

THESIS FOR THE DEGREE OF LICENTIATE OF ENGINEERING

Improvements for value creation in public services

The case of the Swedish sick leave system

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Abstract

The demands on public services are constantly increasing and the public sector has, over the years, been subject to several management approaches trying to improve it. These new approaches have been criticized lately for an overly emphasis on market forces, specialization, and an intra-organizational focus, resulting in fragmented services and a poor system understanding for both citizens and employees of public organizations. Moreover, the problems faced by today's society often require collaboration among multiple actors, not speaking in favor of these new approaches that tend to separate professions and functions into silos. To problematize further, the beneficiary of a public service is not always clear, and there are occasions when the wishes of a service user and the society might diverge. Here, value might be perceived to be destroyed for one actor, but created for another.

This thesis seeks to *increase the understanding of improvements for value creation in public services* by investigating the case of the Swedish public service of sick leave. A public service consisting of multiple actors in need of collaboration to succeed in delivering the service. Two research questions (RQ) are used to guide the research. The first is: "*How can service user improvements be described and facilitated in public services?*" The second is "*How is value created and destroyed with service users among actors in public services?*" Three papers serve as the foundation for the thesis and answer the RQs. The first paper is a systematic literature review that aims to increase the understanding of customer-related improvements and thereby consolidates knowledge for further use in the thesis, mainly contributing to the first RQ. The second paper goes further into the multi-actor context of public services and investigates how improvements can be facilitated in terms of how to identify, understand, and align improvements, contributing to both the first and second RQs. The third paper regards the perspective of the frontline employees of the public service organizations involved in the sick leave system and how they can improve the aspect of value creation in the public service, mainly contributing to the second RQ. The findings show a complexity of improvements, where mandate to initiate/start an improvement, capabilities to perform the improvement, and the benefits from an improvement could be separated among different actors and dispersed over hierarchical levels and organizational and professional borders. The improvements are also found to be conditioned by a sequence of improvements to realize benefits, contributing to the need for a system understanding to enable improvements in the system. In this context of public services, it is also found that the root cause of the problems the service aims to solve can reside outside of the scope of the public service, leading to only symptomatic treatment of the problem, making it difficult to improving the service per se. It is also found that value can be created at different loci of the system, even with actors that are not typically a part of the public service. To counter these problems, 'gaps' in rules and regulations should be addressed. However, this approaches the aspect of standardization, which could also improve the situation, but might also create problematic situations due to the professional context requiring autonomy and risks, decreasing motivation and creativity of the employees. The thesis hereby contributes to the area of public management by infusing it with aspects from change management and quality management to increase the understanding of improvements for value creation in public services.

Keywords: Improvements, change processes, customer focus, public service logic, value co-creation, service ecosystems, public services, welfare services

List of appended papers

Paper 1: *Theory and practice of customer-related improvements: A systematic literature review (2nd revision, minor)*

Gyllenhammar, D., Eriksson, H., Eriksson, E.

This article is submitted to a peer-reviewed journal and is now under review. The co-authors were a part of all stages and wrote some sections of the paper, but Daniel Gyllenhammar was the main author of this paper and planned, analysed, and wrote the majority of the paper as well as took responsibility for the revision process.

Paper 2: *Identify, understand, align, and improve: Capturing and coordinating improvements in a public service system (1st revision)*

Gyllenhammar, D., Hammersberg, P.

This article is submitted to a peer-reviewed journal and is now under review. D. Gyllenhammar was the main author of this article and drafted the manuscript. However, the data gathering and analysis were done jointly with the co-author. D. Gyllenhammar was mainly responsible for the qualitative analysis while Peter Hammersberg was responsible for the quantitative analysis.

Paper 3: *Micro-system value creation among multi-actors: A frontline employee perspective (working paper)*

Gyllenhammar, D., Eriksson, E., Löfgren, M.

This article is a working paper and is intended to be submitted to a peer-reviewed journal. Märit Löfgren and D. Gyllenhammar collected the data and conducted all focus groups; the analysis was largely done jointly by M. Löfgren and D. Gyllenhammar. The interpretation and writing were equally divided between D. Gyllenhammar and Erik Eriksson.

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Introduction

The demands on public services, as an integral part of the welfare system, are constantly increasing, which has fuelled the need to improve (Elg, Wihlborg, & Öernerheim, 2017). However, even though what drives results is known to some extent (Raharjo & Eriksson, 2017), the way forward for how to improve is not clear (Al-Haddad & Kotnour, 2015; Prebble, 2021). It is within this context that this thesis contributes; that is, the area of improvements in welfare systems and public services.

Public services are often riddled with uncertainties, political conflicts, and unclear accountabilities and responsibilities (Geuijen et al., 2017; Prebble, 2021). A diversified set of actors, not necessarily aligned, further problematizes the situation (Eriksson & Hellström, 2021). Moreover, public services are often fragmented, which results in a poor understanding of the system as a whole, putting both service users and members of the organisations in a difficult position (Quist & Fransson, 2014).

Several ‘best ways’ for how to manage public sector have been proposed over the years, such as Public Administration and New Public Management (NPM), which have later often been blamed as the cause of the problems in today’s public services (Alford & Hughes, 2008; Osborne, 2006). NPM emerged as a response to inefficiencies in current public management and the shortcomings of traditional bureaucracy (Alford & Hughes, 2008). However, NPM has afterwards been criticised for having an excessive focus on market forces with competitive and contractual relationships, increasing hierarchies and specialization (Osborne, 2006) and creating an intra-organizational focus (Eriksson & Hellström, 2021), adding to the aforementioned alleged problematics in public services.

Moreover, public services often need to involve multiple actors to enable a service (Bryson et al., 2017), which increases the complexity of the system (Vargo & Akaka, 2012), calling for increased collaboration to solve the complex problems that often occur in the public sector (Prebble, 2021; Snowden & Boone, 2007). Consequently, public management approaches like NPM are deemed to be suboptimized for these multi-actor contexts where increased collaboration is required to create value (Bryson et al., 2017; Osborne, 2006). However, even if one knows *what* to do, further research is required regarding *how* to achieve it (Eriksson &

Hellström, 2021) and to further understand the creation of value in these multi-actor service eco-systems (Dudau, Glennon, & Verschuere, 2019).

In parallel with the introduction of NPM in public sector during the 1980s (Quist & Fransson, 2014), there was also a shift within the private sector towards service-oriented approach from a goods-dominant logic (e.g., Grönroos, 1982; Grönroos, 1984; Parasuraman, Zeithaml, & Berry, 1985, 1988). An essential part of the service-oriented paradigm is that value is predominantly created in joint interaction between customers and providers, either as co-producers (Vargo & Lusch, 2004) or as co-creators (Vargo, 2008); this implies that value cannot be created solely by a single organization (Grönroos, 2008). Even though it can be created solely by the customer (Grönroos, 2013).

The notion of including the customer in the production of value in public services is not new (Ostrom et al., 1978), but has gained increased attention in public management literature recently. As a result, a multiplicity of overlapping co-concepts has been created (Eriksson, 2019, p. 294), calling for clarification of the topic, especially the interaction between frontline employees and service users (Dudau et al., 2019), but also how multi-organizational collaborations should address the issue of which actors are needed in order to develop public value (Bryson et al., 2017).

Value in the public sector is argued to be different than in the private sector (Osborne, 2018). There are several reasons for this, one of which is that value can to a greater extent be created at different levels of the system, such as individual, group, and society (Eriksson, 2019) or micro, meso, and macro levels (Petrescu, 2019). Another aggravating aspect is that some services are designed to create public value, but in parallel arguably destroying individual value; for example, a prison (Moore, 1994).

Tied to the problematics of public value, public services often have a more heterogenous set of customers than private ones, where a coercive element might be included (Petrescu, 2019). As noted above, this diverse set of customers for the same service poses a dilemma because the different customer needs might be in conflict, therefore requiring prioritization and compromises (Moore, 1994). Another aspect worth noting is that the return of a customer can in several public services (such as education and healthcare) be seen as a failure, as compared to private services where a returning customer is seen as an indication of a good service (Osborne, 2020).

The focus on customers is also an essential part of any well-performing organization (Bergman & Klefsjö, 2010; Lengnick-Hall, 1996), but the customer concept can be problematic in some industries as the involvement and relation can take many different forms (Karlsson et al., 2016; Lengnick-Hall, 1996). Discerning the customer concept is not always an easy task for practitioners, and there is a need for further research into how to manage the customer aspect in public services (Elg et al., 2017; Osborne, 2018) and also the role of the customer/service user and provider in connection to public and individual value (Hardyman, Kitchener, & Daunt, 2019).

From an empirical perspective, there is a lack of empirical studies investigating the ‘co-paradigm’ in public sector (Dudau et al., 2019). Even though there are empirical studies concerning this area, many are concentrated on healthcare (e.g., Batalden et al., 2016; Eriksson et al., 2020; Eriksson, Gadolin, Andersson, et al., 2021; Eriksson, Gadolin, Lindahl, et al., 2021; Eriksson & Hellström, 2021; Gustavsson & Andersson, 2019; Hardyman, Daunt, & Kitchener, 2015; Hardyman et al., 2019), and it is recognized that the scope has to be broadened from just healthcare (Eriksson, Gadolin, Andersson, et al., 2021).

The basis for the research in this thesis is set in the Swedish public service of the sick leave system, a service showing the characteristics of previously mentioned problems of public management, such as multiple actors with diverging opinions of the service (Altermark, 2020).

Purpose and research questions

As noted, the area of improvements concerning value creation in public services has several unexplored niches. Below are five statements summarising the calls for research addressed in this thesis:

- The customers' roles in public services (Elg et al., 2017; Osborne, 2018) and the roles of service users and providers in relation to value in public services needs to be clarified (Hardyman et al., 2019).
- There is a need to clarify the co-concept and the interaction between frontline employees and service users (Dudau et al., 2019).
- The understanding of how to improve value creation in the multi-actor context and the service eco-system in the public sector must be increased (Dudau et al., 2019; Elg et al., 2017; Eriksson & Hellström, 2021).
- There is a lack of knowledge about how multi-organizational collaborations should involve different actors to improve public value (Bryson et al., 2017).
- There are few empirical studies within public service logic (PSL) and the 'co-paradigm', which necessitates more research (Dudau et al., 2019; Eriksson, Gadolin, Andersson, et al., 2021; Eriksson, 2019).

Taken together, these calls for research regard public services, as an integral part of the public service system, where the customer, or service user,¹ is a central part of the value creation process. This leads to the over-arching purpose of this thesis, which is *to increase the understanding of improvements for value creation in public services*. This purpose is also supported by two research questions, which are described more in detail below.

Research questions

As the knowledge of improvements for the service user is spread over several fields (such as service management, quality management, change management, public management, operation management, and several industry-specific research traditions), there is a need to consolidate the knowledge. Furthermore, service user improvements in public services are a sub-sample of

¹ Since the term 'customer' is problematic in the context of public sector, I will use the term 'service user' in this thesis, but I will also problematize the notions of the 'customer' and the 'service user' later in the thesis.

all customer improvements, so the latter can guide the former and pave the way for investigating how to facilitate improvements in public services. This leads to the first research question supporting the purpose:

- 1) How can service user improvements be described and facilitated in public services?

