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# Value creation and destruction involving multiple public service organizations: a focus on frontline employees

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## ABSTRACT

Using six focus groups with frontline employees within the Swedish sick-leave service, this article explores the co-creation/destruction of value. The article both adheres to and questions the public service logic by utilizing an empirical case in which frontline staff represents not one, but multiple, public service organizations. Moreover, as value creation/destruction is not restricted to one beneficiary, and several beneficiaries can be tied to one single service, the research builds upon this notion and distinguishes between four levels of value creation/destruction.

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**KEYWORDS** Public service logic; value creation; value destruction; public service organizations; frontline employee; service ecosystem

## Introduction

To address the alleged shortcomings of traditional public administration – namely, that it is costly, inefficient, and inflexible – many countries started to adopt ideas from the private sector on a broader scale during the 1980s, if not earlier (Christensen and Lægread 2017, 702); often labelled New Public Management, or NPM (Hood 1991). The last few decades have seen increasing criticism against NPMs intra-organizational focus, manufacturing logic, the unfit customer notion, and other alleged shortcomings (e.g. Osborne 2021; Pollitt and Bouckaert 2017).

Consequently, during the 2000s a post-NPM, or governance, paradigm emerged that focused on a system or network logic (Emerson, Nabatchi, and Balogh 2012), digitalization (Dunleavy et al. 2005), the recognition of the service user as an active partner (Cooper, Bryer, and Meek 2014), and the importance of value other than

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those realized by the individual service user or the public service organization (PSO) (Bryson et al. 2017). The ‘new kid on the block’ in the latest paradigm is value co-creation (Ansell and Torfing 2021), which predominantly stems from the current ‘service turn’ in public administration and management theory (e.g. Eriksson and Hellström 2021), most notably public service logic, or PSL (Osborne 2021).

In general service management and marketing, two ideal forms of value co-creation can be identified: one that focuses on the customer’s perception of the service in isolation and especially on the provider – user, and another that focuses on the multiplicity of actors at different levels of the ecosystem (Zeithaml et al. 2020). Naturally, as exemplified by Tax, McCutcheon, and Wilkinson (2013) or Van Riel et al. (2013), the distinction may not be as clear-cut. Indeed, empirical research in-between these ideals – the dyad taking place at the micro level or a multiplicity of actors taking place across levels in the ecosystem – may be important for developing service research, not least in the public sector. Thus, the purpose of this paper is to increase the understanding of co-creation (and destruction) when a multiplicity of actors are involved, something that has not been well explored in a public sector context. As with Lipsky’s (1980/2010) seminal work on street-level-bureaucrats, contemporary public management research (e.g. Arnold 2015; Zhang et al. 2022) has emphasized the importance of the frontline staff level to bridge the policy-practice gap in direct interaction with citizens. In addition, and similar to Dudau, Glennon, and Verschuere (2019) and Cluley, Parker, and Radnor (2021), we call for a more balanced understanding of value in which both positive and negative eventualities are recognized (creation as well as destruction of value). More specifically, we address the following research question:

- How is value created/destroyed in interactions between frontline employees who represent multiple public service organizations?

By addressing the research question, we seek to increase our understanding of a micro-level focus that recognizes a multiplicity of providers that a service user may meet. We also seek to offer a more balanced understanding than is usually the case within the PSL literature, in which value may be both created and destroyed.

The remainder of this article is organized as follows. General service management and marketing, as well as PSL, are elaborated next. The method section provides the coding structure that constitutes the logic of the results section. The discussion theorizes the empirical material. The conclusion presents the suggested practical and theoretical contributions and some future areas of research.

## Theory: service ecosystem value creation and destruction

This section focuses on the emerging ‘service-turn’ in public sector by focusing on a more balanced understanding of value in the wider service ecosystem, in which value may be both created and destroyed.

When realizing value, the individual service user often combines and integrates the provider’s value proposition – understood as ‘more or less standardized configurations of resources’ (Skålén et al. 2018, 702) – with resources from other actors, representing private and public organizations, associations, customers, friends and family, and the

customer's own self-activities (Frow, McColl-Kennedy, and Payne 2016; McColl-Kennedy et al. 2012, 2017). These propositions may or may not be used as intended by the customer, who may adapt them given their unique contexts and purposes (Vargo 2020).

As Story et al. (2020) pointed out, although not all actors in a service ecosystem have direct interactions with customers, they may nevertheless be essential for the customer's service delivery experience. In recent years, service management and marketing has developed to focus increasingly on the whole service eco-system in which micro, meso, and macro levels are embedded in one another (Chandler and Vargo 2011). One definition of service ecosystems is 'relatively self-contained, self-adjusting systems of resource-integrating actors connected by shared institutional logics and mutual value creation through service exchange' (Vargo and Akaka 2012, 207).

The value created in the service ecosystems may benefit various loci: the individual service user, the citizen, groups in society, or the entire society (Cluley, Parker, and Radnor 2021; Dudau, Glennon, and Verschuere 2019; Eriksson and Nordgren 2018). The early PSL developments, similar to some NPM critiques (e.g. Stoker 2006), predominantly emphasized value for the individual user. More recent PSL developments, which focused on service eco-systems, have often understood value at the societal level, as so-called public values (Alford 2016), including the common good, public interest, and democratic ideals (Jørgensen and Bozeman 2007). It has been argued that public values cannot be understood solely by analysis on the individual level (or aggregation of individuals [Stoker 2006]), and that there is instead a need for an eco-system approach that recognizes the creation of societal value among multiple actors and across levels (Petrescu 2019).

