value conflicts that may also occur between primary and secondary customers. The inclusion of secondary customers in the study, along with the primary customers, contributes to multi-stakeholder research by making visible the complex relationship between the core value-related needs of primary and secondary customers.

Vulnerability often accentuates the perceptions of the close others' needs, which may bias assessments. This highlights the importance of open and regular communication between customers and service providers. This also strongly advocates for the adoption of the extended customer entity perspective; the secondary vulnerability within the customer entity can amplify the positive and negative spillover effects and can considerably influence well-being outcomes for secondary customers, positively or negatively. This is why we argue that both primary and secondary customers' vulnerabilities need to be taken into account in TSR as well as in concrete arrangements for transformative services and servicescapes. Our findings on vulnerable customers' use of active coping mechanisms suggest that even the most vulnerable customers need to be considered as agentic and that their autonomy (if not real autonomy, then at least perceived autonomy) should be supported as much as possible.

In terms of practical solutions and implications, these suggestions mean that it is important to take into account the customers' core value trade-offs and spillovers in

all servicescape dimensions. For instance, residents who do not have a memory disorder but who live in the same nursing home as residents who have memory disorders can benefit from having their own section in the building with less restrictive safety arrangements in terms of autonomy to move around more freely within the accommodation facilities and outside. There is also a need to develop the servicescape to respond to the secondarily vulnerable customers' needs, even over time, because secondary customers' vulnerability may extend beyond the existence of the primary customer. The findings indicated that it was easier for the secondary customers to come to terms with the evident loss of their loved one (the primary customer) if his/her care was well arranged and his/her vulnerabilities were given due consideration by the service provider. This has an evident impact on the well-being outcomes for the secondary customers.

The further research suggestions concern an exploration of core values and their relationships beyond the autonomy–security dichotomy, such as benevolence, tradition and self-direction. The research could extend to other countries and cultures where the relationship between autonomy and well-being may be less evident than in the Finnish culture. Also, the customer's background and servicescape dimensions could be further explored in this context to find possible novel perspectives on them and their influence. While this study concentrates more on the meso-level servicescape, we suggest further research on the micro-level customer journey and, on the other hand, on the macro level of the wider service ecosystem. An exploration of individual customer journeys over time is expected to give insights for service management and development through an improved understanding of the connection between the servicescape's support for the core values of primary and secondary customers and their well-being. This is partly studied in Article III, where both primary and secondary customers' needs are explored in relation to each other and the experiences are also considered with regards to the service encounters along the customer journey.

6 Conclusions

6.1 Theoretical contributions

The aim of this study was to analyse extended vulnerability in customer entities by applying a multi-actor perspective to secondary customers' needs and experiences. The previous research acknowledges that there is a connection between these constructs and well-being outcomes of services, but studies devoted to secondary customers' (family members') viewpoints or needs were largely missing. This dissertation does not focus so much on the perspective that considers the visibility/invisibility of individuals in a customer unit to service providers (e.g. Arantola-Hattab, 2013; 2015; Voima et al., 2011), although considers it important and closely related to this study, but instead emphasises the potential customer vulnerability of each individual in a customer unit. This basic assumption has directed the path of this study. The theoretical contributions that have resulted from this thinking and from the multidimensional data set of the study are presented next in **Table 6** and further clarified after the table.

Table 6. Main contributions of the study.

Area of contribution	Theoretical contribution
Consumer/customer vulnerability	Extended perspective on customer vulnerability: problematisation of the assumption that consumer/customer vulnerability only concerns the core (primary) customer. (Article I)
Service inclusion	Service inclusion/exclusion of primary and secondary customers generates co-effects (supportive co-inclusion or disruptive co-exclusion) and counter-effects (inclusion of one results in exclusion of the other, or vice versa). Thus, balanced inclusion is needed. (Article III)
Secondary customers in relation to service process and design	Secondary customers should not be seen as outsiders but instead as an integral part of the service process, yet recognising and addressing their differing needs in the service design. (Article I)
Secondary customers and emotions	Emotions (other-related and self-related), together with secondary vulnerability, function as mediators in determining the other-related needs and behaviour of secondary customers.
Unintended consequences from services	The customers' differing and contradicting needs together with the servicescapes' influences on customers may cause unintended consequences. (Article IV) Core value trade-offs experienced by one customer create a ripple effect and spillovers in others, with positive/negative well-being outcomes. (Article IV)
Vulnerability in relation to the service context	Context-specific factors, such as the terminal, permanent, holistic and personal nature of the service, may increase the experiences of vulnerability for both primary and secondary customers (Article III). In this context, the customer journey can be considered as *the final customer journey*, and from a customer entity perspective, as *the last customer journey together*.
The substance of vulnerability	Problematisation of the root assumption of (customer) vulnerability as a liability.

Table 6 summarises the contributions of the study in relation to the areas of contribution. The exact contributions are explained in detail in what follows. *First*, the study problematises the assumptions that consumer vulnerability or customer vulnerability only concern the core customer. It conceptualises primary and secondary customers in a manner that accounts for the secondary vulnerability of individuals (Pavia & Mason, 2014) and suggests that secondary customers should also be considered as insiders of the service process (Article I). Typically, marginalised groups or people with disabilities are considered as vulnerable consumers based on some state- or condition-based factors. The conceptualisation of this study concerning primary and secondary customers also takes into account our universal human vulnerability and the contextual vulnerability that may extend the vulnerability from the primary customer to the secondary customer.