Moreover, as the service users of the public sector are more heterogenous than those in the private sector, this implies that value can be perceived differently by different service users. Furthermore, the public sector must involve several actors in order to be able to supply their services, which requires collaboration. To address these aspects, the second research question is written as follows:

- 2) How is value created and destroyed with service users among actors in public services?

While there are numerous ways to describe change (Al-Haddad & Kotnour, 2015), a simple, but still useful, way is the three-step model of unfreeze–change–freeze by Kurt Lewin (1947). Figure 1 depicts the research and the research questions with Lewin’s model as a foundation.

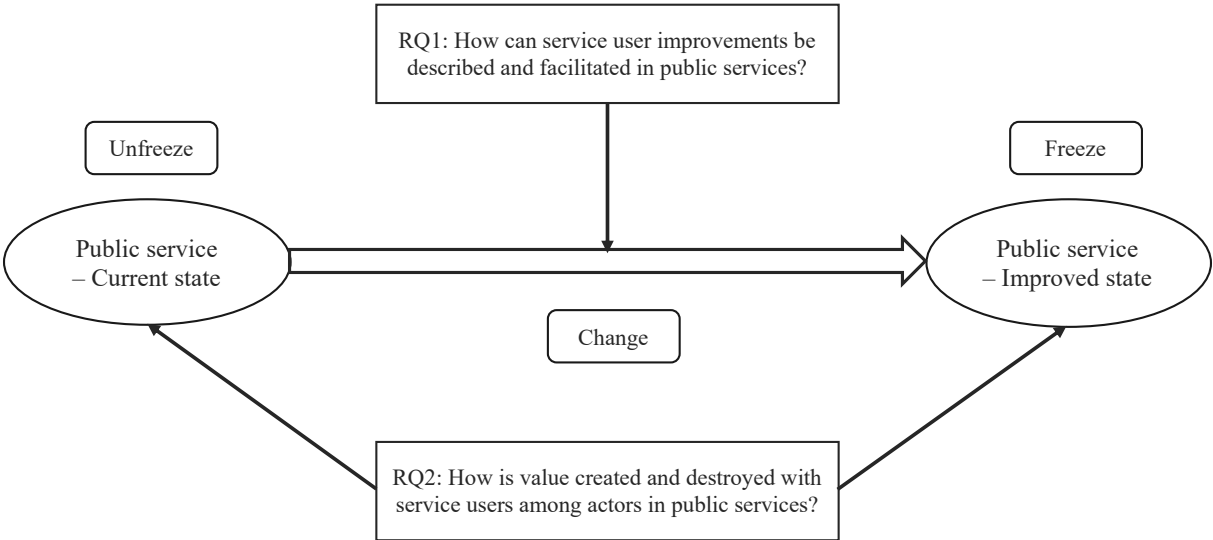


Figure 1: Research questions and the research, described by the unfreeze–change–freeze change model (Lewin, 1947).

Thesis outline

The remainder of this thesis is outlined as follows. After the introduction, including a description of the purpose and research questions, the theoretical framework is depicted, which also deepens the problem formulation in previous sections. This is followed by the method chapter, which delineates the overarching research process, its context, and the conducted studies. The subsequent chapter provides brief descriptions of the appended papers. Next comes the discussion chapter, which addresses the research questions, followed by a conclusion and directions for future research. The three papers used in the thesis are appended at the end of the thesis.

Frame of reference

This chapter presents the frame of reference for the thesis. As a continuation of the problem formulation in previous chapter, the frame of reference starts with addressing the question ‘*why?*’, by elaborating on the areas of *public management and public value*, *the value concept*, *public service logic*, and *ecosystems and resource integrations*. This serves to frame the contextual problem and leads to the question of ‘*what?*’ by defining which areas should be in focus; this is also elaborated by the areas of *improvements and change processes*. The question of ‘*what?*’ is then transitioning into the question of ‘*how?*’ towards the end of this chapter. Here, I move into the area of *coordination mechanisms* to facilitate the understanding of coordination in multi-actor systems, such as the sick leave system. The chapter finishes with a summary and an extended version of Figure 1, namely Figure 2, which now includes the frame of reference.

Public management and public value

Public management has been performed in different ways over time and has transitioned through several paradigms (Osborne, 2006), where many of today’s problems within public administrations are now attributed to the ill-suitedness of former management approaches (Osborne, 2018). Most former management paradigms have focused on a manufacturing and production logic. An insufficient approach when it comes to meeting the needs of public services (Radnor et al., 2014) because the problems faced by today’s public administrations often require a high degree of collaboration, with both internal and external actors of the involved organisations (Bryson et al., 2017). The criticism has, however, been both negative positive, but it is mainly argued that there is a need for better approaches (Bryson, Crosby, & Bloomberg, 2014).

Furthermore, while there is more than one implementation and interpretation of NPM, there are some common features. Firstly, there is a desire for monitoring and control, which leads to the creation of multiple divisions and central headquarters to more clearly be able to identify costs and allocate resources (Osborne, 2006). Here, responsibility and accountability is divided into what is known in the private sector as ‘business units’, where performance targets are used to steer the organisations in a top-down manner (Alford & Hughes, 2008). Secondly, a further development of the approach considers the contractual part, where privatisation also became a part of the picture, as the paradigm had a belief upon market forces. In the extension, the relation between provider and purchaser became mainly contractual, specifying costs, outputs, quality,

incentives, and penalties (Alford & Hughes, 2008; Lord, 2019). Consequently, it is argued that the service user acquires a passive role as only a receiver of the service and has limited opportunities to affect the service (Osborne, 2020).

The value concept

What is value? This rather vague term is widely used in both service management and quality management literature, often paired with the customer (e.g., Bergman & Klefsjö, 2010; Grönroos, 2007). One loose definition stemming from the service logic is that “[Customers] are or feel better off than before” (Grönroos, 2008, p. 303). By itself, this definition might seem odd, but it makes more sense when placed into the service logic context where value can only be created with the customer (Vargo & Lusch, 2008). Here, the term ‘value-in-use’ represents the notion that value is created in the life world – that is, the everyday life – of the service user and the firm can only provide an opportunity for the service user to incorporate the firm in its value creation process (Grönroos & Voima, 2013). Furthermore, value is contextual; the term ‘value-in-context’ describes this by stating that “*value is uniquely and phenomenologically derived and determined through the application (use) of a market offering, and it is based on a particular perspective (individual viewpoint) and a specific context (e.g., time, place, and social setting)*” (Vargo & Akaka, 2012, p. 210). The healthcare context can be used as an example to illustrate these terms and the inclusion of the service user’s life world and why they are important. As doctors can only offer the patient medical treatment (whether it is surgery, medication, or something else), what matters is how the patient interacts (directly or indirectly) with the service offer, so it is clear that the life world and context of the patient determines the outcome for the offered service by the doctor (Grönroos & Voima, 2013). Here, another important aspect is the integration of resources from different actors (Osborne, 2020), which will be discussed later in this chapter.

The notion that value is always created *with* the customer (Vargo & Lusch, 2008), implying that there must be two entities involved, has been criticised (e.g., Grönroos & Voima, 2013; Skålén et al., 2018). Grönroos and Voima (2013) presented two overlapping spheres depicting the different types of value creation involving the provider and the customer (or service user) – thus creating three areas: the provider sphere, the joint sphere, and the customer sphere. Here, the provider can address value creation independent from the service user by, for example, improving the internal production processes and hereby creating potential value. Meanwhile, service users can create real value by integrating their own experiences with resources independently from the provider. Lastly, there is overlap between the provider sphere and the

customer sphere where real value is co-created between the customer and the provider in direct interactions. This aspect of value co-creation will be elaborated further later in this chapter.

However, the definition of value in public sector differs from the private sector (Osborne, 2018). Even though it will soon be 30 years since Moore (1994) presented the strategic triangle and spurred a discussion of public value, the complexity of value in public sector is yet to be eased (Petrescu, 2019). Firstly, in the public sector, as opposed to the private one, the return of a customer or repeated business, is often not a sign of good service; rather, the opposite, such as healthcare and education (Petrescu, 2019). Secondly, it is also more common for value to be consumed at different levels of the system, either at the individual level or at a collective level (Moore, 1995). Thirdly, the service user (or customer) can most often not influence the service provider in an equally direct fashion as in the private sector, where the customer can choose to buy or not buy a service, since there might be a monopoly of the service and that changes in public service mainly go through democratic processes (Alford, 2002). Fourthly, some of the services are coercive, where the service user is forced to use the service for the good of the collective (for example, prisons or schools) (Moore, 1994). Here, the previously mentioned definition of value by Grönroos (2008, p. 303) becomes problematic as, for example, a prisoner might not find the prison adds value at a personal level. This relates to a fifth difference, where public services usually has multiple end-users, or stakeholders, which can have conflicting definitions of what a successful service is (Osborne, 2018). To further complicate matters, users of public services have the dual role of user and citizen with its broader societal interests (Strokosch & Osborne, 2016). Finally, there is also the notion that the service user might need services from other public service organisations (PSO) in their value creation, which hereby questions the duality of the interaction between the PSO and the service user alone, as the PSO must now consider a network of other value co-creators (Osborne, 2018).

Public service logic

A promising approach to address the aforementioned issues is PSL (Petrescu, 2019), which has its heritage in the service management (Osborne, 2018; Osborne et al., 2015). PSL emphasises the notions of co-production and co-creation, where the former can be seen as a sub-category of the latter (Hardyman et al., 2015). PSL moves the focus of public management from a previous market and product orientated focus, utilising a general management approach that is largely based upon manufacturing logics (Lord, 2019; Radnor et al., 2014), towards a service-oriented approach with the consumer as a co-creator (Petrescu, 2019).

This implies that the service user takes an active role in value co-production instead of only being a receiver, as in the manufacturing and goods-dominant-logic (Eriksson, 2019). Scrutinising the concept of co-production can include a varying degree of activities, such as planning, designing, financing, prioritisation, managing, delivery/performing, and assessment (Eriksson, 2019), but is defined as a concept as the “...*involvement of public service users in any of the design, management, delivery and/or evaluation of public services*” (Osborne, Radnor, & Strokosch, 2016, p. 640), hence focusing on the interaction between the PSO and the service user (Eriksson & Hellström, 2021). Meanwhile, McColl-Kennedy et al. (2012, p. 375) defined co-creation of value as “*benefit realized from integration of resources through activities and interactions with collaborators in the customer’s service network*”, thereby moving the focus from the intersection between PSO and user/customer to the user’s/customer’s service network. However, the concept of including the customer in the value creation process and co-production has been around for quite some time (Ostrom et al., 1978), although it still needs clarification (Dudau et al., 2019).

In the context of PSL, Osborne (2018, p. 228) stated that “*PSOs do not create value for citizens – they can only make a public service offering. It is how the citizen uses this offering and how it interacts with his/her life experience that creates value.*” This perspective tilts PSL towards co-creation in contrast to co-production. Here, it is acknowledged that the non-linearity of value creation occurs in the interaction between service user and the PSO, but is primarily taking place in the broader context of the service user’s life world (Osborne, 2018). Two important terms in this context are value-in-use and value-in-context, which have been discussed previously (p. 8).