In PSL, the integration of resources (mainly knowledge, experiences, skills, etc., but also tangible resources) among a multiplicity of actors (public, private, third sector, as well as service users) is at the heart of efforts to create value in the service ecosystem (Eriksson and Hellström 2021; Petrescu 2019; Skälén et al. 2018). In such an ecosystem, it is often assumed that all involved actors benefit from resource integration (Kinder et al. 2020). Building on a case from the Portuguese healthcare system, Beirão, Patrício, and Fisk (2017) argued that actors at all levels of the ecosystem could create value by contributing to so-called resource density in which the most ideal combination of resources are reached to achieve the most value (Normann 2001). More specifically, by accessing, configuring, and combining resources in various direct and indirect interactions, the actors can generate new resources that may benefit actors across the system, including themselves. At the meso and macro levels, the factors for value creation also include an organization's self-monitoring and government's monitoring of service delivery and the organizations delivering the service (Beirão, Patrício, and Fisk 2017).

At the macro-level, factors for value creation includes the establishment of institutions that establish shared norms, define rules, and provide a common language (Edvardsson, Tronvoll, and Gruber 2011; Vargo and Lusch 2011, 2016) that influences – and is influenced by – interactions and value co-creation activities at the meso and micro levels (Akaka, Vargo, and Lusch 2013; Vargo and Akaka 2012). The service ecosystem's embeddedness at the macro-level in different social systems includes the impact of social structures – informal and formal rules – in value creation (Akaka, Vargo, and Lusch 2013; Vargo and Lusch 2016). Such

structures are essential for understanding the dynamics among multiple stakeholders in complex ecosystems since they may be both drivers of interaction among actors that enable value creation, but also may constrain the creation of value, resulting in value destruction (Edvardsson, Tronvoll, and Gruber 2011; Skälén 2016).

Value destruction may also be a consequence of failure in using resources or the use of resources in an unwanted or unexpected way by other actors in the system (Plé, Cáceres, and Harris 2010). Such misuse of resources (Smith 2013) may be intentional or unintentional (Plé, Cáceres, and Harris 2010). Intentional misuse of resources may be a consequence of one-sided focus on increasing efficiency by speeding up visits to health care staff. Value may be created for the organization in the short run, but not in the long run since patient safety may be jeopardized and lead to an unsustainable workload for staff (Loodin and Nordgren 2014). Intentional misuse may also include misbehaviour and blaming (Järvi, Kähkönen, and Torvinen 2018). Olsson (2016) found that 'rude' service encounters from staff was sometimes a reason for value being destroyed for cancer patients and their relatives.

Unintentional misuse of resources includes mistakes (caused by people or machines); lack of transparency (including a lack of information about the service ecosystem as well as a lack of information about a specific case); lack of bureaucratic competence (poor knowledge of rules and regulations as well as a lack of basic competences, such as how to contact care providers or fill in a form); and inability to serve (for instance, staff being difficult to reach) (Engen et al. 2021). Misuse of resources may result in a loss of resources themselves in that unsatisfying interaction, insufficient information etc. may cause diminishing self-efficacy and esteem which, in turn, may hinder the actor from participating in value-creating activities (Smith 2013). An antecedent to value destruction is insufficient levels of trust that, in turn, may lead to lost relationships, which may lead to the destruction of value (Järvi, Kähkönen, and Torvinen 2018). The misuse of, or failure to mobilize, resources in ecosystems may range from misunderstandings, opportunism, and role conflicts to powerplays, leading to destruction among the actors (Chowdhury, Gruber, and Zolkiewski 2016).

Contextual factors, such as the COVID pandemic, may function as a 'game changer' in the ecosystem by enabling resource integration among multiple PSOs (Ansell et al. 2020) that were difficult to achieve before the pandemic due to conflicts over regulations, budgets, etc., as well as different cultures and traditions of how to perceive 'customers' in a healthcare context (Eriksson et al. 2021).

Tax, McCutcheon, and Wilkinson (2013) focused on a locus in between the provider – user sphere and the wider ecosystem by introducing the notion of service delivery networks. Such a network recognizes that a customer at micro-level may have a 'series of complementary experiences [...] with complementary providers as part of the journey to achieve their desired goals' (Tax, McCutcheon, and Wilkinson 2013, 254). This perspective on service delivery is under-researched but is essential for understanding the 'place' of different organizations in the customer's journey in the system and to prepare for important coordination activities with other providers (Tax, McCutcheon, and Wilkinson 2013). Van Riel et al. (2013) described a similar notion in which the customer's perceived value from a focal service may depend greatly on services that are supposed to complement or support the focal service. This type of constellation of services has a long heritage in service research (e.g. Normann and Ramirez, 1993) and predominantly focuses on the micro-level from the customers'

perspective, but with more actors than the main provider. We seek to address the micro-level focus that recognizes a multiplicity of providers.

The assumption that value is always created has been criticized in both general service management and PSL, and there have been calls to recognize the possibility of value to be destroyed or unchanged (e.g. Echeverri 2021; Järvi, Kähkönen, and Torvinen 2018; Osborne 2021). There is no evidence that positive outcomes are to be assumed (Engen et al. 2021; Steen, Brandsen, and Vershuere 2018; Voorberg, Bekkers, and Tummers 2015). Especially in PSL, the possibility for value to be variously created/destroyed/unchanged for different actors and at different levels has been highlighted in recent years (Cluley, Parker, and Radnor 2021; Duda, Glennon, and Verschuere 2019; Ongaro et al. 2021), not least the potential conflict of value at micro-level between different types of ‘customers’ of public services: users, citizens, volunteers, etc. (Alford 2016; Eriksson and Nordgren 2018), or an ‘imbalance’ of interest addressed among actors in networks (Verleye et al. 2017). It is often mentioned that contemporary complex, or wicked, problems require collaboration, but the fact that collaborating PSOs may have conflicting goals has not been explored to the same extent (de Graaf and van der Wal 2008; Eriksson et al. 2020).