Second, by suggesting an extended perspective on customer vulnerability, the study also addresses the scope of the discussion on vulnerable consumers' service inclusion, which is considered as a central goal in current TSR (e.g. Fisk et al., 2018).

This study expands the scope of this endeavour by suggesting that secondary customers may also experience vulnerability and have specific needs towards the service intended for their close other (cf. Pavia & Mason, 2014). Their changing roles need attention when the service provider becomes involved in their life, forming a primary customer–secondary customer–service provider triad. Therefore, service inclusion is also advocated for secondary customers in order to foster the acknowledgement of their needs. This is why the primary and secondary customers' needs were studied in relation to each other (Article III).

Thus, *third*, the study posits, based on the findings presented in Article III, that there are four different relational need dimensions in a customer unit: separate, congruent, intertwined and discrepant. The complexity of these interrelations between the needs in a customer unit speaks in favour of recognising secondary customers and their distinct needs as part of the service design and process, as also suggested in Article I. This is in line with Anderson et al. (2018, 110), who argue that "it is time to move services from being 'transformative by nature' to 'transformative by design'". Further, it emphasises the importance of understanding how a customer's self-related and other-related needs may be discrepant with each other and how a primary customer's self-related needs may be in contradiction with the secondary customer's other-related needs (concerning this particular primary customer). For instance, a nursing home resident may desire tranquillity, but the family member may ask the service provider to engage him/her in various activities. This may result in complex and sometimes contradictory wishes and expectations towards the service provider, especially when there are multiple individuals in a customer unit who are actively involved with the service-related arrangements. Therefore, Article III concludes that due to the co-effects and counter-effects resulting from primary and secondary customers' service inclusion, there is a need to aim at balanced inclusion in order to alleviate experiences of vulnerability and to achieve positive well-being outcomes for both primary and secondary customers. These insights contribute both to service inclusion theory within TSR (Fisk et al., 2018) and to the customer experience literature (e.g. De Keyser, Verleye, Lemon, Keiningham, & Klaus, 2020; Lemon & Verhoef, 2016; Lipkin, 2016; McColl-Kennedy et al., 2015) by showing how the customer experience can be influenced by the relational needs and expectations within customer units.

Moreover, self- and other-related emotions influence customer needs and experiences; guilty feelings of a family member may result in overly protective or active behaviour regarding the service arrangements (such as primary customer's care). Or, the contentment of the primary customer may generate joy and contentment, and thereby well-being in the secondary customer and increase trust towards the service provider. This phenomenon of interwoven emotions, needs and well-being was visible in the empirical data and has also received support in some

previous studies (e.g. Caldwell et al., 2014; Moon, Dilworth-Anderson, & Gräske, 2017) as well as in recent studies (e.g. Bianchi, 2021; Kelleher et al., 2020). Theoretically, this indicates that emotions (other-related and self-related), together with secondary vulnerability, function as mediators in determining the other-related needs and behaviour of the secondary customer. The exact relationship between distinct emotions, customer needs and well-being outcomes, however, would require further research. This would be especially interesting in a cross-cultural context since the norms for experiencing emotions differ depending on the culture (Eid & Diener, 2001).

Fourth, the customers' differing and contradictory needs, together with the servicescapes' influence on customers may cause unintended consequences. Our study (Article IV) conceptualises them as spillovers that act as ripple effects. As Article IV presents, the primary customers may experience trade-offs between core values, such as autonomy and security, especially in servicescapes that aim to maximise customer security and consequently end up limiting customers' autonomy. The empirical study showed how these core value trade-offs caused spillovers for the primary customers themselves and for secondary customers and also for other primary customers (not belonging to the same family/customer unit). These spillovers, regarded as unintended consequences of the service, can be both positive and negative in nature and can have an influence on well-being outcomes. This contribution at least partly answers Wünderlich et al.'s (2020) question regarding how customer vulnerability affects third parties.

Fifth, as the intensity of secondary vulnerability varies and is often accentuated when the primary customer's vulnerability is a result of a situation that is complex, dynamic and unresolvable (Pavia & Mason, 2014), there are certain service contexts where secondary vulnerability is arguably more intense than in others. Context-specific factors, such as the terminal, permanent, holistic and personal nature of the service (Article III), may increase the experiences of vulnerability for both primary and secondary customers. This kind of context (e.g. a nursing home or other end-of-life care setting) can be conceptualised as *the final customer journey*. The valence and intensity of emotions, needs and experiences is completely different on this kind of customer journey than on a hedonic customer journey. Yet, it is essential that hedonic elements are not excluded from these unavoidable services, since they may have special relevance especially in these services (Sudbury-Riley, Hunter-Jones, Al-Abdin, Lewin, & Spence, 2020c). Thus, further conceptualisation and typology development may be beneficial for customer journey theorisation, adding to the work of Sudbury-Riley, Hunter-Jones and Al-Abdin (2020a), who introduce the *trajectory touchpoint technique (TTT)* for capturing service experiences in hospice care. Part of the final customer journey's relevance arises from the intertwined needs and well-being in a customer unit; it is also the primary and secondary customer's *last*

customer journey together, and the quality of the experience may have a temporally extended influence as it can both positively and negatively impact the secondary customer's well-being over time, even long after the primary customer no longer exists. This implies that there can also be far-reaching consequences for the secondary customers' wider consumer journey (of taking care of one's (other) family members).