It is worth noting that even though both of the co-concepts of co-production and co-creation have a positive denomination, there is also a need to regard the possibility of value destruction (Osborne et al., 2016). Within this area of value destruction, the aspect of negative value is acknowledged where a service encounter can diminish or destroy value for the service user (Järvi, Kähkönen, & Torvinen, 2018). This implies that instead of the service user being “...*better off than before*” (Grönroos, 2008, p. 303), the service user is actually worse off than before.

This co-destruction can be tied to ‘gaps’ in the service system caused by several reasons, such as absence of information, insufficient level of trust, mistakes, inability to serve, inability to

change, absence of clear expectations, customer misbehaviour, and blaming (Echeverri, 2021; Järvi et al., 2018).

Furthermore, it is noted that the destruction of value in public sector can occur at different stages of the value creation/destruction process: in the service meeting and co-production, by developing/modifying existing services and co-design, and through inventing new services and co-innovation (Eriksson, Williams, & Hellström, 2022).

Ecosystem and resource integration

In a broader context, the realised value for the service user is also dependent on other sources of interaction, such as other parts of the same organization (for example, in healthcare when going from analysed samples to appropriate treatment), other PSOs (such as the need for rehabilitation or transportation), or family and friends (for example, for support in daily life activities). An interesting notion of PSL is that it turns the perspective from that of the PSO to involve the service user in its service offering, to that “... *it is the PSO that must be added into the equation as a co-creator of value, not the service user*” (Osborne, 2018, p. 229) and not vice versa.

From an ecosystem perspective, PSL must consider actors such as businesses, consumers, citizens, competitors, financial institutions, institutional actors, non-profit organisations, partners, suppliers, and user communities, in both vertical and horizontal relations as well as in a loose network (Petrescu, 2019). This is also emphasised in the notion that public services must take other PSOs into account as well as the network of the service user, including family and friends (Osborne, 2018). It is also proposed that public services create value, not just for the individual and the collective, but also on micro, meso and macro levels of the system, even though the details of *how* this occurs are left unknown (Petrescu, 2019). In other words, value can be said to have different loci (or locus in singular) where Grönroos and Voima (2013, p. 6) defined ‘locus of value creation’ as “... *the customer’s physical, mental, or possessive activities, practices, and experiences in multiple individual and social contexts*”, where the ‘customer’, in the case of PSL, is the service user.

An important aspect of the ecosystem perspective in PSL is resource integration (Eriksson & Hellström, 2021). Resource integration can be described as occurring when actors – including users, providers, and other stakeholders – combine tangible and/or intangible resources to create value (Vargo & Lusch, 2016). A vivid example could be the traditional car mechanics, where

the mechanic brings knowledge and tools, while the customer brings the car and knowledge of the problem, which will hopefully result in a well-functioning car. Therefore, in public sector, it is important to acknowledge what different, and sometimes non-traditional collaborators, can bring to the table to enhance the value creation process (Eriksson & Hellström, 2021). However, even though value is sometimes not created on an individual level, only on the public level – as in the coercive case of a prison inmate – it is argued that this should still be regarded as a value-creating service (Moore, 1994; Skålen et al., 2018). In such circumstances, when there is a reluctance to join the value creation process, the notion of potential negative aspects for involved actors should be considered (Eriksson et al., 2022).

Even though PSOs can be the main provider of resources for value co-creation with its services' users, there is often a need to integrate resources from other actors that are a part of the service users' life world to provide their intended service (McColl-Kennedy et al., 2012). It is also argued that not just actors from the public sector should be considered, but also actors from private and third sector, not to mention the resources belonging to the personal sphere of the service user (Eriksson & Hellström, 2021).

Improvements and change processes

To clarify the two terms 'change' and 'improvements', I note that 'improvements' is used when something has been made better, while 'change' is neutral in terms of better or worse and could hence be either.

Change processes

There are numerous approaches for change and improvements (Al-Haddad & Kotnour, 2015). For example, change could be seen as a project containing certain steps (e.g., Beer & Eisenstat, 2000; Beer, Finnström, & Schrader, 2015; Kotter, 2007; Lewin, 1947), two-dimensional or dichotomies (e.g., Alänge, Clancy, & Marmgren, 2016; Christensen, 2013), or cyclical and continuous (e.g., Bhuiyan & Baghel, 2005; Reed & Card, 2016; Schroeder et al., 2008). Each approach is suitable for different contexts and must therefore be adapted to the circumstances of the setting (Al-Haddad & Kotnour, 2015).

The process of changing is not a new field, and even in the 1940s Lewin (1947) presented the three-step model of unfreeze–change–freeze, a simple model that provides an overview of what change is. The understanding of change has developed since then, as have models for how to describe a change process. For example, the four components of: (1) *content*, describing what is changed; (2) *process*, for how the change is done; and (3) *context*, describing why and where

the change is done, to explain (4) the *outcome* (Pettigrew, 1987, 2012). However, it could also be argued that *time* should be a fifth component, as change takes time and therefore requires patience and a longitudinal perspective to enable a true picture to see the impact of the change (Pettigrew, 1990).

Looking further into the types of change, a common aspect is the scale of the change (Al-Haddad & Kotnour, 2015). This is often presented as dichotomies such as disruptive or sustained (Christensen, 2013), radical or incremental (Al-Haddad & Kotnour, 2015), or emancipation or workability (Johansson & Lindhult, 2008). However, these changes are not all used for the same purpose, and as all of the first terms in the above-mentioned dichotomies address larger changes, these are mostly about organisational restructuring, changing hierarchical structures, or implementing new systems and technologies. Meanwhile, the second terms of the dichotomies are about continuous improvements and more incremental and experimental, aiming to be more pragmatic and facilitating for those closest to the problem.

Furthermore, some famous (or infamous) models – such as Kotter’s (2007) eight step model for change – have been described as too linear and hierarchical, with too much emphasis on the heroic leader and an askew view of the employee (Hughes, 2016). However, this is not black and white, and the above-mentioned dichotomies do not in fact have to be dichotomies; rather, they can simply be different components that can be mixed and fruitfully combined to find the optimal solution for each particular context (Beer & Nohria, 2000).

Improvements

The notion of improvements is a central part of quality management and initially sprung from the manufacturing industry (Dean & Bowen, 1994). Matthews and Marzec (2017) distinguished between continuous improvements and quality improvements, defining the former as “*proactive identification and elimination of problems and waste*” (p. 306), while the latter concern the responses to customer complaints and requirement changes. Linking this to the definition of quality by Bergman and Klefsjö (2010, p. 23) where quality is defined as the “*...ability to satisfy, and preferably exceed, the needs and expectations of the customers*”, it could be argued that both types of improvements are requirements to uphold quality.

However, the concept of improvements is also seen elsewhere and is not unique to the manufacturing industry. Similar approaches have emerged in other industries and sectors. In healthcare, an entire research stream is dedicated to ‘improvement science’ (Bergman et al., 2015), and concepts like PDSA (Plan-Do-Check-Act) are now common tools in this

environment (Reed & Card, 2016). Stemming from the IT sector and software development, the management concept of ‘agile’ has a strong emphasis on iterative and incremental improvements (Appelo, 2011; Bosch, 2017). Within the broader context of strategy management research, it is accepted that companies must continually improve in order to stay ahead of their competition (Teece & Pisano, 1994; Teece, Pisano, & Shuen, 1997). Furthermore, organisations that are willing to experiment are more likely to successfully improve and remain ahead of their competition (Davenport, 2009; Eriksson, 2020; Thomke, 2020).

Another aspect of improvement is the learning organization (Boyce, 2003). Here, the notion of single- and double-loop learning is important since it considers whether it is only a correction of a found error according to the system (single-loop) or if the learning actually questions the system itself (double-loop) (Argyris, 1977, 2002).

Improvements in the context of healthcare

To succeed with improvements within healthcare, it is necessary to consider several perspectives (Huzzard, Hellström, & Lifvergren, 2018). This as healthcare can be defined with four distinct thought worlds: Cure, Care, Control, and Community (Glouberman & Mintzberg, 2001a, 2001b). *Cure* represents the medical sphere, and to a large extent the physicians, focusing on changing the condition of patients through (mostly medical) cures. *Care* can be symbolised by the nurse, who guides the patient through his/her journey through the healthcare system, often also regarding aspects outside the medical sphere, such as the patient’s life situation. *Control* is the financial and management part of healthcare, but also the administrative perspective, which often formally controls a hospital and healthcare setting. *Community* is the broader society, but also the board, which serves as representatives of the people in the community. Even though this is an example from healthcare, the same way of thinking, where multiple thought worlds must be considered, can be applied in other contexts as well, such as other public services.

Furthermore, to enable improvements in the context of professional organisations, such as healthcare, it is necessary to adhere to both the professional knowledge and the knowledge of how to improve (Batalden & Stoltz, 1993, 1995). Moreover, when improving healthcare, the patient is a central aspect to consider (Bradbury & Lifvergren, 2016; Huzzard et al., 2018). Similarly, the citizen or service user has a central role when expanding the perspectives towards more general public services and the welfare system as a whole (Bryson et al., 2021; Elg et al.,

2017; Provan & Milward, 2001). Therefore, it can be argued that the service user perspective should be considered when analysing public services.

Coordination mechanisms

An essential element of any organisational context is the coordination and alignment of its actors and their tasks (Mintzberg, 1993; Nadler & Tushman, 1980). A need which does not diminish in the multi-actor context of public services (Bryson et al., 2017). Coordination can be described in several ways, such as four fielders (Claggett & Karahanna, 2018); dichotomies –programmed versus nonprogrammed (Argote, 1982); or as the more detailed five mechanisms described by Mintzberg (1993), which is subsequently used as a basis to elaborate on coordination mechanisms.

Looking at Mintzberg's (1993) coordination mechanisms, *standardisation of process* means that the work process is controlled and standardised, and how to coordinate the content in a system is defined. An example is the instructions on a conveyer belt for assembling a car, but also for simpler tasks such as the building instructions for assembling Lego or furniture. Similarly, Claggett and Karahanna (2018) referred to this as *structured content*, but *structured content* could also include Mintzberg's (1993) mechanism *standardisation of output*. In this latter mechanism there is also an overlap towards what Gittel and Douglass (2012) referred to as *shared goals*, which are used when the process cannot be controlled beforehand, such as a taxi or PhD journey, where the driver or PhD student is only told where and how the journey ends, but not given explicit instructions for how to get there.

What appears to be the simplest mechanism for coordination, presented by Mintzberg (1993), is called *mutual adjustment*, which means informal adjustment between those performing a task. Notably, mutual adjustment is seen in both the simplest tasks – such as two people coordinating when carrying furniture – and the much more complex (such as sending a person to outer space), since when the other mechanisms are utilised fully, the final coordination is still in the hands of the astronauts, as the outskirts of the assignment (e.g., landing on the moon) cannot be described in such detail.

When the process and the outcome cannot be standardised, *standardisation of skills* (Mintzberg, 1993) or knowledge (Gittel & Douglass, 2012) is used. At the core of this mechanism is the need for (often professional) knowledge, where the knowledge of, and trust towards, other roles in the system plays a vital role. Hence, it indirectly achieves the same as standardisation of work processes and outcomes.

Lastly, in hierarchical organisations the mechanism of *direct supervision* is often used; that is, when decisions are centralised to someone to instruct others. This is often seen when there is a ‘supervisor’ or ‘manager’ whose task is to issue orders for what to do, but does not do the work himself/herself.