Just like the “co-” prefix in value co-creation (Grönroos and Voima 2013), value destruction may be caused by one actor alone (no co- prefix is needed), regardless of whether it takes place in the provider’s or user’s sphere (Engen et al. 2021) or by both actors, for instance during interaction (co- is needed) (Echeverri & Skälén 2011; Prior and Marcos-Cuevas 2016) in the joint sphere (Engen et al. 2021). In an ecosystem, additional actors may contribute to both creation and destruction of value, and it is likely that, due to power asymmetries among the actors – the social context (Edvardsson, Tronvoll, and Gruber 2011) – value may be created for some and simultaneously destroyed for others (Eriksson, Williams and Hellström 2023; Rossi and Tuurnas 2021). Based on three empirical cases, Eriksson, Williams, and Hellström (2023) found that value is just as likely to be created as it is to be destroyed in the service meeting, when developing existing services and innovating new services and that both creation and destruction of value may occur at individual, group, or societal levels.

## Method

The present research adopted a qualitative approach, inspired by the Gioia methodology (Gioia, Corley, & Hamilton 2012; Gioia & Pitre 1990) and systematic text condensation by Malterud (2012). The qualitative approach has been chosen for its appropriateness when one is interested in different perspectives of the social world (Flick 2014).

The study was conducted in the Swedish welfare service of sick leave insurance, the purpose of which is to support citizens (and, to a certain extent, also other inhabitants in Sweden) back to working capacity when sick. Here, there are two main actions to facilitate the service – rehabilitation and financial reimbursement – and two main actors involved in the service: healthcare issuing a certificate stating that the citizen is sick and the Social Insurance Agency (SIA) granting reimbursement if the citizen is deemed to be too sick to be able to work. However, there are other actors who are often, but not always, involved in the service, such as Social Service (SoS), public employment service (PES), and employers. This is because there are other obligations

that are necessary in order for the insured<sup>1</sup> service user to receive reimbursement, depending on the case – such as actively searching for a new job if the citizen is not able to return to a previous job or if the citizen does not have any job – which requires the involvement of other actors (Ekberg, Eklund, and Hensing 2015). In other words, the service of sick leave involves multiple PSOs. Similar to Engen et al. (2021), we chose the PSO's due to their inherent characteristics; in our case, they have a mixture of bureaucratic, NPM regulation and control, and more novel governance models, such as the requirements of interorganizational collaboration based on trust and relationships.

To discern the perspectives of the frontline employees from the different PSOs, data were gathered through six focus groups consisting of front-line employees within the sick leave system, representing the concerned organizations. The decision to use focus groups was, firstly, based on the possibility to cross-reference statements between people with different contextual backgrounds and between professions. The decision was also based on the possibility of gathering rich data where participants built on each other's statements in a more vivid discussion compared to during one-to-one interviews (Morgan 1996). The participants were recruited by purposive sampling, with representatives from healthcare, SIA, SoS, and PES. From healthcare, both physicians and rehabilitation coordinators participated, as these are core actors within the Swedish sick-leave insurance system. The purposive sampling was done based on the parameters that the participants should have deep knowledge about, and work actively with, the sick-leave insurance system, and should have also had direct contact with user of the public service. Furthermore, the sample seeks to encompass a broad variety of experiences and perspectives to increase the trustworthiness of the findings. To achieve this variety, parameters such as organization, profession, age, gender, geographical position, and interest of rehabilitation and sick leave process were taken into account. Notably, the voice of the user is not included in the sample. As seen in the title, this article takes the perspective of the frontline employee, which is a part of understanding value creation, but does not give us a complete picture. Hence, to acquire a more complete picture, the perspective of the user of the public service should be researched. A summary of the participants within each focus group can be seen in Table 1. Four of the focus groups met digitally via a video conference application, primarily as a consequence of the ongoing COVID-19 pandemic, and the remaining two focus groups met physically.

The focus groups were facilitated by one moderator and one observer (two during the three first focus groups). A physician and a management scholar had alternating roles depending on the focus group participants. This helped the researchers understand the participants while also directing the course of the focus group towards the purpose of the research (Morgan 1996). The protocol and questions for the interviews were adapted between and during the focus

**Table 1.** Participants of Focus groups.

Group no.	Format	Participant organization
1	Digital	2 PES, 2 SIA, 2 SoS
2	Digital	4 physicians
3	Physical	4 rehabilitation coordinators (healthcare)
4	Digital	5 rehabilitation coordinators, 1 physician
5	Digital	2 PES, 2 SIA, 2 SoS
6	Physical	1 physician, 1 psychologist, 1 rehabilitation coordinator, 1 occupational therapist



group to optimize the progress towards the research goals. This was done with regard to, the participants' professions (for example, adapting language and wording to suit physicians or frontline employees from SIA) and to adapt according to previous focus groups– such as confirming statements from previous groups or gathering the perspective of another profession. However, the theme for all focus groups revolved around the frontline employees' experiences of the sick leave insurance service, where the following main topics were included: *ways of working, the service as a whole, collaboration with other actors, organizational support, and potential improvements*. When necessary, moderators confirmed or clarified what previous groups or participants had been saying, or on other occasions left subjects due to saturation (Bryman and Bell 2015). Once the last focus groups had been held, patterns were possible to discern and the researchers approached saturation. This corresponds to other research projects, in which it is common for saturation to be met within four or five focus groups (Morgan 1996), or as few as two focus groups (Eriksson 2019).