Sixth, although the study found that vulnerabilities have many well-being-related outcomes that are not positive, the thesis problematises the root assumption (Davis, 1971) that considers customer vulnerability as a liability and as a condition with only a negative connotation. Vulnerability can cause much harm due to a lack of agency or a lack of access to resources, or mental distress, but it is not *always only* harmful. Hence, the study suggests, on the basis of the empirical data, that, in addition to vulnerability causing harm for vulnerable customers and their close others, it can also be seen as a resource. For instance, if a service environment can provide contentment and enhanced well-being for the vulnerable primary customer, this may change the interaction between the family members in a customer unit and may provide a stable life condition during which the maintenance of positive relationships is enabled, and even complex relationships may gain a chance to be repaired. This perspective is supported by Honkasalo (2018) and Sarvimäki and Stenbock-Hult (2016), who bring forth the positive sides of vulnerability: openness towards the world and the ability to become animated and affected. These abilities can be considered especially important on the final customer journey from the perspective of primary and secondary customers alike. Thus, in order to realise the full transformational potential of a service and to convert it to well-being outcomes, the vulnerabilities should be considered not only as factors that cause dependency and limited agency (cf. Johns & Davey, 2019) but also as possibilities for intensifying the relationships within a customer unit and even creating new, meaningful relationships with the nurses or other customers (or other members of the service community).

Table 7 below builds on the main theoretical contributions of the study and introduces the insights generated by this study, as compared to the extant literature within the four research streams that cross at the intersection of this study (as presented earlier in **Figure 3**).

Table 7. New insights into the customer experience of vulnerable consumers/customers.

Theoretical perspective	**Extant literature**	**Insights from this study**
TSR	● Highlights the well-being outcomes of services for individual and collective customer entities and places emphasis on studying consumer vulnerability (e.g. Anderson et al., 2013; Rosenbaum et al., 2017). ● Service inclusion theory (Fisk et al., 2018, 835; Fisk et al., 2020) promotes an egalitarian system that provides customers […] with fair access to a service, fair treatment during a service and a fair opportunity to exit a service.	● Experiences of vulnerability can concern all members of a customer entity. They can stem from universal human vulnerability or appear as condition-based or context-based experiences of vulnerability. Experiences of secondary customers' (secondary) vulnerability are especially emphasised since the earlier literature rarely and unsystematically accounts for family members' experiences of vulnerability. ● Service inclusion needs to be fostered both for primary and secondary customers, and balanced, in order to achieve positive well-being outcomes for both.
Customer experience	● Customer experience is a holistic phenomenon, encompassing the customers' cognitive, affective, social and physical responses to the service provider (Verhoef et al., 2009). ● Customer experience encompasses all touchpoints between the customer and the service provider, before, during and after consumption and/or a service encounter (Bolton et al., 2014; Shaw, 2007) and is circular in nature (Helkkula & Kelleher, 2010).	● Customers' core values, self- and other-related emotions and relational needs, (occurring in a customer unit) essentially influence the customer experience. ● *Multi-actor customer journey mapping* is suggested to also unveil family members' distinct customer experiences and the resulting well-being outcomes. ● Conceptualisation of the *final customer journey* and primary and secondary customers' *last customer journey together*, when the service context is of a terminal nature.
Multi-actor/ multi-stakeholder approach	● Previous literature on primary and secondary customers sees secondary customers as outsiders of the process, although it is recognised that they may be influenced by the service (e.g. Westcott, 2005). ● Customer ecosystem and customer experience literatures emphasise the importance of understanding the customers' lifeworld contexts (Heinonen & Strandvik, 2020; Helkkula et al., 2012).	● Conceptualisation of primary and secondary customers, with both as insiders of the service processes. ● Lifeworld contexts give birth to consumers'/customers' experiences of primary and secondary vulnerability. Service contexts may accentuate or alleviate these experiences. Service inclusion procedures are essential in determining these outcomes and *balanced inclusion* is suggested in order to foster positive well-being outcomes.
Consumer/ customer vulnerability	● A state of powerlessness (from an imbalance in marketplace interactions) (Baker et al., 2005) or a lack of access to and control over resources, that inhibits one's abilities to function in the marketplace (Hill and Sharma, 2020).	● Consumer/customer vulnerability is not necessarily based on powerlessness or a lack of access to resources. It can also stem from universal human vulnerability or secondary vulnerability, referring to experiences of vulnerability that stem from relationships with other people (in line with Pavia & Mason, 2014). Essentially, these vulnerabilities translate into consumer/customer needs on the part of the secondary customers.

As **Table 7** indicates, the study contributes to four streams of literature by providing insights into the customer experience of vulnerable consumers and vulnerable customers. The contributions relate to the TSR paradigm, to theoretical perspectives on customer experience and to adopting the multi-actor/multi-stakeholder approach and scrutinising consumer/customer vulnerability. These contributions have several implications for practice in the form of managerial and societal implications. They will be discussed next.

6.2 Practical implications

6.2.1 Managerial implications

The findings of the study generated several theoretical contributions. Many of them translate into managerial implications by suggesting certain measures for service providers to improve services or to emphasise such procedures that are vital for customers' well-being outcomes. The managerial implications of the study can be expressed in a summarised form as follows: the extended view on customer vulnerability, suggested by the study, brings forth the importance of also seeing family members as customers (as secondary customers) (Article I), whose service inclusion needs to be fostered (Article III), and whose needs and experiences that are relational to the primary customer's needs and experiences, but also distinct from them, should be taken into account and met by the service provider (Article III) since they have well-being outcomes for both primary and secondary customers (Articles II, III and IV). Next, these points and further implications will be discussed in more detail.