Summary of frame of reference

For companies and organisations to succeed, there is a need to improve over time as their surroundings and customer preferences are ever-changing (Beer & Nohria, 2000; Matthews & Marzec, 2017; Teece & Pisano, 1994; Teece et al., 1997). The same applies for PSOs and service users (Elg et al., 2017; Osborne, 2018). However, public value differs from private value, and concepts from the private sector must be adapted to public sector to enable improvements (Alford & Hughes, 2008; Elg et al., 2017). In PSL, it is considered that value can only be created in the life world of the service user where the PSO can only bring resources to facilitate the value co-creation (McColl-Kennedy et al., 2012; Osborne, 2018). It is acknowledged here that the integration of resources from other actors, not just the PSO and from public sector, are likely to be important for a successful service (Eriksson & Hellström, 2021; McColl-Kennedy et al., 2012). As the public sector is in need of improved collaboration (Bryson et al., 2017), coordination mechanisms are vital in order for the organisations to operate successfully (Mintzberg, 1993), and to further improve the co-creation of value needed in the multi-actor context of public management (Bryson et al., 2017).

To visualise how the theoretical areas are tied to the research questions and the research, an extended version of Figure 1 is presented in the form of Figure 2.

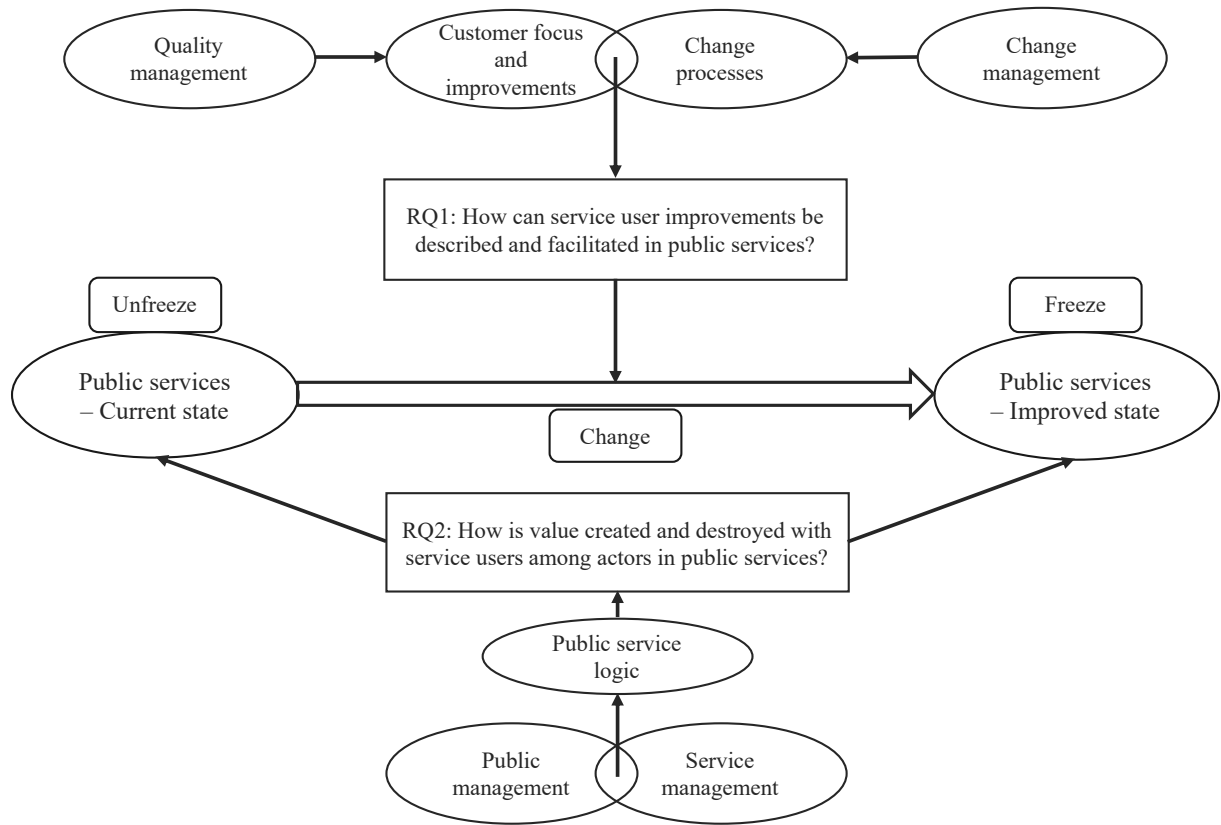


Figure 2: Research questions and frame of reference

Methodology

“The best way to understand something is to try to change it” (cf., Greenwood & Levin, 2007, p. 18). This quote, attributed to Kurt Lewin, can be used as a symbol for the approach for how the research behind this thesis has been conducted. As a researcher affecting the context where I am situated, I have taken an action research approach to the research project where I do not deny the influence of my presence, but acknowledge and take advantage of it, similarly to the Lewin quote. As such, the research project is under constant development due to its iterative nature proposed by the action research approach (Herr & Anderson, 2015). A core concept here is the ability to zoom in and out from the empirical context, allowing for reflection, but also in-depth understanding of the subject (Jeanes & Huzzard, 2014), oscillating between the components of *action* and *research* where there is a continuous spectrum ranging between utilising the knowledge for practical benefits and reflective practices generating knowledge (Coghlan & Brannick, 2009).

Furthermore, as knowledge has been combined between different fields and iterated towards empirics, the approach is categorised as abductive reasoning and systematic combining, where theory is matched towards the data, directing and redirecting the study (Dubois & Gadde, 2002). Moreover, there are multiple models describing how knowledge and learnings are generated where the areas of action research and quality management can supply several similar models, such as PDSA (Reed & Card, 2016), DMAIC (Define-Measure-Analyse-Improve-Control) (Bergman & Klefsjö, 2010, p. 570), double-loop learning (Argyris, 2002), and the action research learning cycle (Coghlan & Brannick, 2009). All these models are in some way based upon a cyclic idea where reflection is a central component of learning that has been incorporated in the research process. In the context of the research, an interesting notion is that some of these concepts of learning are tangential to the theory used in the thesis; this feature is often found in action research, where method and theory are more tightly intertwined than traditional research (Herr & Anderson, 2015).

Empirical setting

The research is set in the Swedish welfare and public service of the tax-financed sick leave system. This system consists of multiple actors, ranging from an individual seeking support and reimbursement, to larger institutions and organisations such as healthcare. The purpose of the sick leave system is to facilitate the return to work for citizens who have fallen ill, as well as provide financial support during the rehabilitation. However, the sick leave system is currently

associated with high costs for the society (Sanandaji, 2018) and infected debates in media, showing conflict on political as well as professional levels (e.g., Carlbom, 2019; Median Ávila, 2019; Thorwaldsson, Nordmark, & Arrius, 2019; Wehlou et al., 2019). Therefore, the sick leave system has been subject to investigations by the government of Sweden (e.g., SOU, 2020). Moreover, it is worth noting that the sick leave system is just one of many public services found in the Swedish welfare system aimed to provide a safety net for its citizens.

Actors in the sick leave system

The sick leave system has three main actors: healthcare, Social Insurance Agency, and the patient/citizen/insured service user. This as the sick leave insurance require a medical certificate issued by a healthcare provider, which should be assessed by the Social Insurance Agency to grant reimbursement for the insured service user (Ekberg, Eklund, & Hensing, 2015). However, the process of sick leave can, in terms of the citizen, be described by the steps seen in Figure 3.

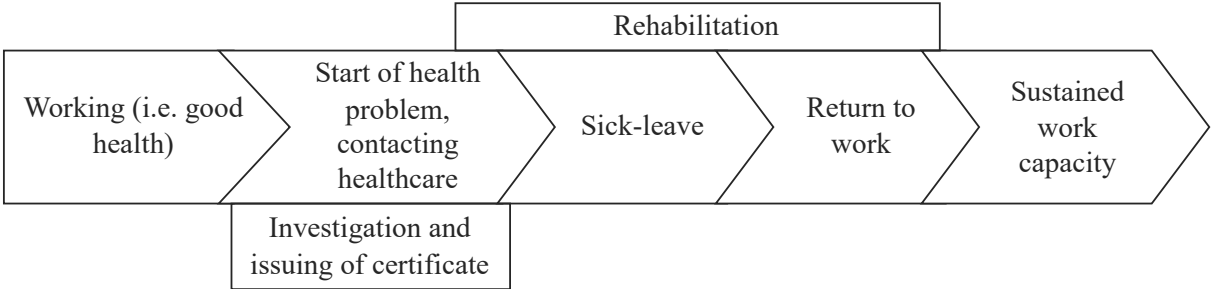


Figure 3: Sick leave and rehabilitation process (adapted from Ekberg et al., 2015)

Looking further into the different actors of the system, it is not just the three main actors that contribute to the process. The other actors are not always involved but could, depending on the case, play a vital role in the success of the process. Figure 4 provides an overview of these actors. Examples of common actors include the Public Employment Service, Social Services, National Board of Health and Welfare, community, family and friends, and employers.

As mentioned in the theory chapter, both professional knowledge and knowledge of how to improve are required to enable improvements in professional organisations (Batalden & Stoltz, 1993, 1995). However, looking at the notion that professional knowledge is defined by knowledge of the subject (such as medicine, anatomy, accounting) and knowledge of the discipline (for example, nursing for nurses, calculations for construction, and calculation for engineers) (Batalden & Stoltz, 1995), it can be questioned whether the other PSOs, not including healthcare, are to be considered professional organisations. Here, it can be concluded that despite not being classified as typical professional organisations, the frontline employees

of the PSOs do require knowledge of the subject (for example, the sick leave system) and the discipline (such as practicing the law of the sick leave system) to be able to perform their work tasks. Hence, it can be assumed that the requirement of ‘professional’ knowledge is also required for improvements for the other PSOs, not just healthcare.

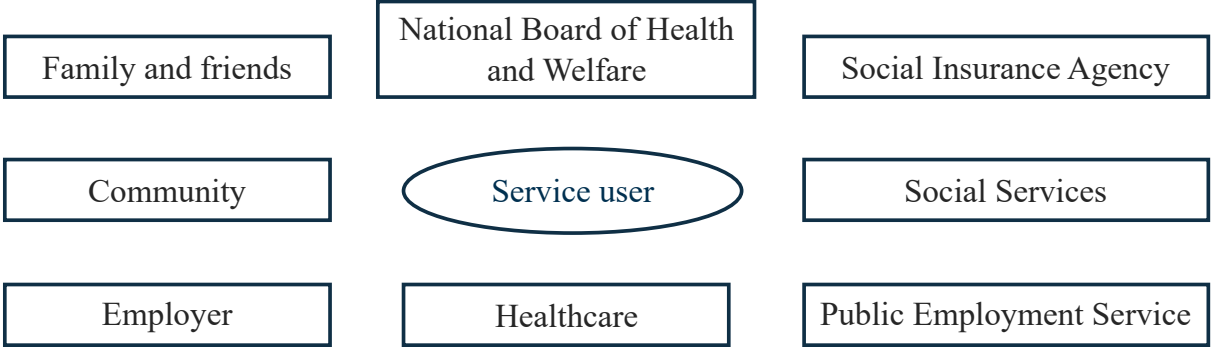


Figure 4: Overview of actors in the sick leave system

Research design

This research has mainly utilised a qualitative approach, given that “Qualitative research is of specific relevance to the study of social relations, due to the fact of the **pluralization of life worlds**” (Flick, 2014, p. 12, bold in original). Hence, the qualitative approach suits the purpose of the research as it requires understanding of multiple perspectives residing in the sick leave system.

