Value co-creation in social and healthcare sector – case study

Marja Naaranoja¹, Johanna Heikkilä²

¹ University of Vaasa, Industrial Management, Vaasa, Finland
² JAMK University of Applied Sciences, School of Health and Social Studies, Jyväskylä, Finland

Introduction

Value co-creation has been seen in industry as a main approach when the needs of stakeholders are managed. This paper describes the use of this approach in a social and health care setting. The aim of co-creation is to enhance organisational knowledge processes by involving the customer in the creation of meaning and value (Coates 2009). Ramaswamy & Gouillant (2008) argue that Experience Co-Creation is important because: customers today are more knowledgeable, more demanding, less passive, and more connected; products and services are more readily imitable—and commoditization erodes customer loyalty.

Material and methods

This paper is based on a data from action research in home services. The used method is case study. This research is a part of a larger Osuva-project where action studies and a survey are combined in a multicenter study. The aim of Osuva is to search new methods to manage and lead the collaborative innovation process, which enable participation of personnel, clients and service providers.

Results

The units that give the home services have been located in several facilities and each unit (social service, home care, home nursing, and e.g. physiotherapy) are managed by their own manager. The lack of co-creation of value has resulted e.g. that the visits from different units happen randomly. The patients give the wish of having visits on regular basis. The units need to co-create value for the patients. The head nurse proposed that a good starting point is to share the facilities since the co-creation needs continuous communication. The co-creation of value approach is leading the service system to closely collaborate with different units but also with the patients.

Conclusions

The use of co-creation approach is a new paradigm in social and health care giving new ways of collaborating with the patients and other units. When we look at the service system development for patients at home we find that the interaction with them is based on the contacts with the service providers. The system needs to be built by improving the knowledge sharing between the nurses, homecare personnel and social service providers. The voice of the patient in this system is central part in developing the quality of care.