It is important that, especially regarding vulnerable customers, service providers understand that a customer is usually more than one person who is visible to the service provider, and a customer's vulnerability as well as the service may have an impact on the entire customer unit. Typically, the unit consists of one or more family members but may sometimes also encompass friends or other people who are close to the primary customer. The benefit of considering the closely involved family members as customers is that the customer status implies that their needs and experiences will also be systematically considered as part of the service design and service process. In many vulnerable service contexts, family members' needs are already clearly taken into account, intuitively or by design, but as Koivula (2013) mentions, even excellent local practices do not realise their full potential if they remain local. Therefore, managerial suggestions based on theory development are needed. This is why the conceptualisation of primary and secondary customers can assist service providers in concretely acknowledging the existence and needs of the close others who are associated with the primary customer. Furthermore, this

promotes service inclusion on two different levels: ensuring the inclusion of primary *and* secondary customers, of which the latter is still a scarcely addressed theme in the service inclusion discussion. One essential perspective is that sometimes the roles in a customer unit are undertaken in such an order that a minor can be the secondary customer (for instance, in cases where the parent suffers from a physical or mental illness). There is a risk that some individuals in a customer unit will remain invisible to the service provider, even though they are in need of support, especially if they lack agency to voice their needs (e.g. Johns & Davey, 2019; Sellman, 2005).

In practice, this means that there is also a need to carry out customer journey mapping for the secondary customers. This would answer the call from Rosenbaum et al. (2020, 434) to update the service theory related to customer journey mapping (see section 1.1), and the suggestion by Tueanrat, Papagiannidis and Alamanos (2021) to include customer journey mapping of third parties in the future research agenda. This could be labelled as *multi-actor customer journey mapping,* as suggested in **Table 7**. As a method, it could reveal the relational, sometimes latent and also possibly discrepant needs and experiences of primary and secondary customers. It could, for instance, employ the trajectory touchpoint technique (TTT) that utilises visual tools and enables “a “deep dive” into the experiences of service users without being overbearing or intrusive” (Sudbury-Riley, Hunter-Jones, Al-Abdin, Lewin, & Naraine, 2020b, 244).

Further, customer relations management (CRM) systems also need to be developed to support data gathering on secondary customers’ needs and wishes related to the primary customer and to themselves (based on the study’s findings concerning the relational, self- and other-related needs in a customer unit). It is essential that some of the discussed needs are latent, meaning that an individual does not consciously recognise the need him-/herself. This is where the service providers’ professional skills can be helpful; they can assist in identifying and in meeting latent customer needs based on their previous experience.

From a service provider’s viewpoint, the consideration of both primary and secondary customers’ needs sometimes requires careful balancing, even acting as a moderator between the individuals within a customer unit, especially if discrepant needs arise. In these cases, the essential guideline would be to guard the best interests of the more vulnerable individual, which, of course, is not always very clear. In addition, customers may experience core value trade-offs in servicescapes (Article IV) if two core values exist in tension, which also requires a balancing act on the part of the service provider. Balancing may be alleviated by considering that the perceived or experienced realisation of a core value is also valuable. For instance, providing a sense of autonomy is important even if actual autonomy cannot be allowed. In any case, the service provider should be aware of such core values that are central for the customers in the specific service context and that are possibly

compromised due to the characteristics of the servicescape. This is important due to the well-being-related impacts of these trade-offs and due to the spillovers caused by them to the secondary customers and other customers, thus multiplying the volume of the outcomes.

One essential aspect also relates to how customers cope with these spillovers. The study detected reactive as well as active coping mechanisms, which highlights the importance of also seeing vulnerable customers as active agentic actors, and not only as passive recipients of a service, even though they may have considerable cognitive deficits or deficits in terms of other capacities. Therefore, co-operation between the service provider and customer is important, and it is beneficial to extend it to also include secondary customers. Several studies imply that recognising family members as partners in care and acknowledging their caregiving role would facilitate all parties' well-being. Collaboration and mutual relationships between families and staff can result in mutual benefits for residents (supporting their personal continuity with past life roles), for staff, who benefit from the knowledge of family members (Gaugler et al., 2001; Marquis et al., 2004), and for family members, for whom it is important to remain involved in their loved one's life (Fink & Picot, 1995; Johansson et al., 2014; Kellett, 1999; Kelley et al., 1999; Nolan & Dellasega, 1999). Service providers can benefit from co-operating with the secondary customer, especially if the primary customer lacks the ability to voice his/her needs and opinions (e.g. patients with severe dementia) (cf. Johns & Davey, 2019). In these cases, secondary customers can provide valuable information regarding the primary customer's personality, life history and preferences (Helgesen et al., 2015).