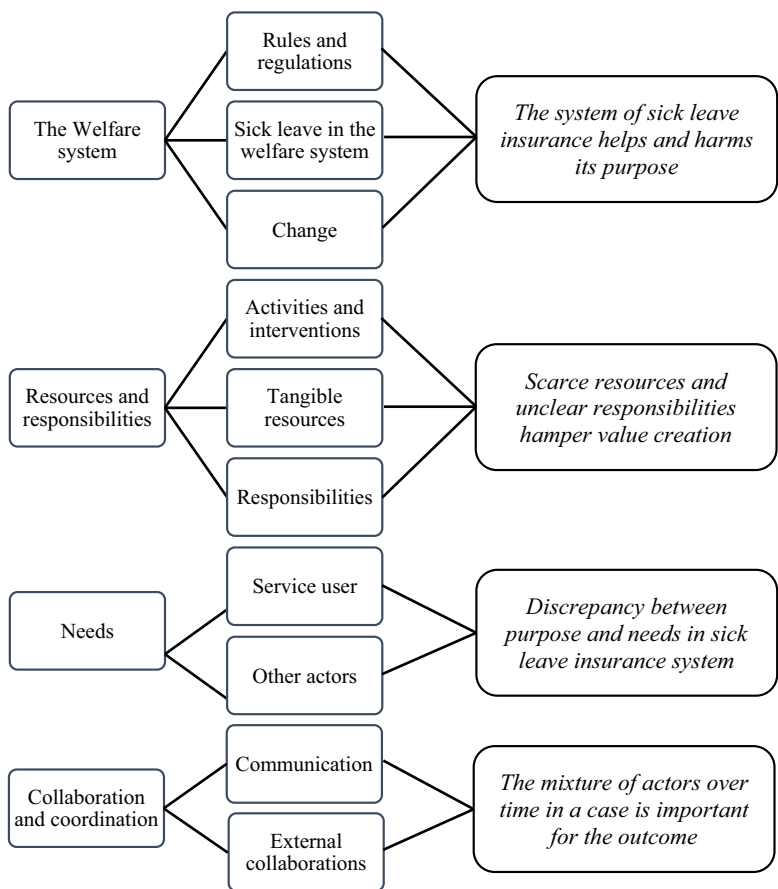
The interviews were recorded and later transcribed. These transcriptions were then used during the analysis. In two cases, participants of the focus groups were contacted afterwards via the video conference application to clarify certain aspects. Furthermore, during the focus groups, the researchers constantly asked control questions to the participants, firstly to ensure that all in the group understood what was said and also to clarify whether the group agreed with what had been said. Unless otherwise specified, quotes in the Findings chapter below were statements that all members agreed with. Furthermore, to validate the findings and the research, the results and conclusions were checked with employees from the PSOs of the sick leave insurance system and healthcare.

### **Data analysis**

The data analysis was conducted by coding using systematic text condensation which is suitable for focus groups when purposeful sampling has been used (Malterud 2012). For an overview of the results, see [Figure 1](#) in the Findings chapter. The coding was done using the NVivo program. In total, 55 codes were identified, but only 10 of these ended up being used in the analysis as the other 45 codes were beyond the research scope of this article. Worth mentioning is that the research was approved by an ethics committee, which resulted in the reference number 2021–01481.

### **Findings**

The transcripts from the focus groups were analysed and structured with inspiration from systematic text condensation (Malterud 2012) and the Gioia method (Gioia et al. 2012; Gioia & Pitre 1990). Furthermore, the structure of this chapter is based on the four main themes derived from this procedure, using the categories on the left-hand side of [Figure 1](#). Each main theme has an analytical text capturing the theme, represented by a category heading, on the right-hand side of [Figure 1](#). In the middle of [Figure 1](#) are the codes used during the analysis. The quotes below are used as illustrative examples from the focus groups and should not be seen as 'one voice'



**Figure 1.** Analytic structure (Based on Malterud 2012).

since the researchers validated the statements with the current and the other focus groups.

***The welfare system – the system of sick leave insurance helps and harms its purpose***

In discussions regarding regulations and guidelines, the frontline employees showed a picture of occurring hindrances as these regulations and guidelines sometimes do not match between PSOs, and the *same* guidelines and regulations can also be interpreted differently.

*“I don’t think our regulations correlates with each other”. – Administrator, SIA*

Followed by a comment from an administrator from PES:

*“I know, I know, and that is a problem!” – Administrator, PES*

For example, a physician might see a document as a guideline to *facilitate* the assessment, while frontline employees at other PSOs may see the same document as *mandatory to follow*.

*"You could use it [the national guidelines for sick leave] as a support, but not as a mandatory instruction". – Physician*

*"The Social Insurance Agency cannot approve a sick leave with a certificate which has not followed the national guidelines for sick leave". – Administrator, SIA*

Another aspect is that there are 'gaps' between a PSO's regulations and guidelines, which affects the insured service user because these service users can fall into these 'gaps'.

*"Well, and then our regulations and guidelines stop, so it becomes a 'gap' [towards others]" – Administrator, SIA*

Furthermore, these regulations and guidelines issued from the 'top of the system' are sometimes seen as illegitimate and detached from reality, especially when they address complex problems that are not rigid, but the regulations and guidelines are rigid.

*"... [you] react in different ways depending on how legitimate the pointers [from above] seem... it can be frustrating when guidelines arrive which feel rather rigid but reality are rather non-rigid ...". – Physician*

To circumvent these regulations and guidelines, or 'avoid' other PSO's guidelines, frontline employees sometimes act/write in a way that they think the other's regulations work, in order to achieve what they want, but this sometimes just makes it more difficult to make any progress in the case. However, there are also cases where more experienced frontline employees are moving outside their ordinary assignment, as they have deeper knowledge of the system and its limits.

