Patient Brand Value Co-creation: A Conceptual Framework

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Abstract

The purpose of this paper is to expand on existing co-creation knowledge by exploring brand value co-creation in health care from the patient's perspective. In addition, a conceptual framework is proposed that can be empirically validated. A systematic literature review, concept analysis and synthesis from previous study were conducted to develop a conceptual framework. Therefore, customer brand co-creation theory is adapted to develop patient brand value co-creation conceptual framework. There are two key constructs as antecedents to brand value co-creation in the context of the patient-provider relationship, namely patient empowerment, and relationship quality. Two propositions and a patient brand value co-creation concept framework were constructed and proposed from patient empowerment and relationship quality to enrich research in the brand value co-creation domain. Health care service providers could benefit from this research since the proposed conceptual framework indicated the importance of supporting or empowering patients as well as maintaining good relationship quality to facilitate brand value co-creation. This study contributes to the brand value co-creation literature, especially in health care services.

Keywords
Value co-creation, Brand value co-creation, Patient brand co-creation, Patient empowerment, Relationship quality

1. Introduction
Marketing view has shifted from goods-dominant (G-D) logic to service-dominant (S-D) logic in which value is co-created between a firm as a good or service provider and its stakeholders (Vargo and Lusch 2004). Thus, value co-creation acknowledges the contribution of customers as participative actors. In the co-creation ecosystems, value is created in a shared relationship among brands, customers and stakeholders (Payne et al. 2009). Merz, He and Vargo (2009) argued that the discussion on value co-creation has expanded to branding. Brand value co-creation can be viewed from the perspective of the provider or customer. Only a few researchers have conducted research brand value co-creation since the concept of brand value co-creation is not easily understood (Merz et al. 2018). In addition, value co-creation has also expanded in health care, but it is not clear which factor influences patients as customers to contribute or help to co-create brand value. Therefore, research in brand value co-creation in a specific context such as health care from the customers or patients' views will enhance the understanding of the brand value co-creation domain.

1.1 Objectives
To fill the research gap and provide with a better understanding of patients' contributions to a hospital or clinic's brand value creation, therefore the objective of this study is to explore brand value co-creation in health care that contributed by chronically ill patients. Additionally, a conceptual framework which incorporates several key propositions is developed and proposed. Further, the conceptual framework can be empirically validated.

2. Literature Review

S-D logic with its foundational premises (FPs) proposes that value is always co-created between multiple actors including the beneficiary (Vargo and Lusch 2016). Value is derived from interactions between a customer and the firms, brands, and value propositions through an exchange and consumption process. The interaction of exchange can be in the form of dialogue, participation and engagement (Ranjan and Read 2016). Importantly, the value co-creation concept acknowledges the significant active (rather than passive) role of customers (McColl-Kennedy et al. 2012).

Prahalad and Ramaswamy (2004) have defined value co-creation as the collaboration between a customer and a supplier in the activities of co-ideation, co-design, and co-development of new products. Within the marketing literature, it is commonly acknowledged that values can be created in the co-creation process where customers shift from being a passive audience to an active partner working with suppliers (Prahalad and Ramaswamy 2000; Prahalad and Ramaswamy 2004; Vargo and Lusch 2004; Payne et al. 2009). In this instance, a shift from a goods-dominant to a customer-centric logic emerges (Prahalad and Ramaswamy 2000). Prahalad and Ramaswamy (2000) posited that customers are the source of firm competence and that firms should offer more resources and activities to collaborate with them to maintain their long-term partnership, rather than focusing on producing core products. Vargo and Lusch (2004) proposed a S-D logic and argued that customers become good co-creators of values when they engage in dialogue and interaction activities with their suppliers. The service-dominant logic concurs with earlier studies and posits those values are likely to be maximized as firms understand customers' value-creating processes and support them by providing full transparency with respect to product and firm information (Vargo and Lusch 2004). Likewise, Prahalad and Ramaswamy (2004) contended that the value creation between customers and suppliers is founded on a unique experience environment, whereby customers engage in dialogue and interact with their suppliers as well as having access to their resources.