This co-operation is important for service providers to also be able to take into account the influence of cultural differences on needs (cf. Goodwin, 2020, 47). Especially in healthcare or nursing settings, the lack of access to the service or to adequate information within the service may cause a deficit of agency and experiences of vulnerability, and multicultural environments with language barriers or possible cultural differences between the customer and service provider may accentuate these experiences. Article I addressed this issue by highlighting cultural understanding as one of the most important needs that the literature review on family members' needs in healthcare revealed. This is a vital point to consider when designing healthcare or nursing services either in a multicultural environment that serves customers from many different cultural backgrounds or in a service environment where the staff may come from various cultural backgrounds. When considered from a wider perspective, a cultural influence can be interpreted as an impact from the national culture, community culture or family culture, which means that each customer unit basically has its own internal culture. Therefore, as it is practically impossible to gain detailed pre-knowledge and a pre-understanding of all the different cultures (encompassing family cultures), a more practical tool to deploy

to determine relevant cultural factors would be a customer-specific interview, which could, for instance, follow the principle of the Cultural Formulation Interview (CFI). This interview form was developed by the American Psychiatric Association with the purpose of enabling discussions that remain open to the patient's own thoughts and culture-bound perspectives (Lewis-Fernández, Aggarwal, Hinton, Hinton, & Kirmayer, 2016). In this way, the culture-related factors gain relevance when the patient gives them some weight. The key idea is to ensure that the service provider does not direct the discussion on the basis of (biased) pre-assumptions.

Based on this thinking, this study suggests, as a concrete managerial implication, a semi-structured themed interview form (**Figure 9**) to be utilised with primary and secondary customers in different phases of the customer journey. The themes suggested on the interview form are based on the literature and on the findings from this study, but the questions are not exhaustive, and they can be completed and tailored to adjust to the service context. They can be applied to a narrow or broad extent, depending on the make-up of the customer unit. Using this kind of a tool in gaining customer-specific knowledge (especially in long-term service contexts) can arguably support person-centred care (PCC), which, according to the current literature, also encompasses families and those caregivers who are involved – in addition to the patient with the illness or the primary customer with a condition requiring nursing (Santana et al., 2018). The term interview does not necessarily mean a formal interview but rather, the form brings forth themes that can be discussed with customers and issues some of which can also be detected by observing the customers.

THEMES TO BE ADDRESSED		STAGE OF SERVICE ENTRY: PRE-ENTRY Primary/focal customer	PRE-ENTRY Secondary customer(s)	ENTRY Primary/focal customer	ENTRY Secondary customer(s)	POST-ENTRY Primary/focal customer	POST-ENTRY Secondary customer(s)
SOCIAL ROLES AND SOCIAL BONDS		• Who is the customer? • What is his/her personality like? • What is his/her life span like? • Who are the important close others for him/her? • Who belongs to his/her support system?	• What is the relation to the primary customer (relative, friend, peer…)? • What is the relationship like? ≈ CURRENT ROLE • What are his/her life conditions and other social bonds & roles (family, work, other…)?	• What are the important connections/bonds to maintain? • Whose visits are desired? • Willingness to create new bonds with the other customers and staff?	• What are the desired ways to maintain the relationship to the primary/focal customer (visits, going out together, attending activities together …)? • Relations/bonds est-ablished with the staff and other customers?	• Have the old social bonds and roles been maintained? If not, why? • Have new bonds been created? o With whom? o How does he/she feel about them?	• Has the relationship to the primary/focal customer remained the same or changed? Why? • Has the entry affected other relationships and social bonds in his/her life? How?
EMOTIONS	Integral	• What does he/she think about the forthcoming entry? • What kinds of emotions does the entry arouse? Why?	• What does he/she think about the situation (need for the service)? • What kinds of emotions does it arouse o positive/negative o self-related/ other-related?	• Questions or worries related to practical issues? • Thoughts regarding the service venue, staff and fellow customers? • What issues make content/discontent regarding the service?	• Questions or worries related to practical issues? • Thoughts regarding the service venue, staff and fellow customers? • What issues make content/discontent regarding the service?	• Questions or worries related to practical issues? • Thoughts regarding the service venue, staff and fellow customers? • What issues make content/discontent regarding the service?	• Questions or worries related to practical issues? • Thoughts regarding the service venue, staff and fellow customers? • What issues make content/discontent regarding the service?
	Incidental	• What does he/she generally like/dislike? • What does he/she enjoy, what brings joy? • What does he/she (possibly) fear? • Mood at the moment?	• Current life circumstances o the stressors o the empowering resources? → SUPPORT NEEDS? • Mood at the moment?	• What issues make the primary customer content/discontent at the moment (non-related to the service)? → SUPPORT NEEDS?	• What issues make the secondary customer content/discontent at the moment (non-related to the service)? → SUPPORT NEEDS?	• What issues make the primary customer content/discontent at the moment (non-related to the service)? → SUPPORT NEEDS?	• What issues make the secondary customer content/discontent at the moment (non-related to the service)? → SUPPORT NEEDS?
EXPECTATIONS & EXPERIENCES		• Assumptions and/or expectations related to the service? • Important wishes regarding the service?	• Wishes/ needs towards the service o regarding the primary/focal customer o regarding him-/herself? → DESIRED FUTURE ROLE in the care arrangements? • Any unclear issues regarding the service?	• Experiences related to the entry and current life conditions? Any surprises? • Expectations related to the service in the future?	• Any surprising experiences regarding the entry or service thus far? • Any changes in the thoughts regarding the current or future role as a (co-)caregiver?	• Any changes in the experience concerning the service since the entry? • Expectations related to the service from now on?	• Expectations related to the future care of the primary/focal customer? • Any changes in the thoughts regarding the current or future role as a (co-)caregiver? • Any support needs?

INTERTWINED CUSTOMER NEEDS AND CUSTOMER WELL-BEING

Figure 9. Interview themes to detect the individual and intertwined customer needs and to promote well-being in the entire customer unit.