Furthermore, the qualitative research approach, combined with abductive reasoning, allows for the process to be adapted as more knowledge is available for the researcher (Bryman & Bell, 2015). Here, the qualitative research process can be viewed as a sequence of decisions, continuously adapting to current knowledge (Flick, 2014). This was considered as a benefit because the nature of the research was largely explorative, seeking to understand a phenomenon with a lack of extensive previous knowledge. However, some quantitative methods have been used, so the research could be classified as a mixed method (Bryman & Bell, 2015). But, in light of the degree to which qualitative versus quantitative methods have been used, it would be more appropriate to call the research qualitative rather than mixed.

When it comes to research design, it is important to align the objectives, purpose, method, theoretical framework, and validity – or, in the present case, trustworthiness (Maxwell, 2013). Figure 5 provides an overview of the research design can be seen, depicting the components proposed by Maxwell (2013). Central in Figure 5 is the research questions, which have been

adapted over the project to continuously guide the research; this is also the case of the purpose. For example, one of the first written purposes of the research process was to “*Increase the knowledge of improvements in multi-actor systems from a customer perspective*”. Compared to the current purpose (see Figure 5), this indicates an interesting development because ‘customer’ has been replaced by ‘value creation’ since it is problematic to define the ‘customer’ in the studied context and it might be more important to consider where value is created, instead of focusing on a single entity. Secondly, the term ‘multi-actor system’ is replaced by ‘public services’, as this has been identified as the specific context being studied.

Furthermore, to tie the theoretical areas to the purpose, improvements relate to the areas of change management and quality management, value creation (and destruction) relates to quality management and public management, and public services are mainly tied to public management theories.

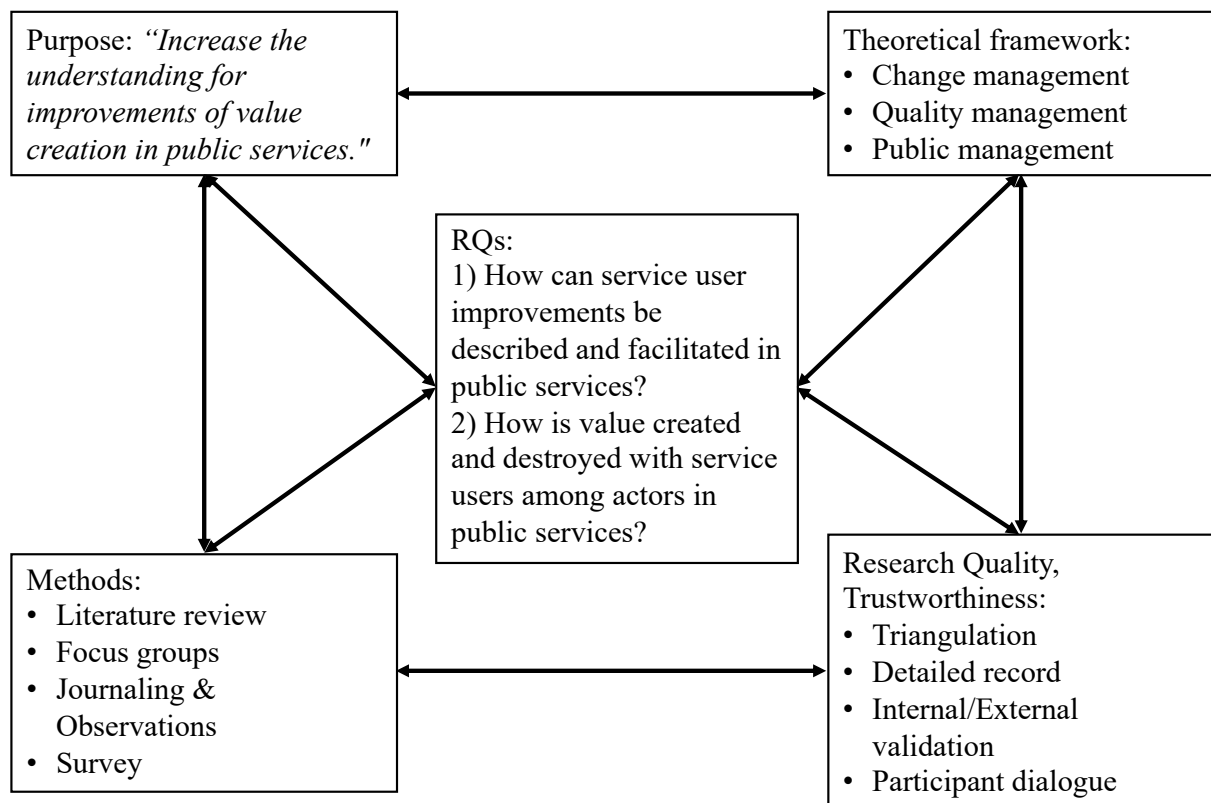


Figure 5: Research design framework – adapted from Maxwell (2013)

Studies and their methods

Three studies were conducted, each connected to an article. The studies are more or less exclusively tied to a specific article, and the research process is described more in detail in the

corresponding articles. This section briefly presents the research process and methodological considerations, including an overview seen in Table I.

Table I: Overview of research approaches for studies

Study (Paper)	RQ	Nature of study	Study characteristic	Data collection	Data analysis and tools
1 (1)	1	What do we know?	Literature review	Academic records/database	Systematic literature review and coding template (Barratt, Choi, & Li, 2011; Tranfield, Denyer, & Smart, 2003): Excel; JMP Pro; Rayyan
2 (2)	1 & 2	What do we have? How do we move forward?	Interactive research, (mixed method)	Practitioner conference, Observations (workshops), Survey	Coding: Direct content analysis (Hsieh & Shannon, 2005); Latent semantic analysis; JMP Pro
3 (3)	2	Where should we look deeper and improve?	Qualitative, interviews	Focus groups	Coding: Systematic text condensation (Malterud, 2012); nVivo

The literature review in Study 1 set a foundation for the research, followed by a more submerged part in Study 2, allowing the researcher to understand the context in greater detail. The proximity to the research context then supported the following focus groups and the development of Study 3. Meanwhile, as seen in Figure 5, the process was supported by the criterion found in the concept of trustworthiness (which will be discussed later in this chapter). In parallel, the research questions were constantly supporting and influenced by the other components of the research design seen in Figure 5.

Study 1 – Literature review

The first study was a systematic literature review that aimed to contribute to the first research question. More specifically, it focused on the *description* part of the research question as it

analysed current knowledge within the academic field. Study 1 thereby sets a foundation and an introduction to the area of improvements in relation to the ‘customer’ (including the service user) that was used to guide upcoming studies.

Systematic literature reviews have their origin in the field of medicine (e.g., Cook et al., 1997) and have been increasingly adopted to management research in recent decades (e.g., Ankrah & Al-Tabbaa, 2015; Tranfield et al., 2003). However, transferring methodologies from natural to social sciences is not a matter of course. Within the management field, critiques have been raised about mimicking positivistic ideals for producing, analysing, and writing research (Alvesson, 2010). It has been argued that the reliance on procedures, coding, rules, bias-reduction, and large amounts of data diminishes the importance of critique and reflection (Alvesson, 2010; Czarniawska, 2016). In fact, the long-argued inappropriateness of traditional quality criteria in social science (e.g., Lincoln & Guba, 1985) may not be easily combined with the claimed benefits of systematic reviews to reduce subjective bias and offer generalisability of findings (Ankrah & Al-Tabbaa, 2015).

While it is important to note the abovementioned scepticism, literature reviews also have the potential to consolidate existing knowledge within the field of both management research and practice (Weinfurtner & Seidl, 2019). By finding and evaluating evidence of (more or less) all articles within a specific topic related to the research question and chosen delimitations (Eriksson, 2014), new openings for further research may be revealed (Ankrah & Al-Tabbaa, 2015). Moreover, methodological rigor and thoroughness may be provided, which is sometimes claimed to be lacking in management studies (Grey, 2004, 2007). Furthermore, by systemising collective insights from relatively large amounts of research, the operational needs of practitioners and policymakers may be guided (Tranfield et al., 2003).

The systematic literature review in Study 1 was inspired by the procedure presented by Tranfield et al. (2003) and the PRISMA model (Liberati et al., 2009; Moher et al., 2009). The research process started by defining the topic and the research questions, followed by the development of the search criteria leading to the search string. Afterwards, three databases – Scopus, Web of Science, and PubMed – were searched using the search string. Notably, PubMed had only duplicates from the other two databases. When all duplicates were removed, a pilot screening was conducted on 30 articles to ensure that the researchers had a unified understanding of the inclusion criteria. This was followed by the first screening, where titles and abstracts (and, if deemed necessary, other sections as well) was judged to fit the literature

review. The first screening was done in two pairs, where the inclusion/exclusion were blinded to the other researchers. If the researchers did not come to the same conclusion regarding an

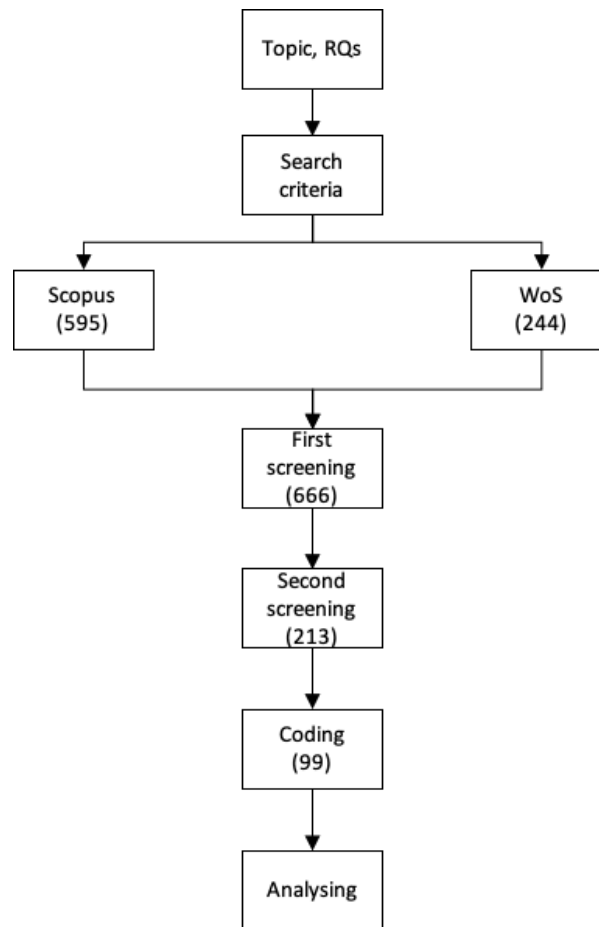


Figure 6: Overview of research process in study 1 (from Paper 1)

article, it was discussed among the whole group. After the first screening, 666 articles remained, these were then going through a full text analysis and, similar to Barratt et al. (2011), the articles were categorised based on background data. At this second screening, 18 themes were used to code the articles, although only nine were used in the final analysis. The last screening resulted in 99 articles, which were recorded in Excel and then analysed in JMP Pro. An overview of the research process can be seen in Figure 6.