The value co-creation discussion has expanded into the area of health care. The notion of value co-creation has extended to health care as well. Joiner and Lusch (2016) stated that G-D logic views the health care professionals or providers as "experienced, knowledgeable, innovative and source or creator of value. Patients are passive, inexperienced, unknowledgeable and use up and destroy value". In contrast, S-D logic posits patients together with health care providers co-create value through the process of healing, caring, monitoring, thinking, sensing, experiencing, creating, integrating resources, and learning. The interaction between health care professionals and patients occurs at the resource's integration process in the health care ecosystem. Chronic disease requires continuous medication and patient participation in decisions on medical management; therefore, collaboration between patients and health care professionals is a necessity. Patients of chronic disease are active partners in the medical management process (Holman and Lorig 2000). In addition, the chronic illness patients participate in medical management such as modality of treatments, thus patients together with the health care professionals should be able to perform self-management in order to improve and maintain their quality of life (Holman and Lorig 2004;). In fact, the concept of customer participation is not particularly new because part of the customer's value co-creating process is contributed by the service provider, as well as the customer's own activities or other stakeholders' activities (McColl-Kennedy et al. 2012). Patients have an important role as they own relevant operant resources such as knowledge and skills to create value (Zainuddin et al. 2013).

Several researchers have conducted studies on value co-creation in health care. McColl-Kennedy et al. (2012) defined customer value co-creation as "[the] benefit realized from integration of resources through activities and interactions with collaborators in the customer's service network." They also indicated several co-creation activities such as cerebral activities, cooperating, collating information, co-learning, changing ways of doing things, combining complementary therapy, connecting, and co-production. Additionally, they proposed five groups of activities and perceptions of the customers' role: team management, insular controlling, partnering, pragmatic, and passive compliance. Sweeney et al. (2015) argued that based on the customer value co-creation activities in health care, there are three domain activities within the focal firm or clinic, outside the firm or clinic and self-generated. Krisjanous and Maude (2014), also explored co-creation activities between midwifes and clients through the perspective of the Midwifery Partnership Model (MPM) and incorporated the social practice theory in determining the level of partnership model. They noted fifteen activities generated from the interactions. Besides examining the types and style of interactions, some researchers investigated the determining factors of value co-creation in health care. Merz et al. (2013), stated that willingness and ability of patients and health care providers are antecedents for value co-creation, and suggested a conceptual framework which pointed out that willingness and ability to co-create both from patients and health care providers will influence the provider-patient relationship in a health care service encounter.

Even though health care co-production could be performed at the individual, the group, and the collective levels, it mainly concerns the one-to-one relationship between the health care professional and the patient.

The paradigm shift from G-D logic to S-D logic has allowed the value co-creation concept to evolve into the brand management field (Merz et al. 2009; Payne et al. 2009; Prahalad and Ramaswamy 2004; Ramaswamy and Ozcan, 2016; Vargo and Lusch, 2004). Traditionally, firms that provided goods or services solely managed the brand image and brand meanings over time; however, this firm-controlled brand management approach should move to be more collaborative with its stakeholders including customers as the one of focal partners and empower market agents (Biraghi and Gambetti, 2017). Ramaswamy and Ozcan (2016) suggested the firm should provide infrastructure and platforms to support and to manage the quality of co-creation experiences. Brodie et al., (2009) argued that "brand plays an important role in adding to the value of service". They integrated branding concepts such as brand equity, customer equity, and relationships with the S-D logic concept. They introduced the service-brand relationship-value (SBRV) triangle model that emphasizes the significance of experiences between the brand and its multiple stakeholders to co-create value. Merz et al. (2018), defined brand value as "value that is solely attributable to a brand". The brand value is determined by the beneficiary and viewed as the perceived use value through customer experience evaluation of goods or service propositions (Ramaswamy and Ozcan 2016). Ind et al. (2013), viewed brand value as created by employees, customers, and other stakeholders in the development of a brand. Tajvidi et al. (2018), stated "brand co-creation is co-created value through engagement in specific experiences and activities related to a brand". Merz and Vargo (2009), and Vargo and Lusch (2016), considered the stakeholder perspective view of brand value co-creation "as the process of creating perceived use of value for a brand through network relationships and social interactions among the ecosystem of all actors. It comprises multi-dimensional concepts encompassing engagement, value co-creation, and brand intentions". The brand value co-creation takes place when a firm and its customer interact to co-create the actual experience, for example 'value-in-use' that is solely attributable to the brand.