The use of the interview form presented in **Figure 9** would also respond to the call by Wünderlich et al. (2020) that suggests that customers' vulnerability states or perceptions should be measured within the customer journey. They state that this monitoring should lead to evaluations of whether customers experience deficiencies in accessing or processing the resources. Related to vulnerability states and the consideration of their transformational potential, as discussed earlier in the theoretical contributions, service providers could evaluate what kind of customer vulnerability should be diminished (due to negative well-being outcomes) and, on the other hand, how the vulnerability states of customers could be taken into account to generate positive well-being outcomes based on them. For instance, supporting family activities and the continuation of relationships even in long-term care can provide substantial and long-lasting impacts for the members of the customer unit. Thus, it is important that service providers recognise how vulnerability can also be a resource and develop methods for turning it into transformational outcomes via service inclusion and service design.

6.2.2 Societal implications

A societal implication of the study arises from emphasising the well-being of secondary customers. Because family members are, to a great extent, influenced by the services directed at their close others, the well-being outcomes are multiplied. The actual and total consequences of this phenomenon may still not be recognised. If family members lack resilience and do not receive adequate support from their own network or from the service system, this may manifest as diminished well-being and a lesser ability to work, for instance, and may put more pressure on the general healthcare system in the long run. Therefore, a thorough cost–benefit analysis of the required support measures and their impact should be conducted. The support measures do not always need to be extensive long-term interventions for them to have great transformational capacity. Successful service inclusion and kind proactive attention from the service provider or offering a channel for receiving peer support may be very influential.

However, the findings of the study indicated that many family members already had the most intense need for support before the elderly relative moved to the nursing home. This means that the pre-experience support needs that occur during the wider consumer journey of taking care of one's family member(s) also need to be considered. Patient associations and peer support organisations already offer these services, but there may be a threshold for some people to be able to attend these activities (time constraints, their own activity being required and privacy issues were mentioned by the interviewees). Therefore, other systematic societal tools, such as care leave or partial care leave from work to caretake vulnerable family members

(also other than minors), are also needed, especially when the caretaker is a representative of the "sandwich generation". Furthermore, digital forms of support and peer support may be more suitable for some individuals rather than face-to-face encounters.

6.3 Evaluation of the study

What does a good study consist of? In terms of quality and methodological choices, this evaluation typically considers whether the research has been conducted in a rigorous, systematic and ethical manner, and whether the research has generated results that can be trusted and applied in practice (Merriam & Grenier, 2019, 23). It has been suggested that, within the interpretivist paradigm, the research should be validated and evaluated with a different set of criteria than the criteria that are commonly used to evaluate the reliability, validity and generalisability of positivist research (Lincoln & Guba, 1985, 294; Merriam & Grenier, 2019). Therefore, due to the social constructionist approach of this research, the trustworthiness and authenticity of the study will primarily be evaluated by employing the four criteria introduced by Lincoln and Guba (1985, 296–331): *credibility, transferability, dependability* and *conformability*.

Credibility, or "truth value", is equivalent to the concept of internal validity and refers to the question of how the findings and interpretations manage to represent the reality as constructed by the research participants. That is, do the reconstructions made by the researcher adequately represent the participants' multiple constructions of reality? (Lincoln & Guba, 1985, 296.) The validity/credibility of qualitative research can be enhanced with a number of measures. The measures used in this study will now be detailed in a point-by-point manner. First, *prolonged engagement* or *prolonged time in the field* (Lincoln & Guba, 1985, 301) enabled us to live and experience the studied service environment, its atmosphere, routines and ways of interaction. This enabled us to build a holistic understanding of the servicescape in which the research participants lived, visited and worked. Creswell and Miller (2000) argue that this solidifies evidence because the researcher can constantly check hunches and move between the data (e.g. interviews and observations) when forming interpretations. In addition, von Koskull (2020) argues that a prolonged time in the field and other ethnographic features of fieldwork, such as sensitivity to language and cultural codes, can enhance the rigour of service research. This was, indeed, considered essential, because without observing the cultures, atmosphere and informal codes of conduct at Pearl and Diamond, it would not have been possible to make valid rigorous interpretations of how the servicescape influenced customers and which details were important. Although the length and intensity of the observation period may not meet the standards of real ethnography where the

researcher is integrated into the community, the study can be considered as containing enough valuable ethnographic features to meet the needs of this research. Naturally, a longer and more intense stay in the field would probably have resulted in even more profound insights regarding the research context.

Second, *triangulation* was used from multiple viewpoints. Triangulation is "a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study" (Creswell & Miller, 2000, 126). In this study, triangulation was undertaken across methods, sources and investigators (Lincoln & Guba, 1985, 328). Triangulation across methods refers to using interviews, observations and literature reviews as sources of information. Triangulation across sources or research participants (Creswell & Miller, 2000, 126) meant the inclusion of the resident, family member and nurse perspectives in the data collection. The entire triad related to each resident was involved, if possible, in which case the interviewed nurse was the MyNurse of the participating resident. This method generated interesting and valuable findings, especially related to the points of information where participants' views were converging with each other on an individual level. Without participant triangulation, these viewpoints would not have been systematically collected and would have appeared only on a coincidental basis. In addition, analysing data from two different nursing homes reinforced how, independent of the organisation or servicescape, certain issues were recurring in both places to the degree that they could be considered as a phenomenon. Furthermore, triangulation across investigators took place as the data was interpreted and analysed by more than one researcher and the insights and interpretations were critically discussed and compared within the research group. This made many points of reflection explicit and enabled conscious consideration of the credibility of interpretations. Triangulation can be considered beneficial, especially for TSR, for which Azzari and Baker (2020) recommend the following measures that were employed in this study: seeking/using diverse types of data, analysing data in an iterative fashion and including/respecting multiple perspectives.