Study 2 – Interactive research and mixed method

The second study was based upon an interactive research approach, allowing for a close interaction with the studied system. This study aimed to support RQ 1 and 2 by investigating the aspects of improvements and interactions between actors to facilitate value creation. In contrast to Study 1, the area of improvements was specified and focused upon the context of multi-actors and public services. Looking at Paper 2 (which is tightly coupled to Study 2), the title hints that the addressed issue regards how to identify, understand, align, and improve in

public service systems. Study 2 also presents a method for how to achieve the terms from the title, with regard to both research and practice.

The study can be said to have used a mixed method approach as it combines qualitative and quantitative methods (Bryman & Bell, 2015). However, the emphasis was on the qualitative methods, and data gathering was done primarily in terms of text, even though some numerical data were gathered through a survey. However, in terms of analysis, the first part was done by quantitative analysis in JMP Pro, which was then refined through qualitative methods, where emphasis was placed on the qualitative aspects.

When it comes to interactive research, it is under the umbrella of the approaches categorised as action research (Herr & Anderson, 2015). This method emphasises the iterative approach between action and research, where the researchers and practitioners solve the problem iteratively by working closely in some instances and more distantly in others. The process can be described as intertwined learning cycles, where a joint problem solving is facilitated by researchers' more distant reflections and theorising, in combination with local theories and problem definitions from practitioners (Svensson, Brulin, & Ellström, 2015). At its core, the oscillation of the researcher between closeness and distance allows for a more critical analysis, without losing touch with reality (Jeanes & Huzzard, 2014).

To depict the research process of Study 2, Table II shows the different steps conducted during the study. The study used a variety of data collection methods, but was mainly based on observations of workshops and a conference, and a survey.

Table II: Research process Study 2 (adapted from Paper 2)

Step	Activity	Description	Main purpose
1	Identify themes	During a workshop, researchers, together with a group of practitioners, identified four themes. Broad problem areas were identified through a workshop to scope the issues of the sick leave system.	Probe the problem
2	Collect data	Data were collected through a conference with practitioners who worked with the system daily. The data took the form of 717 sticky notes.	Generate data
3	Analyse data	The gathered data from the conference were transcribed, analysed, and grouped into 10 groups using latent semantic analysis and topic analysis in the Text Mining platform in JMP Pro® to conceptualise structural meta-themes. This was done by the researchers.	Concentrate and distil data
4	Clarify improvement areas and root causes	Clarifying issues and root cause was done in a group consisting of practitioners that represented different hierarchical actors in the system plus the researchers. The groups from step 3 were discussed, elaborated, and titled with a why/what/how-label representing the deeper meaning of the cluster.	Make sense and find root causes of problems and data
5	Clarify interrelationships	The practitioner group identified the cause-and-effect relationships between the titles in step 4.	Deepen understanding and interrelationships. Find potential cause-and-effect
6	Generate potential benefits	The practitioner group generated potential benefits tied to resolving each issue.	Increase understanding of potential effects
7	Verify results	The results were validated and confirmed by gathering feedback from the practitioner group in the previous step, but also by the participants of the conference through a survey, presenting the results from Steps 1–6.	Verification
8	Grade benefits	In a second part of the survey, the participants were asked to grade the most important benefits generated in step 6, followed by a motivation concerning why it was important.	Support prioritisation
9	Create improvement suggestions	The last step aimed to identify what could be done to realise the benefits. This was done through an open question to conference participants in the survey.	Find explicit ways for how to start to improve

Study 3 – Focus groups

The third study was based upon six focus groups, with a duration of two hours each, aiming to contribute to the second research question (an interview guide can be found in Appendix A).

The study involved multiple PSOs, meanwhile focusing on the micro system level and the perspectives of the frontline employees. This allowed for a more concentrated approach; therefore, Study 3 digs deeper than Study 2 regarding the second research question. It is worth mentioning that this study was partly a collaborative project² aiming to generating two articles: one management-oriented (Paper 3) and one healthcare- and practitioner-oriented (not included in this thesis).

The empirical material was gathered through focus groups, focusing on the interaction of the group members and the joint construction of meaning (Morgan, 1996). Focus groups are said to be a good way to understand the feelings of people towards certain issues, and can be used to jointly develop solutions and define problems (Bryman & Bell, 2015). However, there is a risk that power structures are being reproduced in the interview context, hence masking the true feelings of the participants (Alvesson, 2003). Another use of focus groups is the possibility to mix perspectives that are not usually combined, allowing for new insights and also the aspect that a participant's views can be challenged by another participant (Bryman & Bell, 2015; Morgan, 1996). However, there are some limitations and negative aspects to focus groups. For example, the amount of data generated is usually huge, resulting in difficulties when analysing; it can be hard to organise the focus groups, which takes significant time from the researchers; there is generally less control over the interview process than conventional interviewing; and there can be potential problems with group dynamics, such as reluctant speakers or power dynamics (Bryman & Bell, 2015).

In Study 3, participants for the focus groups were gathered through purposive sampling and consisted of frontline employees from the sick leave system. In total, there were 30 participants from healthcare, Social Insurance Agency, Public Employment Service and Social Services. A detailed view of the participants can be seen in Table III. As the study was conducted during the COVID-19 pandemic, four focus groups were conducted via a video conference application and two were conducted physically.

² The collaboration was set up between the author of this thesis and another PhD student, namely one of the co-authors of Paper 3.

Table III: Participants of focus groups in Study 3 (adpated from Paper 3). Public Employment Service (PES), Social Insurance Agency (SIA), Social Services (SoS)

Group no.	Format	Participant organisation
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

The gathered material from the focus groups was then transcribed and analysed through systematic text condensation (Malterud, 2012), resulting in four main themes and 10 sub-themes.

Thematic analysis and coding

During each study, some version of thematic analysis and coding was used. Thematic analysis can be seen as a process for analysing qualitative data where data are matched towards ‘codes’ and thereby enable patterns to arise from the data (Boyatzis, 1998). There are multiple ways of coding (e.g., Brooks et al., 2015; Gioia, Corley, & Hamilton, 2012; Graneheim & Lundman, 2004; Hsieh & Shannon, 2005; Malterud, 2012), where some of the coding approaches are based upon grounded theory (Glaser & Strauss, 1967) and have an inductive approach, such as the Gioia methodology (Gioia et al., 2012) or systematic text combining by Malterud (2012). Other methods has a more deductive approach, such as the directed content analysis presented by Hsieh and Shannon (2005).

In the inductive approach, which was used in Study 3, the researcher is expected to start with a ‘blank sheet of paper’ and not have any themes a priori, but develop the themes from scratch based on the material (Gioia et al., 2012; Malterud, 2012). By contrast, in purely deductive approaches, the material is coded towards predefined themes (Hsieh & Shannon, 2005), which were used in Study 2. However, this is not black or white; rather, it is a scale where there are also versions that are more loosely defined and allow the researcher to adapt the process with regard to what is found in the material during the process (Brooks et al., 2015; Hsieh & Shannon, 2005).

In Study 1, a blended approach were used, acknowledging that no one enters a context with a blank mind. This fact is embraced and utilised as a strength, where the researcher is allowed to have some themes a priori, which can later be adapted or even discarded (Brooks et al., 2015).

Another aspect that differentiates the coding methods is the level of codes that are allowed. In systematic text condensation (Malterud, 2012), three to six main themes are allowed, with two to three optional sub-themes attached. Meanwhile, template analysis, as described by Brooks (2015), does not specify an exact number of thematic levels, but encourages the researcher to develop more themes where there is richness in the data.

Research process

As a researcher, I have become somewhat submerged into the system by being part of a joint project between Chalmers University of Technology and Region Västra Götaland³ (the organisation responsible for healthcare in the region) named ‘Improved sick leave and rehabilitation’. Here I have been teaching practitioners within the sick leave system regarding improvement methodologies, but also supervising and guiding improvement projects driven by practitioners. Over the course of the project, I have experienced some positive and negative sides of action research. Being able to get close to the studied system and the practitioners has been fruitful as it has allowed me to understand how they work, the problems they face, and to some extent grasp why it is difficult to succeed with improvements in this system. I enjoy these practical parts, such as problem defining workshops and process mapping, amongst other things.

However, the closeness also comes at a price. When working closely, it is easy to become more operative and solve the current problem and, in so doing, miss the bigger picture. Even though these aspects did not come as a complete surprise as they are mentioned in the literature (e.g., Coghlan & Brannick, 2009; Herr & Anderson, 2015), trying to manage these aspects in real life was a different matter. Therefore, it has been important to take time to reflect, write down thoughts, and ask questions such as “What have I seen?” and “What does it *really* mean?”

During parts of the project I have also used a reflective diary, utilising the steps described by Coghlan (2010). Firstly, the *experiences* of observable data were recorded. Secondly, an *understanding* of the experience was derived through possible explanations. Thirdly, a

³ In Swedish: Västra götalandregionen (or VGR)

judgment was made whether the explanations were likely. Lastly, possible *actions/decisions* were made based upon the judged understanding. This diary was also used as a tool to facilitate supervision of my research process, where I formulated the two first steps – *experience* and *understanding* – by myself, but took input from my supervisors in the two last steps – *judgment* and *action/decision* (and also, to some extent, during the *understanding* step).

Research quality and ethics

The concept of *trustworthiness*, as developed by Lincoln and Guba (1985) and widely used in business research, is used in this section to describe the research quality (Bryman & Bell, 2015). Trustworthiness consists of four criteria: *credibility*, *transferability*, *dependability*, and *conformability*. Each of these criteria are put into the context of this research below, afterwards ethical considerations are briefly described.

Trustworthiness

To ensure *credibility*, the research process must be rigorous and must be anchored in the social reality of the research (Bryman & Bell, 2015). This was done by triangulation and respondent validation, such as continuously checking the results with practitioners during the research process, validating towards previous research within the field, and discussing with academic colleagues. Furthermore, the close interaction with practitioners also contributed to the aspect of *credibility*.

Transferability was ensured by rich description of the research process and context. In all studies, stepwise models were used to envision the process. Meanwhile, contextual circumstances were depicted to the extent necessary to understand the findings. Here, the close proximity to the research subject contributed to the in-depth understanding of the context (Reason & Bradbury, 2013), thus creating transferability of the research (Bryman & Bell, 2015). This closeness was achieved by actively discussing problems and participation of workshops with practitioners, trying to solve and understand their perceived problems.

To address the aspect of *dependability*, records of the data were stored throughout the research process. Focus group recordings from Paper 3 were stored on a hard drive as were their transcriptions. The sampled articles from Paper 1 were stored for each step of the literature review, and the generated data in Paper 2 were stored similarly. To further ensure dependability, research notes were written continuously, reflecting on the processes, data, and context.

The last criterion of *confirmability* involves the assessment of the research from external and internal parties to clarify and ensure that nothing is misunderstood. Even though complete objectivity cannot be ensured, the confirmation from others gives confirmability. As mentioned earlier, participant validation and triangulation were used in the studies, and these methods also support the confirmability of the studies. For example, included in the presented research process of Study 2 (see Table II), there was continuous dialogue with participants of the system to confirm the results from several steps of the process.