Value co-creation recognizes that consumers are not passive actors, but active participants in brand experiences and their voice is influential in brand management (Hatch and Schultz 2010; Vargo and Lusch 2004)**.** Consumers have an important role in contributing to the success of the brand since consumers perceive the value of the brand could influence other consumers about such a brand (France et al. 2015; Payne et al. 2009). Unfortunately, many firms are still not aware of the consumer potential to contribute to brand co-creation. Even though the firms are aware about the active role of consumers in the brand co-creation process, different types of consumers have different motivations such as intrinsic or extrinsic drivers when they interact with the brand (France et al. 2015). France et al. (2015) stated "customer brand co-creation behaviors are the customer-led interaction between customer and brand". The definition of customer brand co-creation behavior is completed by France et al. (2018) who argued "brand co-creation behaviors go beyond the general purchase and consumption exchange and include the voluntary active behaviors customers choose to perform in relation to the brand". Hsieh and Chang (2016) also proposed consumer brand co-creation behavior as a "persistent, positive, affective-motivational state of fulfilment that is characterized by vigor, dedication, and absorption toward brand co-creation". Meanwhile Merz et al. (2018), argued that customer-owned sources, namely knowledge, skills, connectedness and creativity, and customer motivations such as passion, trustworthiness, and commitment drove customers to contribute to brand co-creation. "Brand co-creation behaviors go beyond the general purchase and consumption exchange and include the voluntary active behaviors customers choose to perform in relation to the brand" (France et al.2018). Yi and Gong (2013), proposed several types of brand co-creation behavior such as feedback behavior, advocacy behavior, and helping behavior. Some advantages occur by inviting consumers to participate in the brand co-creation process such as enhanced value perception (France et al. 2018).

In the health care context, patients are the focal consumers of health care providers such as hospitals or clinics. Chronically ill patients should collaborate with their health care professionals and be active in self-management including self-care of their health since chronic diseases rarely can be cured and need long periods of treatment (Holman and Lorig 2000). Adopting the S-D logic views in health care, chronic disease patients should not be viewed as a passive recipient of medical treatment, but they should co-create a modality treatment together with their health care professionals. However, this situation sometimes is difficult to attain since there is information or knowledge asymmetry between patients and health care professionals (Barile et al. 2014; Vargo and Lusch 2004). Adopting the definition of value co-creation in health care and customer brand co-creation behavior, we define patient brand co-creation behavior for this study as 'value co-creation that occurs through consumer activities and interactive experiences between patients and health care professionals as representatives of a health care service provider brand'.

Chronically ill patients who are less likely to be cured have the ability to perform self-management and self-care of their health in order to maintain their quality of life (Holman and Lorig 2004). People with chronic diseases should be involved in a variety of health care behavior such as taking regular and continuous medication, monitoring their diet, exercising, and regularly sharing their health condition with health care professionals. These behaviors will enhance the quality of life to control the progression of the disease and minimize any disruptions of daily life (Helgeson and Zajdel 2017; Holman and Lorig 2004). The patient should be empowered by health care professionals to be able to perform certain self-care and self-management activities. Thus, patient empowerment focuses on the interaction between health care professionals and the patients (Ouschan et al. 2006). Funnell et al. (1991) stated that "patients are empowered when they have the knowledge, skills, attitudes, and self-awareness necessary to influence their own behavior and that of others in order to improve the quality of their lives". The implementation of patient empowerment creates the consequence of patients having the ability and willingness to engage in health care knowledge. The HCP duty is to share knowledge, delegate certain responsibilities to the patient and to increase the capacity of patients to think critically (Anderson and Funnell, 2010; Fumagalli et al. 2015).