Third, *peer debriefing* (Creswell & Miller, 2000; Lincoln & Guba, 1985, 308) or peer review/examination (Merriam & Grenier, 2019, 26) was conducted "automatically" as a result of the journal publication processes where multiple blind reviewers and journal editors challenged the articles' argumentation and asked for more detailed accounts for issues such as interview themes, and in general, this enhanced the rigorous presentation of the research cases. Also, the above-mentioned critical evaluation of the data analysis within the research group can be considered as one form of peer examination, and it was conducted regularly.

Fourth, *archiving the data* was systematic and completed so that it was easy to go back to any data source afterwards. The codings in the NVivo software were

undertaken so that each member of a triad (resident, family member, MyNurse) was connected to each other on the basis of resident-specific codes. Fifth, *member checks* (Lincoln & Guba, 1985, 328; Merriam & Grenier, 2019, 26, 31) were not considered necessary to the extent that the interviewees would have been contacted again after the interviews, but they were completed in the sense that the interviewer (the researcher) sought validation for immediate interpretations during the course of the interview, especially if there was something that initially remained unclear to the interviewer. Furthermore, member checks with family members would not have been possible in many cases since some of the residents passed away and contacting the bereaving relatives would have brought about ethical challenges.

The next wider question of evaluation according to the criteria of Lincoln and Guba (1985) is the ***transferability*** of the research. It is equivalent to the external validity of research and refers to the possibility of evaluating if and how the research results can be applied in other contexts (Creswell & Miller, 2000). In order to enable the reader to decide on the applicability, it is essential to describe the research context as accurately as possible. Therefore, a *thick and rich description* (Lincoln & Guba, 1985, 316; Merriam & Grenier, 2019) was generated about the research setting, the participants and the studied themes, and this is included in the methodology sections of Article III and Article IV, in which the analysis was based on the empirical data. The research context is also described in section 2 of the thesis. Beyond these descriptions, the research context was "made alive" to outsiders, such as the readers of the articles, by enclosing tens of quotes from the interviews to support the analysis and by writing brief narratives to describe participants' relationships with each other and their customer experiences (Findings section in Article III).

The ***dependability*** criterion refers to reliability, and in qualitative inquiry, it concerns the issue of consistency. It can be pursued by using overlapping methods or by triangulating methods so that the data collected by different methods can confirm (or question) the interpretations gained by the other methods. (Lincoln & Guba, 1985, 298, 317.) Methods to ensure credibility also foster reliability, and additionally, a detailed description of the research process, the so-called *dependability audit* (Lincoln & Guba, 1985, 328) or *audit trail* (Creswell & Miller, 2000; Merriam & Grenier, 2019), is important in reliability evaluations. This process has been described in detail in section 2 and in Articles III and IV in order to make it possible to technically replicate the research process (although replication in social-constructionist research is never possible in the same sense as in positivist research).

The fourth criterion is ***confirmability***, which refers to the relationship between the data and interpretations in terms of how the data supports the findings and insights made by the researcher, the focus being on the data and its characteristics (Lincoln & Guba, 1985, 300). As interpretivist research is never objective but relies

on the researcher's interpretations, it is still relevant for a researcher to rely on the data as much as possible. The *confirmability audit* (Lincoln & Guba, 1985, 318) examines how accurate the data is and how the findings are supported by the data. In this study, the data description has been given a lot of space in the articles (sometimes even at the expense of cutting down on the details of the theoretical background due to the journals' word-count limitations). This rich description of the data aims to give other researchers a versatile picture and a detailed understanding of the research data.

Finally, *researcher reflexivity* is needed to ensure the trustworthiness of the research in relation to all of the above-mentioned criteria (Lincoln & Guba, 1985, 328); the researcher needs to be aware of her own values, beliefs and biases and should consider how they may influence the analysis (cf. Creswell & Miller, 2000). Flexibility and reflectivity are even thought to enhance the relevance of service research. Performing reflective analysis is important because it is not indifferent who the researcher is as a person, what values and cultural assumptions he/she represents, and who the research results are addressed to (who the audience is) (von Koskull, 2020). In this study, an obvious assumption and possible source of bias is the idea of the family as an important institution for everyone. This was, however, also critically analysed in the course of the research, as the data also indicated other kinds of manifestations of the importance of family, even the neglect of family members in some cases. Another assumption that has possibly directed the course of the research and data collection was the starting point for the entire research project, which approached family members as potentially vulnerable customers. It was also important to hold this assumption due to ethical research reasons, but when conducting critical self-evaluations, it may have caused some bias in the interviews through the assumption that the interviewees felt sensitive about their close other who was living in the nursing home. This may have affected the way in which the interviews were interpreted. On the other hand, as mentioned above, the data was collected, interpreted and analysed by more than one researcher, and the insights and interpretations were critically discussed and compared within the research group. This made many points of reflection explicit and enabled the conscious consideration of the credibility of interpretations.