Ethical considerations

Looking at the aspect of ethics, the research has considered the four aspects put forward by Diener and Crandall (1978), namely: *harm to participants*, *lack of informed consent*, *invasion of privacy*, and *deception*. This was especially prominent in Study 3, as the close interaction with healthcare required approval⁴ from the ethics committee, but was considered in all three studies. However, it is elaborated further below how these aspects were considered and the risks mitigated.

Firstly, transparency of research purpose and process, as well as how the gathered material would be used, support the aspects of ethics mentioned above. Secondly, participants were informed that they could quit the study at any time. Thirdly, since interviews were made with several participants, the groups were informed that they had an obligation to observe silence towards what was said during the interviews. Fourthly, all data were anonymised before submitting the articles for further review.

As the topic of sick leave is debated in media and in politics, it was considered how the findings would affect the individuals participating in the study and service users. As the main purpose of the research is to improve value creation, and not promote destruction, it would be counterproductive to not consider implications for actors in the system.

⁴ Reference number 2021-01481.

Appended papers

This chapter presents the appended papers and describes their purpose, method, and contribution.

Paper: 1

Gyllenhammar, D., Eriksson, H., Eriksson, E. *Theory and practice of customer-related improvements: A systematic literature review*

Purpose

The purpose of this paper was to illuminate how research literature describes the context, content, process, and outcome of improvements related to customers, and from the generated description develop propositions for research and practice.

Method

This was accomplished by a systematic literature review that in 666 articles at the first stage of screening acquired from scientific databases, where 99 articles were later included in the final and thoroughly analysed sample. The articles in the final sample were then coded and used for analysis.

Contribution

The reviewed papers firstly showed that the ways in which customers are involved in improvements vary greatly, but it is often not well defined *how* the customer is involved. Secondly, the statement that 70 percent of all improvement projects fail can be falsified within the sub-sample of improvements where the customer is involved; that is, when the customer is directly involved in the improvement, the chances of success increase. Thirdly, there is a lack of improvements that concern the system level and involve multiple actors, both in terms of how to perform and what impact improvements have. This creates an opening for further research within this niche. Fourthly, a closer proximity to the research object would allow for a greater understanding of the needed for *how* to conduct improvements. Lastly, there is a need for more conceptual studies and longitudinal studies regarding customer related improvements. The study consolidates knowledge spread over multiple research stream and sectors, clarifying the field of customer related improvements, guiding both practitioners and researchers.

Paper: 2

Gyllenhammar, D., Hammersberg, P. *Identify, understand, align, and improve: Capturing and coordinating improvements in a public service*

Purpose

The purpose of the paper is to increase the understanding of how improvements can be facilitated in a multi-actor public service by addressing how to identify, understand, and align improvements.

Method

Utilising an interactive research approach, data were collected during a conference, workshops, and through a survey. The study was inspired by quality management methods when gathering data while utilising both qualitative analysis and computer-aided text mining supported by latent semantic analysis. This combined both qualitative and quantitative analysis.

Contribution

We found that the improvement areas and benefits cross organisational levels and professional borders. Here, the complex reality of improvements in public services can be better understood if the actions for improvement and the benefits are classified into different organisational layers, where an interconnectedness and sequences for the improvements are recognised. The study fills part of the gap of understanding *how* to improve public services, by presenting a methodological framework that guides practitioners to identify, relieve hindrances for, and prioritise improvements, and guides research to enable the processing of a large data set without losing touch of the qualitative details. Secondly, the article acknowledges that improvements and benefits must recognise an interconnectedness between organisational layers and sequences of improvements to facilitate a system understanding and enable fruitful improvements. Lastly, it is recognised that mandates to initiate improvements and the benefit of the improvement are sometimes detached, which calls for increased understanding of the system and somewhat more decentralised decision making.

Paper: 3

Gyllenhammar, D., Eriksson, E., Löfgren, M. *Micro-system value creation among multi-actors: A frontline employee perspective*

Purpose

The purpose of the paper was to delineate how value is co-created among PSOs and service users from the microsystem perspective.

Method

The empirical material for this paper was based on six focus groups conducted by two researchers; four focus groups were conducted via a video conference tool and two were conducted with a physical presence. The interview material was then transcribed and coded according to systematic text condensation (Malterud, 2012) for further.

Contribution

We found that the studied public service had multiple loci for value creation, where different actors had to be included depending on the context of each case. Moreover, the activities needed to proceed with a case were not always within the current PSOs authority to initiate. This fact, combined with unclear regulations and guidelines between PSOs, created delays for the service user, which created a risk of value destruction instead of value creation. It was also found that the root cause of the service user's problem (such as caring for a family member) was sometimes outside the intentions of the service. However, the service could sometimes be used to relieve symptoms (such as stress) of the problem, but as the service did not treat the root cause (for example, the other family member in need of care), there was a risk of perpetuating the situation.

Discussion

To achieve the purpose of this thesis – which was *to increase the understanding of improvements of value creation in public services* – the two research questions are answered in this chapter.

How can service user improvements be described and facilitated in public services?

The first research question was, *How can service user improvements be described and facilitated in public services?* The journey to answer it started with a systematic literature review (Paper 1). Even though the literature review was broader than the purpose of the research question, in terms of addressing not just public services, it would be narrow-minded to not consider knowledge found in other areas. However, this starting point allowed for clarification of the current status of the knowledge within the area of customer-related improvements. Paper 1 showed that more research had to be done with a more holistic perspective, as most studies focused on single entities or smaller units of analysis, even though the importance of a system perspective has previously been acknowledged (Akaka, Vargo, & Lusch, 2013; Vargo & Akaka, 2012). Since it could be difficult to grasp everything at once, the small pieces are however necessary to understand the whole. Nevertheless, there is a need to look at more pieces of the puzzle simultaneously in order to understand the whole.

Another aspect worth highlighting is the focus on customer. As a cornerstone of quality management (Bergman & Klefsjö, 2010) the notion that a customer focus is a success factor for improvements might not be surprising; rather, relatively few improvements are made with the customer in focus (Paper 1). The customer focus aspect will be discussed further later in this chapter.

Improving value creation by a holistic perspective

Paper 2 tries to take this wider perspective and not just regard a single unit in the analysis; instead, it investigates how improvements interrelate from a broader perspective and how this ultimately affects the customer. Here, it is seen that the actions required to improve the system are sometimes detached from the actors seeing the benefit, and to further problematise the situation, a mandate to initiate the action might be found at a third actor. Hence, as found in Paper 1, Paper 2 confirmed that practice must also include a system perspective, not only understand single entities, to minimise the risk of sub-optimisation of the system.

Relating to the field of change management, it is seen in Paper 2 that there are problems associated with more radical changes addressing issues on a system and governance level; these could be seen as changes of a more emancipatory nature that aim to ‘free’ the employees of ‘oppression’ from the system itself (Johansson & Lindhult, 2008). While less radical improvements are also required, as shown in Paper 2, these are conditioned by other, more radical improvements which must be conducted prior. This sequential manner of improvements also sets a foundation for continuous improvements (Paper 2). Hence, in the later stages of the ‘improvement sequence’, methodologies like PDSA could be applied by the frontline employees to improve the value creation of the service (Reed & Card, 2016; Paper 2). Meanwhile, the earlier stages might require more radical or disruptive changes, transforming the organisation (Christensen, 2013; Kotter, 2007; Paper 2).

As an illustration, Figure 7 depicts four quadrants in which radical improvements on the single unit level enable incremental and continuous improvements on the same level of analysis. In the extension, the single unit improvements open the way for understanding of the smaller pieces of the system and how to approach the holistic perspective. Quadrants ‘a’ and ‘b’ address the radical dimension and can be seen as project-based improvements with a start and a stop. Here, linear approaches such as Kotter’s (2007) eight-step model could contribute to the success. However, even though models such as Kotter’s, have been criticised for being too hierarchical and detached from frontline employees (Drew & Wallis, 2014; Hughes, 2016), it is recommended to use a blended approach, involving frontline employees while setting direction from the top (Beer & Nohria, 2000).

Enabling Quadrants ‘c’ and ‘d’ requires knowledge of the context, its on-going change initiatives, and the organisational system (Nyström et al., 2018; Paper 2). Therefore, it might be necessary to implement more radical improvements to ‘set up’ the context to enable more incremental and continuous improvements (Paper 2). In Quadrants ‘c’ and ‘d’, the applicability of more cyclic improvements can be used, such as PDSA (Reed & Card, 2016) or DMAIC (Bergman & Klefsjö, 2010). However, in Quadrant ‘d’, consisting of holistic continuous improvements, it might be more useful to use the notion of double-loop learning in organisations, compared to Quadrant ‘c’, as double-loop learning also questions the system itself, not just adjusting towards the current paradigm (Argyris, 1977, 2002).

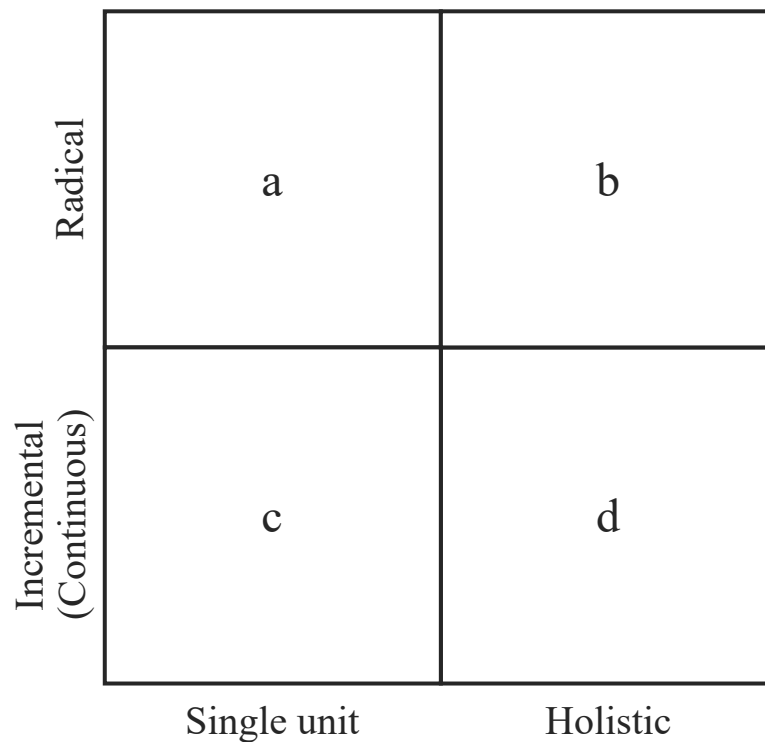


Figure 7: Four quadrants of radical/incremental and single/holistic improvements drawing on the studies in this thesis.

It is worth acknowledging that the term ‘system’ must be viewed as broad when it comes to public services, as value is created (or destroyed) at several loci in the system (Dudau et al., 2019), which is empirically shown in Paper 3. Paper 3 also shows that the value created or destroyed by a public service might not be where the service originally intended. This implies that to describe and facilitate value in public services, it is essential to understand the locus (or even dislocation) of value. Hence, improvements that are made to increase value in the system are found to have actions, mandates, and benefits that are separated from each other, even to the degree that these components are dispersed over organisations and actors that are not originally defined as included in the service (Paper 2, Paper 3).