The Sustain Project suggested four components of patient empowerment: shared decision-making, health literacy, patient's control over their treatment and communication with health care professionals that have an influence on patient knowledge, control and participation (Polese et al. 2016). Shared decision-making allows patients and health care professionals to share health care decisions together. Patients should be involved in choosing a suitable medical modality. Health literacy refers to a patient's capacity to obtain and understand basic health information. The patients can collect information and use the information to make shared decisions. Patients' control over treatment refers to the patient's ability to control and manage their health condition or their ability to perform self-management. Communication with health care professionals is the interactive process that involves patients and health care professionals to understand information shared and received (Polese et al. 2016).

Hennig-Thurau and Klee (1997) define relationship quality "as [the] intensity and tightness of a relationship". Relationship quality is conceptualized as multi-dimensional, consisting of three constructs, or building blocks, namely trust (confidence), satisfaction, and commitment. Trust refers to "a willingness to rely on an exchange partner in whom one has confidence". Satisfaction is a customer's overall emotional evaluation of the performance of a service/product provider, and commitment is the desire to maintain a relationship (Gwinner et al. 1998). Satisfaction will influence the relationship quality and from the firm's perspective, relationship quality affects customers' decisions to maintain, build or withdraw from a relationship (Chen and Myagmarsuren 2011). Administrative service, medical care, and nursing care are the three components that determine the service quality of patient satisfaction in the health care domain (Azizan and Mohamed 2013). An important concept relating to relationship quality in service is feeling comfortable. Comfort is "a positive emotion, feeling at ease and with reduced anxiety" (Spake et al. 2003). Comfort is regarded as "holistic and multidimensional associated with concepts that are hallmarks of a caring and humane society such as dignity, empathy, kindness and compassion" (Wensley et al 2020). It is a shift from pain, emotion, and physical distress to a sense of positivity, feeling valued, being cared for and accepting treatment (Wensley et al. 2020).

3. Methods

In this study, we adopt Jabareen (2009) who proposes some iterative steps to develop a conceptual framework. The conceptual framework commences with mapping the data sources by reviewing the data from primary and secondary data. The transcript from the interviews with patients who are at end stage renal disease (ESRD) and health care professionals and the literature review about value co-creation, brand value co-creation, value co-creation in health care were read and reviewed extensively. Then, we map the data sources, categorize, de-construct, integrate them and synthesize the emerging concept. We validate our proposed conceptual framework by asking the view from some patients and health care professionals.

4. Data Collection

To develop a conceptual framework that represent brand value co-creation process in health care we focused to collect primary data by interviewing patients who are at ESRD with specific treatment "continuous ambulatory peritoneal dialysis (CAPD)" and health care professionals including CAPD doctors and nurses. CAPD is one of the ESRD treatment in which the patients can perform self-dialysis by following the guideline from health care professional. The secondary data will be gathered from multidisciplinary literature include value co-creation, brand co-creation, patient engagement.

5. Results and Discussion

Based on the insights from the literature review, interviews, reading related documents of value co-creation and brand value co-creation, we propose the factors that influence patients' intention to co-create brand value using patient empowerment and relationship quality. In health care, the success of a patient's participation, activation and engagement that forms patient empowerment relates to the relationship quality between the patient and health care professionals.

The four elements of patient empowerment, namely shared decision making, health literacy, patients' ability or control over their treatment, and communication with health care professionals may motivate the patients to contribute or involve themselves in patient brand co-creation. It is therefore proposed:

P1: Patient empowerment that consists of shared decision-making, health literacy, patients' ability to control their treatment, and communication with health care professionals leads to positive patient brand value co-creation.