6.4 Limitations and suggestions for future research

Multiple measures have been used to ensure the trustworthiness of this research, as described above. Yet, some limitations are inevitably present. For instance, in order to ensure ethically adequate precautions for protecting the informants' well-being, the interview questions did not contain questions that might have been overly sensitive or personal. Therefore, it was decided that no direct questions would be

asked about the attachment relations or emotions of the residents or family members. These issues came up in the interviews if the interviewees spoke about them without prompting – coincidentally – but a systematic inquiry on these subjects was intentionally avoided. However, many of the informants were very open about their family relations and thus several experiences and insights related to them were gained in the interviews. Furthermore, the nurse interviews complemented these themes in an important manner since it was possible to ask about their perceptions of residents' and family members' emotions. Because the emotions in question did not concern the nurses personally, the theme was therefore judged as not too sensitive for them. The nurses' perceptions validated many interpretations made during the customer interviews and additionally provided insights into how the issues were sometimes perceived differently between the staff and customers, and even within customer units.

However, further research is recommended to study how the service provider could more accurately recognise the individual and complex needs that are partly intertwined within a customer unit and how to detect the core reasons behind them (issues such as family systems, attachment and emotions), which is especially challenging in cross-cultural service environments. This warrants special attention in further research on vulnerable customers since the literature review in Article I indicated that the most recurring needs of secondary customers in care service contexts concerned psychosocial support, communication and information, and cultural sensitivity. Also, Wünderlich et al. (2020) call for further research on how cultural or geographical differences influence vulnerability perceptions. It can be considered as a limitation of this thesis that the cross-cultural service contexts and service encounters fell out of the scope of the empirical study.

Another limitation concerns the imbalance in the number and depth of interviews between different informant groups. Because most of the residents had more or less severe dementia-related conditions, there were many residents who could not be interviewed, even though their family members would have allowed it. Therefore, many of the triads defined by the data design (resident–family member–MyNurse) were incomplete. The memory disorders influenced the resident interviews so that answers were not obtained for all of the questions in each interview. Yet, a surprising amount of knowledge regarding the residents' needs and experiences was gained through their interviews, although many of the interviews were not very in-depth discussions. Moreover, it was important to gain an understanding of how those with memory disorders perceive nursing homes, nurses and daily life. For instance, by realising that a person who considers herself as a little girl although she is an octogenarian has different needs towards a service than another person of the same age that is aware of his/her own age. This may manifest especially in relation to the needs and experiences concerning autonomy–security; this person may primarily

seek security while another resident who considers him/herself as an adult may desire as much autonomy as possible. In further research, these individually differing pre-conditions should be thoroughly considered. In addition, it is essential to distinguish the nature of the service context when discussing vulnerable consumers/customers: Experiences of vulnerability arguably differ depending on whether the consumption of the service takes place for hedonic, utilitarian or unavoidable purposes, as scrutinised in section 5.3. Future research could study the differences in these experiences and their implications in terms of the service design requirements, possibly developing a typology to describe this phenomenon.

Article IV discussed the unintended consequences that services can have on primary customers and, via spillovers, also on secondary customers. Article III revealed how the needs of primary and secondary customers were sometimes discrepant with each other. Interestingly, benevolent other-related needs (secondary customers' needs concerning the primary customer) were also possibly in contradiction with the best interests of the primary customer (as judged by him-/herself or by the nurse). This finding suggests that in addition to *services* generating unintended consequences for customers, secondary *customers* may also cause unintended consequences for the primary customers through such wishes or demands towards the service or service provider that do not support the primary customer's well-being. This phenomenon deserves further research in order to elucidate the reasons behind it and also to create solutions that support the acknowledgement of and agreement on the primary customers' best interests. In sum, the outcomes of the secondary customer's other-related needs on the primary customer's well-being should be further studied.

Finally, the notion that should be given more consideration in future studies is the concept of customer vulnerability and its different layers. The findings indicated that vulnerability can also be a resource if it opens avenues up for more empathy towards customers or between customers. This, to some extent surprising outcome, was insinuated in the Prologue, referring to family members whose relationships had improved as a result of the other becoming more vulnerable due to the memory disease. How can servicescapes, then, support the adoption of vulnerability as a resource in practice? This requires further research, but especially in *unavoidable service contexts,* one thematic guideline for facilitating customer experiences with transformative, positive well-being outcomes may be the successful provision of a "feeling at home" experience. This could possibly be a holistic perspective for enabling customers to openly express their multi-layered experiences of vulnerability and for service providers to acknowledge these experiences. This may appear as a simple concept to suggest, but of course, it is a demanding concept to study and especially to fulfil in practice due to its nuanced and subjective dimensions. Yet, it warrants further research and consideration when designing

inclusive service systems (cf. Fisk et al., 2018), since at the nursing homes involved in this study, the family members of those residents who felt at home seemed to be most at ease. What is also possibly of interest is that it was a home-related question that triggered the intense reactions in the interview with the adult daughter (described in the Prologue), which highlighted how strongly we feel about home and about our close others having to leave their old home behind.

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Appendices

Appendix 1. Interview questions for the residents

[this Appendix is published only in the print-version of the dissertation]

Appendix 2. Interview outline for the family members

[this Appendix is published only in the print-version of the dissertation]

Appendix 3. Interview outline for the nurses

[this Appendix is published only in the print-version of the dissertation]

Appendix 4. Research notice for research participants (residents and family members); WENE is a subproject of the KULTA project, funded by the Emil Aaltonen Foundation

[this Appendix is published only in the print-version of the dissertation]

Appendix 5. Consent form for family members

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Appendix 6. Consent form for resident

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