*"Sometimes, I feel ... that it becomes difficult for us to do our job since the physician writes what ... they think the Social insurance agency wants ... and it becomes very difficult for me to assess". – Administrator, SIA*

Meanwhile, the dependencies on other PSOs become evident as internal structural and/or process changes seldom concern how other PSOs are affected, which creates frustration as it obstructs the practitioners' way of working.

*"It is kind of a lot of frustration [in the SoS] that it is unpredictable ...". [about the system of sick leave and the contact other PSOs] – Administrator, SoS*

From a system perspective, functions and organizations are shut down, even though they are appreciated by both employees of the PSOs and service users. There is also a flux of people, which, combined with the organizational changes, creates an unstable environment that makes it difficult for the frontline employees and their insured service user:

*"... in Social service there is such a turnover of employees, so one employee starts but quits, then it [the sick leave case] falls between the cracks when another employee has to take over the case. Many cases need a more long-term planning, and it is then required that someone drives the process". – Administrator, SoS*

### **Needs – Discrepancy between purpose and needs in sick leave insurance system**

Sick leave insurance is sometimes used to treat a symptom rather than the real cause, since the root cause could be difficult to find, but also because the problem can reside outside of the responsibilities of the sick leave insurance, while the symptom is ‘inside’ the insurance. The sick leave insurance may be used to solve such problems because it is the ‘best fit’ compared to other services in the welfare system, or because the problem would not otherwise be solved since it does not ‘belong’ anywhere. Furthermore, the sick leave insurance system not only has the potential to help the insured service user, but also those in close proximity to the insured service user, even though this is not the purpose. The sick leave insurance service could facilitate the recovery of a family member, or provide financial support for a parent who has to help their child and, by extension, help other organizations, such as schools achieve their tasks.

*“Parents of neuropsychiatric children who do not get help from school or from social services. They become notified by the social services, telling them to ‘take your child to school’ and then furious conflicts occur [with the child] that they cannot manage to take the child to school, and then they [the parent] cannot go to their job. And there is nothing in the sick leave insurance that allows for sick leave because ‘I cannot manage my role as a parent’”. – Rehabilitation coordinator*

The frontline employees also mentioned that there seems to be a discrepancy between the expectations from society/service users and the purpose of the sick leave insurance. Citizens demand and expect things that the sick leave insurance system is not supposed to do, which can lead to disappointment for the service user, extra work for frontline employees, or misuse of the service. There are even occasions when service users try to ‘order’ sick leave from frontline employees since they feel that it is their right as taxpayers.

*“It could be stated in the visiting statement field ‘Here for sick leave’, or something like that, and then, of course, it is already conveyed that it is something [a sick leave] you can order . . . and then it becomes difficult for the physician to address . . . the issue [in another way]” – Physician*

In connection to this, there are also occasions when the goals of actors diverge, leading to difficulties progressing in cases as there might be hidden agendas. Here, a whole range of reasons – financial, social, and organizational – can serve as motivation for using the sick leave insurance.

### **Resources and responsibilities – Scarce resources and unclear responsibilities hamper value creation**

There are occasions when PSO employees can see the need for an activity to make progress with a case, but the mandate to initiate the activity resides within another actor’s control.

*“We [. . .] may be waiting for the physician, the physician waits for the SIA, the SIA waits for, I don’t know!” – Administrator, SoS*

This becomes problematic when resources are scarce at the actor whose activity is required, or there is a discrepancy between actors regarding what is needed to progress.

*“... You cannot do so much about it; we have no mandate when it comes to remitting anybody to psychiatry. Or it may be that I talk to a physician who does not agree with me at all”. – Administrator, SIA*

Furthermore, the availability of activities and interventions vary geographically between different municipalities. For the insured, this means that there could be long lead times before proper treatment is performed (if at all) and the opportunity might be missed as it might not be possible to sustain the service user's motivation until the activity is available.

*“I think that is frustrating; as an administrator, it makes a big difference where people live and how good my contacts as an administrator is”. – Administrator, PES*

The responsibilities in the system are sometimes unclear and there are cases that frontline employees do not want to deal with, and where the responsibilities for these cases are unclear; they are seen as ‘not my department’ or, as expressed in the focus groups, ‘like a game of Scabby Queen’.<sup>2</sup>

*“But it is, as I see it, like a game of Scabby Queen at all parties, who is the one telling the patient that: You don't need ... are not entitled to sick leave. There is no one that wants to say that”. – Physician*

So, if possible, this task will be passed to another actor in the system.

*“Well, what is happening is that they try to give the difficult and uncomfortable problems to someone else [...]. The poor soul is sent around, from the Public Employment Service to the Social Insurance Agency, to Social Services; there is no one who wants these, who do not get well”. – Physician*

### ***Collaboration and coordination – the mixture of actors over time in a case is important for the outcome***

As in many other organizational contexts, collaboration is essential for the system governing the sick leave process to function, and in the collaborative efforts, knowledge must be transferred between actors. When the collaboration works well and when communication is clear, the process is much more likely to succeed.

*“Collaboration is so goddamn good, because we work so close to our counterparts at the Social Insurance Agency, they are like colleagues, even if we have different legislations. It can be super-difficult sometimes, but we have fun working together since it becomes so easy when we actually collaborate”. – Administrator, PES*

However, in the system governing the sick leave insurance, the different PSOs have different ways of working, which hampers the process.

*“The Social Insurance Agency thinks one thing, the Public Employment Service another, and healthcare a third. And it sort of, is impossible to match perfectly and it chafes”. – Administrator, SIA*

Furthermore, the specific people who are involved in a case are seen as essential because their collaboration paves the way for a successful process, but the selection for frontline employees involved in each case was seen as random by participants in the different focus groups.