Relationship quality consists of satisfaction, trust, and commitment. They are the determinant factors whether the relationship will proceed in a positive or negative direction. In chronic health conditions, trust and commitment with health care professionals is a prerequisite. Patients should commit to the modality that they have decided upon and trust the medication modality and process. In our view, satisfaction and feeling comfortable with health care professionals are crucial dimensions to form quality relationships in the case of chronically ill patients. It is therefore expected that relationship quality influences or is an antecedent to patient brand co-creation behavior. Hence:

P2: Relationship quality that consist of patients' satisfaction and patients' comfort leads to positive patient brand value co-creation.

Based on the two propositions above, we propose our research framework of brand value co-creation in health care in Figure 1. The framework aims to understand the antecedents of patient brand value co-creation that may be influenced by patient empowerment and relationship quality.

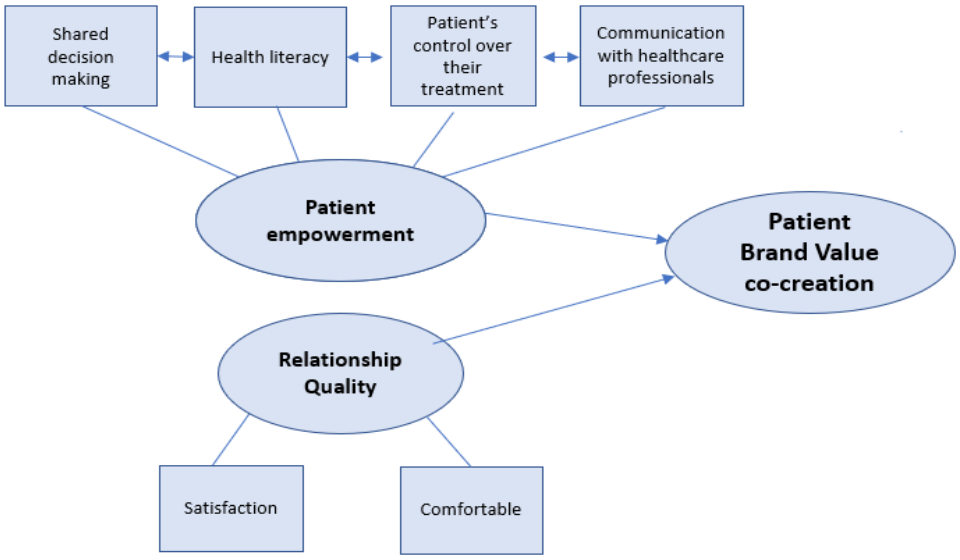

Figure 1. Proposed Conceptual Framework of Patient Brand Value Co-creation

The patient brand value co-creation framework provides understanding of the brand value co-creation in the health context. The propositions and conceptual framework are developed from two key concepts: patient empowerment and relationship quality. The patient empowerment concept is adopted as its components (shared decision making, health literacy, patients' control over their treatment, and communication with health care professionals) support the patient being empowered which could motivate patients to be involved in patient brand value co-creation.

Additionally, relationship quality between patients and their health care professionals also influences patients to contribute to patient brand value co-creation. Satisfaction with the relationship and patients' comfort with health care professionals leads to brand value co-creation behavior.

First, the current conceptual framework and proposition provide a theoretical contribution because they are two possible antecedents that may lead to brand value co-creation in health care (patient empowerment and relationship quality). Second, the conceptual framework of patient brand value co-creation is the extension of previous studies that emphasized input from the customer's viewpoint.

6. Conclusion

Our propositions and conceptual framework provide valuable insight for health care professionals or health care providers. To maximize the health care outcomes or maintain quality of life, health care professionals cannot do this by themselves. They must consider the abilities, knowledge, and skill of patients. Health care professionals should provide facilities for the patient's ability and willingness to co-create value. The Patient Brand Co-Creation conceptual framework is groundwork for brand value co-creation in health care. Future research is necessary in which patients with chronic illness are suggested to be the main participants or respondents to assess the propositions and the conceptual framework.

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