*“What determines the outcome of a sick leave case? Well, yes, when you are sick, you go to the tombola,<sup>3</sup> you get a doctor, you get an administrator from the Social Insurance Agency, you get a rehabilitation coordinator, and you get an employer. Maybe they all play nicely, maybe not. And somewhere there, an outcome is generated”. – Rehabilitation coordinator*

## Discussion

To fulfil the purpose of this article, which is *to increase the understanding of co-creation (and destruction) of value when a multiplicity of actors are involved*, this section answers the following research question:

How is value created/destroyed in interactions between frontline employees who represent multiple public service organizations?

### *Interactions between frontline employees from various public service organizations*

As mentioned, the inherent customer focus of service management and marketing (Zeithaml et al. 2020) has meant that the focus has traditionally been on the service meeting between the customer and the single provider (e.g. Normann 2001). This has also been the case in PSL (e.g. Hardyman, Daunt, and Kitchener 2015). However, in more complex public services, it may not be evident who the service provider is in the first place. In the present case, it is not clear who is responsible for taking a sick leave case forward at every given point in time for the frontline employee. Is it mainly the treating physician? Is it the employee at the SIA? This lack of clarity is shown in the empirical material in multiple ways, such as in a clash of regulations and lack of clarity regarding boundaries. This absence of information about the system paves the way for value co-destruction in the service ecosystem (Järvi, Kähkönen, and Torvinen 2018). With regard to the lack of clarity regarding boundaries, it is unclear whether this causes the insured service user to be understood in different ways by the frontline employees, depending on the PSO they represent, or if it is an effect of whether the individual is perceived as a *patient* – by the treating physician and other healthcare staff; a *person* – an increasingly popular concept in the healthcare discourse that is said to be more holistic than the predominant disease focus (e.g. Ekman, Ebrahimi, and Olaya Contreras 2021); a *customer* – in the partially marketized healthcare system or PES; or an *insured* client – by the SIA; or (only) a client – by SoS. The service user is also a tax-paying citizen, an employee, a social or unemployment beneficiary, etc. While this organizational set-up does not have to be problematic, the way that the system is set up now means that the heterogeneity of service providers makes it difficult for the user to realize which organization/actor they are talking to. This creates a context in which the user will lack bureaucratic competence, resulting in co-destruction of value (Engen et al. (2021). Furthermore, the user risks having difficulty being part of the co-creation of value, since they do not know who is the other one enabling the ‘co-’, especially since the core of value co-creation lies within the relationship (Osborne 2018) and acknowledging that, according to PSL (Alford 2016; Osborne 2021), value creation on the individual level is particularly complex in public services.

Both the bureaucratic organization of traditional public administration and an NPM-esque inward-orientation, focusing on internal matters of each PSO (e.g. Osborne 2021), are evident in the empirical material. The lack of collaboration between

the frontline employees increases the risk that individual service users will fall between the cracks of the healthcare providers' and the other PSOs' rules and processes, as a result of the lack of transparency (Engen et al. 2021). The importance of regarding public services as complementary to other public services has been highlighted in order to see the whole citizens process (e.g. Tax, McCutcheon, and Wilkinson 2013). Similarly, the citizen's perceived value of a service may well be impacted by another public service (Van Riel et al. 2013). Radnor et al. (2014) suggested that public services should often not be understood as being restricted to only one organization. The empirical material suggests that having unclear boundaries, or the absence of information (Järvi, Kähkönen, and Torvinen 2018) about the system, between PSOs may result in a 'not my department' reasoning, which the service user is the one most likely to suffer from when value is co-destructed. However, even though clear boundaries might not solve the problem by themselves, they will enable the visualization of the issue and are therefore a first step towards filling these 'gaps'. Nevertheless, the PSL's emphasis on what happens to the user rather than the PSO may be difficult in such a context (Osborne, Radnor, and Nasi 2013), but is much needed in order to create a cohesive welfare system. The PSL ideal (Osborne 2018), inspired by general service management and marketing (Grönroos and Voima 2013) – that it is the provider who is invited to co-create value with the user – may be questioned, since it puts unrealistic burden of coordination responsibilities on the shoulders of individual public service users. Taking into account the empirical material's mention of the high turnover rate of employees, combined with '*such an immense amount of bureaucracy*', this means that the individual is at a high risk of being the 'memory' of the process and the carrier of all information required to succeed in the system.

Establishing a provider – user relationship is essential, according to PSL (Hardyman, Daunt, and Kitchener 2015), and the service meeting is essential as the 'moment of truth' (Normann 2001). However, individualization and relationship-building may be in conflict with bureaucracy's well-established principles based on impersonality, such as formality and obedience to rules and hierarchy, which are alleged to be important for guaranteeing such as impartiality, equality, and predictability and preventing corruption and nepotism (Du Gay 2000; Rothstein and Teorell 2008). Taxpayers' expectations of receiving sick leave – 'ordering' it, as expressed in the empirical material – as a right may put pressure on the individual healthcare professional or agency employee to meet these expectations. This could be even more difficult if a relationship between the service user and the frontline employee is established, possibly jeopardizing impartiality. From a user perspective, if they are not given reimbursement in this case, it will be seen as (co-)destruction of value due to the PSO's inability to serve (Engen et al. 2021; Järvi, Kähkönen, and Torvinen 2018). In any case, the ideal of bureaucracy is hard to meet in the empirical material since 'who is involved' from the responsible PSO seems to be an important factor for the outcome, no matter rules and regulations. As exemplified in the 'tombola' quotation in the empirical material, the outcome depends on the mixture of frontline employees that the service user meets, which is largely seen as random. Thus, this variation of frontline employees involved in the system requires higher competence from both frontline employees and users to avoid lack of bureaucratic competence causing value destruction (Engen et al. 2021). Furthermore, the lack of bureaucratic competence of frontline employees may result in diminishing levels of trust from the users and other frontline employees, which may lead to destruction of value from a long-term perspective (Järvi,

Kähkönen, and Torvinen 2018). The individual frontline employee may not only lack bureaucratic competence of rules and regulations, but also knowledge about often informal structures of collaborations (Eriksson and Hellström 2021) with other PSOs in order to benefit the service user's journey through the welfare system. Thus, a lack of such knowledge may lead to a failure to mobilize resources in the ecosystem with the potential to benefit the individual service user (Chowdhury, Gruber, and Zolkiewski 2016).

The bureaucratic feature of formality is also problematic in the context of frontline employees having different sets of guidelines. However, even if the guidelines are the same, this does not guarantee coherence due to potential differences in perspectives. The empirical material suggests that the physicians may interpret these as mere suggestions, whereas the administrators from the SIA may understand them as mandatory; this results in a lack of resource mobilization, leading to value co-destruction (Chowdhury, Gruber, and Zolkiewski 2016). A popular post-NPM concept in Sweden is trust-based governance (e.g. SOU 2020), which suggests that it is often desirable to leave decisions to those closest to users to decide. While this approach has many benefits, there are also potential conflicts due to being locked in a narrow thinking due to one's expertise, or 'guild' (Alvesson and Cizinsky 2018). Furthermore, the bureaucratic models creating silos make it difficult to be trust-based because the collaboration across boundaries is scarce, as seen from the empirical material, which highlights the need for improved collaboration.

In the end, the multitude of service providers must function despite the above-mentioned hindrances, such as users' diverging views, different regulations/guidelines, and unclear boundaries. Some obstacles might have to be removed, while others are there to stay, so the PSOs and their employees must learn to cope with them to avoid value (co)destruction.

### ***Frontline employees from various public service organizations: value creation and destruction***

This subsection focuses on highlighting the possibilities of value to be both created and destroyed in interactions among frontline staff representing different PSOs. As a more nuanced understanding of value has been called for (e.g. Echeverri 2021; Järvi, Kähkönen, and Torvinen 2018; Osborne 2021).

As presented in the empirical material, the service ecosystem view (e.g. McColl-Kennedy et al. 2012) is evident in which value is created not just at the micro-level itself and/or the individual level of the service user (Zeithaml et al. 2020); the same service case can serve multiple actors' needs simultaneously. Through integrating resources of the insured service user with other actors – including PSOs, private companies, and other service users – value is realized at multiple loci in the ecosystem (Cluley, Parker, and Radnor 2021; Dudau, Glennon, and Verschuere 2019; Eriksson and Hellström 2021). Firstly, value can be created by and for the service user, which could be seen as the purest form of value creation in the sick leave insurance service, and one of its original intentions, aligned with the service management and marketing ideal (e.g. Normann 2001). Secondly, value can be created for family or friends in close proximity to the insured service user; for example, when the insured service user takes care of a family member (McColl-Kennedy et al. 2012). Thirdly, value can be created for



an employer where the damage caused by loss of work labour (when the employee is on sick leave) is reduced by financial support (since the ‘salary’ is paid by the sick leave insurance) (Dudau, Glennon, and Verschuere 2019; Petrescu 2019). Fourthly, some scenarios also create value at ‘second-tier’ organizations that are not directly tied to the insured service user, but to someone in close proximity. An example given during the focus groups was a child with special needs does not receive the support he or she requires from a school and the parent (that is, the insured service user) might meet the needs of the child that would otherwise have to be met by the school. Hence, by integrating resources between the insured service user (enabled by the sick leave insurance) with the child, value is created at the locus of the child and in the context of the school. Fifthly, value is created for the societal level as the sick leave insurance service enables the insured service user to integrate their resources with the society (Alford 2016; Jørgensen and Bozeman 2007). Thus, public value is created by addressing those in the greatest need (due to sickness, unemployment, etc.), guaranteeing basic values for citizens in a welfare state (e.g. Eriksson and Nordgren 2018).

An example of intentional value destruction (Plé, Cáceres, and Harris 2010) in the system found in the empirics is when it is unclear who should take the case forward and who should do what; then there is a risk that the service user will be moved between PSOs – like a game of ‘Scabby Queen’ – without anyone taking actions or progressing the case. From an organizational perspective, the ‘Scabby Queen’ mindset might be favourable in the short run, due to temporarily less workload, but destroy value in the long run as the consequence is that the service user might get worse and further away from working condition, ultimately leading to increased workload (Loodin and Nordgren 2014). Also, as it takes longer to get back to work, value is destroyed at both the individual and collective levels by prolonging the case. At a frontline employee level, there is also the notion that when a service user is not entitled to reimbursement, no one wants to be the bearer of bad news.

To conclude regarding the different loci of value creation, four levels of service users can be distinguished from the empirical material tied to the sick leave insurance service. This is done by considering the distance from the service interaction between the insured service user and the sick leave insurance service; that is, the ‘moments of truth’ (Normann 2001). The *first level* of service users is the insured service user, where value is co-created between the PSOs of the sick leave insurance service and the insured service user. The *second level* of service users are where resources are integrated between, for example, a family member in need of care and the insured service user, which is enabled by the sick leave insurance; this creates value one step away from the direct service interaction. The *third level* of service users are considered when value is created two steps away from the service interaction; for example, when value creation activities originally assigned to a school are realized by integrating resources among a school, a child with special needs, and the insured service user. The *fourth level* regards the broader audience of the society, where democratic values and trust towards society are upheld (Alford and Hughes 2008; Moore 1994). Table 2 shows examples of how value creation and destruction can be described at each service user level.

On a service eco-system level, the occurring value (co)destruction is both unintentional and intentional (Plé, Cáceres, and Harris 2010). Firstly, even though the frontline employees act correctly according to their own perspective,

**Table 2.** Examples of loci of benefit.

	Loci of benefit			
	First level, (e.g. individual service user)	Second level (e.g. family member)	Third level (e.g. organization)	Fourth level (e.g. the public)
Value creation	Financial support through reimbursement for the service user	Enables caring of others in close proximity to the insured service user	Organizational assignments are relieved as the service user takes care of other people's needs (originally assigned to the organization)	Securing citizens income despite sickness
Value destruction	Malfunctioning of the system where the insured service user does not receive reimbursement and cannot rehabilitate	Due to not gaining reimbursement, the 'insured' service user needs financial support from other sources (e.g. family or friends)	The employer loses specific work labor for a longer period of time than expected	Trust towards the systems of society is questioned and democratic values can be threatened (see e.g. Kumlin and Rothstein 2005, 2010)

this could result in unintentional value co-destruction due to the other PSOs' way of working; for example, when there are different views of guidelines, which could be seen as a lack of transparency within the service eco system (Engen et al. 2021). Secondly, as there is a discrepancy between purpose and exceptions of the sick leave insurance system, this could be seen as an inability to serve or a form of user (customer) misbehaviour (Järvi, Kähkönen, and Torvinen 2018). Here, it could be discussed whether it is intentional or unintentional since the demanded service is outside of the scope of sick leave insurance. Thirdly, the scarceness of resources combined with the unclear responsibilities might lead to resource misuse, which hinders actors from participating in value-creating activities and, as such, co-destroys value (Smith 2013). Lastly, the combination of involved actors (both in term of frontline employees, but also which PSOs) that changes over time creates role-conflicts, increases risk of misunderstanding, and powerplays, resulting in co-destruction of value between the actors (Chowdhury, Gruber, and Zolkiewski 2016).

Considering the different actors of the system and the loci of value creation, value is sometimes created for one actor, but destroyed for another (Cluley, Parker, and Radnor 2021; Dudau, Glennon, and Verschuere 2019; Moore 1994). A public service, such as a prison, could create or destroy value differently for the direct service user compared to the general citizen (Alford 2016; Eriksson and Nordgren 2018). In addition, interacting frontline staff from various PSOs may not only offer services that are complementary to one another (Tax, McCutcheon, and Wilkinson 2013), but their interactions may also result in an imbalance in terms of how their (different) needs are addressed (Verleye et al. 2017). From the quote in the findings where a child who must be taken care of by an insured service user/parent, this same insured service user could be a much-needed

employee at a company. Hence, this case creates value at the second level (family member) and third level (school) but destroys value at another third level service user (the employer). Or, in the taxonomy used by Eriksson and Hellström (2021), value is created at the individual sphere and public sector sphere but destroyed in the private sector sphere (given that the employer is a private company). However, this example shows a misuse of the sick leave insurance and thus falls beyond the scope of the intended purpose and regulation of the sick leave insurance.

## Conclusion

The service turn in public management offers a promising development to traditional public administration and NPM. However, to avoid the mismatch that occurred when transferring NPM methods applied in the private sector to the public sector, service management and marketing needs to be better understood in a public sector context.

Drawing from an empirical case from the Swedish welfare system, this article argues that the core feature of the service logic – value creation – may be particularly challenging in the public sector. Firstly, the needs of the service user may be more complex than the structure of the service system allows, ignoring organizational and professional boundaries. Secondly, value is not only created, but also destroyed, at different levels of beneficiaries. Besides the individual service user, these levels also include the family, the organization, and the public. However, the different levels can be in conflict, and value may be created and destructed unequally among actors in the service ecosystem.

Traditionally, service management and marketing have focused on either customer perceptions taking place in the provider-customer sphere or a multiplicity of actors at various levels in the wider service ecosystem. The same foci have been clear in the recent PSL development. This paper contributes to the oft-neglected mid-level of how a frontline staff representing different PSOs may contribute to create and/or destroy value at different levels across the system. This focus is important not only for development of PSL theory, but also for practitioners, policymakers, and managers in the public sector struggling to address complex challenges that one public service alone may not be able to address. Here, increased knowledge of mechanisms benefiting or hindering value creation is essential. The service user perspective is missing in this paper, and we agree it is important for understanding value creation (e.g. Eriksson 2019; Hardyman, Daunt, and Kitchener 2015). However, as we have shown, the perspective of frontline staff is important because these individuals are in a position to impact both creation and destruction of value at a multiplicity of levels.

The case of the present paper is not a typical PSL case, nor is it a typical case of NPM or traditional public administration. Rather, similar to many ‘post-NPM’ cases, it is an example of a hybridization showing characteristics of all forms (e.g. Fossetøl et al. 2015). The similarities with PSL, however, is that the respondents’ organizations all work in accordance with the present Swedish reform in focusing on the relationship and trust between actors at the micro-level, but still with substantial top-down control of NPM and public administration (SOU 2019). Moreover, reports that are relevant for the organizations in the present paper also explicitly favours a service logic (ExperioLab et al. 2023).

This paper focuses on the perspectives of frontline staff. Similar investigations regarding value creation are needed at other levels of the system. It would also be fruitful to conduct similar empirical research on other public services, such as immigration services, law enforcement, or education. Furthermore, the frontline employees perceived a discrepancy between citizen expectations and the intentions and possibilities of the service, which is an opportunity for further investigation.

## Notes

1. 'The insured' might not have an equivalent in the English language. In Swedish, the term 'den försäkrade' could be understood as the insured service user.
2. Scabby Queen is a card game in which the player who ends up with the Queen of Spades at the end of the game loses. The Swedish equivalent is called 'Svarte Petter'.
3. A tombola can be described as a lottery where the player picks a random piece of paper with a number from a container giving the player a chance to win.

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