To relieve the problems in this fragmented system (Paper 2; Paper 3; Quist & Fransson, 2014), it is suggested in Paper 2 that some decisions are to be located closer to the locus of value creation. It is also proposed that cross-professional teams, co-location, and exposure of others are tools that could be used to facilitate a unified picture over organisational, professional, and hierarchical borders (Beverland, Micheli, & Farrelly, 2016).

Another aspect, highlighted in Paper 1, is that there is a need to understand *how* improvements are made in systems with multiple actors, systems such as many public services (Geuijen et al.,

2017). What is found in Paper 2 is that an order of improvements must be considered, as different improvements in the system can be tied to different coordination mechanisms, which in turn are interconnected and are best performed sequentially to enable improvements in public services. Furthermore, each occasion for improvements must be evaluated and the approach must be adapted to every single context (Al-Haddad & Kotnour, 2015; Beer & Nohria, 2000).

How is value created between actors in public services?

The second research question is: *How is value created and destroyed among actors in public services?* Since value is located at several levels and loci of the system (Dudau et al., 2019; Moore, 1994; Petrescu, 2019), there is no single point of value co-creation, but several (Paper 3). Furthermore, value is created between actors that are sometimes not typically included in the public service (Paper 3). However, to enable value creation, the PSOs supporting the public service must be aligned and regulations and guidelines must be mutually understood (Paper 2; Paper 3). It is also important that the nature for how to collaborate is defined, especially where the boundaries among actors, organisations and professions are vague (Paper 2). Moreover, the possibilities to co-create value for the insured service user in the sick leave system with frontline employees of the public service are sometimes limited by the geographical location of the service user and the personal resources of the frontline employee (Paper 3). However, this can be relieved by increased understanding of the system and a more ‘boundary-less’ way of working between involved PSOs (Paper 2).

The customer and the service user in public services

The customer concept is somewhat problematic in some public services, such as healthcare (Karlsson et al., 2016), as is the case of the sick leave system. For example, the frontline employees use different terms for the insured service user seeking reimbursement, including client, insured, patient, customer and user. A question that comes to mind is whether these different terms represent the frontline employees’ thought world, or whether the name is producing their thought world? And do these names have an impact on the value creation of the service? Would a frontline employee take care of a ‘user’ in the same way as a ‘patient’?

Moreover, the service user can have multiple roles in the system (Paper 3). Firstly, the insured service user is typically a citizen of the society; for example, part of the collective “owning” the service, seeking public value on a collective level (Strokosch & Osborne, 2016). Secondly, the insured service user seeks value on an individual level via the reimbursement and rehabilitation processes. Thirdly, there is also the notion of internal customers, as the insured

service user can be an employee or politician being active within the sick leave system (Paper 3).

Furthermore, the service user of the sick leave system is not just the insured service user getting the reimbursement, but could be people or organisations in close proximity to the insured service user (Paper 3). Here, the aspect of different customer roles becomes interesting as, for example, the insured citizen could be seen as a resource for a family member in need of support, while an employer could be a co-producer of value and the broader society could be seen as a buyer of the service (Lengnick-Hall, 1996; Paper 3).

Standardisation in public services

Another aspect that must be considered is the uniqueness of each case, where input, process, and outcome is not identical in every case; this implies that there are limited possibilities to standardise the service (Paper 3). However, it might not be desirable to standardise parts of the service system, as it largely consists of professionals who require autonomy to perform their work tasks well (Mintzberg, 1998); also, it might dampen the systems capability to innovate and explore new possibilities (Benner & Tushman, 2003). Also tied to standardisation are the rules and regulations within the public service, which can be seen as instructions to enable standardisation of the process (Mintzberg, 1993). However, as argued in Paper 3, standardisation can have a negative impact due to the uniqueness of each case.

Furthermore, as the service is driven by different actors at different points in time, and the problem to be solved sometimes resides outside of the public service, there is a risk of increasing the feeling of fragmentation from the insured service user's point of view (Quist & Fransson, 2014; Paper 3). This further highlights the aspect of including the perspective of multiple actors when seeking to improve, as also mentioned in Paper 1. It is advised finding a degree of standardisation in the process regarding accountability of who is responsible, or at least transparency of the process. This will increase clarity and the sense of security for both frontline employees and service users (Paper 3).

Change and improvements for value creation

As noted in Paper 1, change and improvements are seldom performed with the customer in mind. This is also recognised in Paper 3 as frontline employees find it problematic that other organisations, both their own and others', reorganise seemingly without taking the service user or collaborating organisations into account.

On the topic of changes, as framed by the introduction and the empirical setting of the thesis, it is seen that the system is in need of improvements. However, as seen in Paper 2, there are different types of improvements that must be addressed in order to succeed. Some of these improvements are small and others are large – or, to use change management lingo, radical or incremental (e.g., Al-Haddad & Kotnour, 2015). Here, the system perspective should not be forgotten, even though some improvements are incremental and seem to just affect a minor part of the system, it is still important to zoom out and be open for consequences (good or bad) for other parties (Paper 2; Paper 3).

Furthermore, there is no one-size-fits-all for improvements. Not just in terms of adaptation to each organisation, but also adaptations of the improvements within single organisations (Paper 2). For example, due to the multiple worlds of thought (Mintzberg, 2017), an improvement including nurses and doctors should not be addressed in the same way as one including the hospital board and administrative personnel of the hospital.

Coordination for improving value creation

Making some brief linkages between the coordination mechanisms and improvements (or change), it could be said that the standardisation of process and outcome relates to improvement concepts such as Six Sigma and quality management, which focus on process variation and quality (Bergman & Klefsjö, 2010; Schroeder et al., 2008). Looking at mutual adjustments and standardisation of skills, the notion of learning becomes more essential as these mechanisms depend on knowledge and understanding between professions (Argyris, 2002; Mintzberg, 1993). Moreover, in the context of professional organisations, such as healthcare, there is a need to adhere to both the professional knowledge (that is, standardisation of skills) and the knowledge of how to improve (Batalden & Stoltz, 1993, 1995). Lastly, looking at the mechanism of direct supervision, it is more relatable to the hierarchical and top-down change approaches (Kotter, 2007), which might be a contradictory approach in professional organisations, such as healthcare, since professionals require a high degree of autonomy to operate well (Mintzberg, 1998).

When it comes to coordination in the sick leave system, timing is vital for successful value creation (Mintzberg, 1993; Paper 3). However, there are several barriers that make it difficult to achieve good timing. These includes diffuse responsibilities, insufficient knowledge of the needs of other actors, and separation of need and mandate to act (Paper 2), but also

geographically bound circumstances, different interpretations of guidelines between PSOs, and the uniqueness of sick leave cases (Paper 3).

Taken together, the lack of clarity in the public service for who is responsible for what hinders not just value creation (Paper 3) but also improvements of the system (Paper 2). This is further complicated by the multiple loci of value creation, both in terms of different hierarchical layers as well as different organisations (Dudau et al., 2019; Paper 2; Paper 3). Therefore, the actors find themselves in need of joint value creation with different actors depending on each case, where the purpose of the service also varies from case to case (Paper 3).

A summary of the research is visualised in Figure 8, which is a final version of Figures 1 and 2.

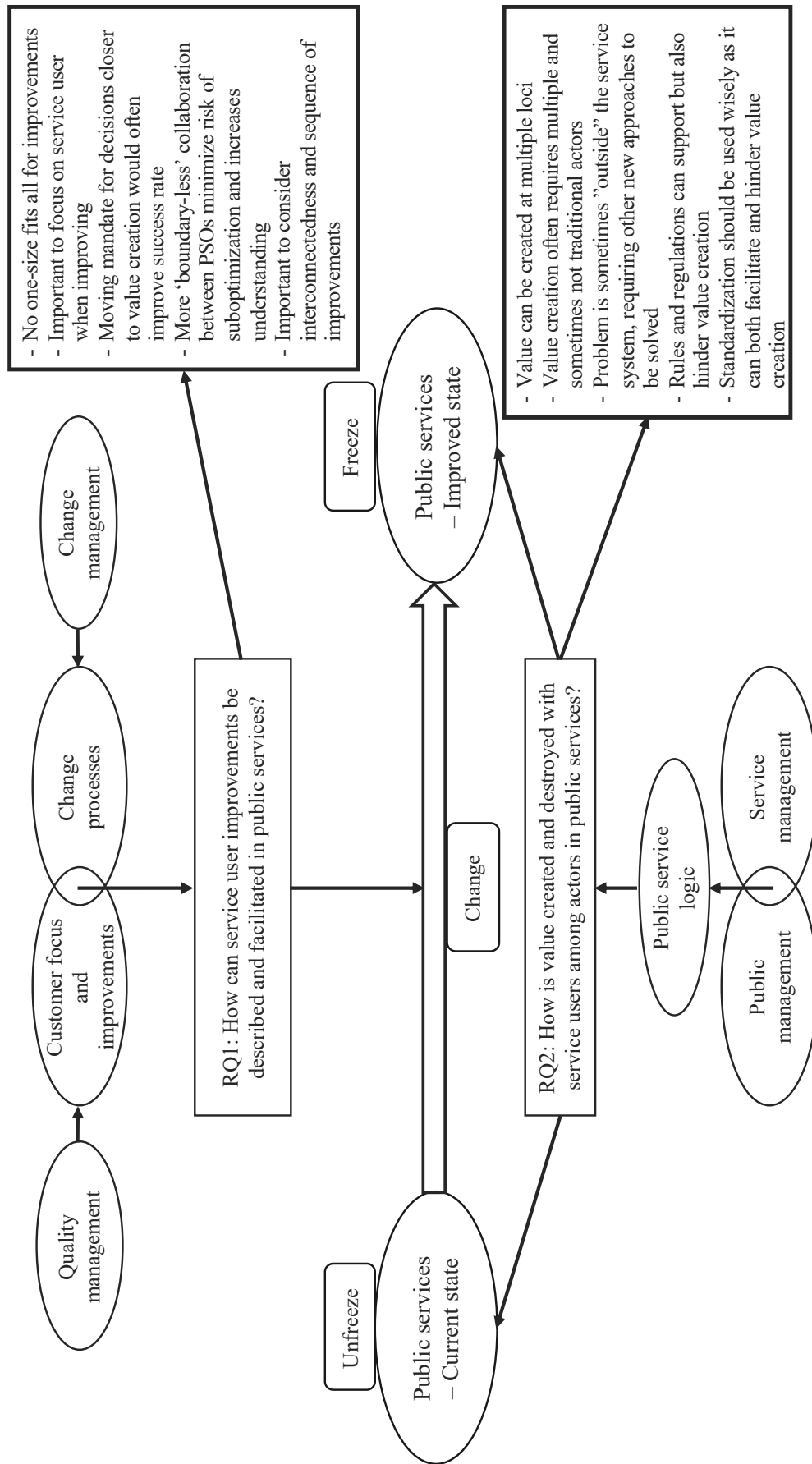


Figure 8: Summary of the research

Conclusion and future research

This chapter wraps up the thesis with a conclusion, directions for future research, and reflections on the research context and its process.

Contribution

This thesis contributes to the field of public management and PSL as it approaches the problems associated with public services by the perspective of improvements, change processes, and customer focus, as well as the notion of value creation.

Theoretical contribution

From a theoretical point of view, the research deepens the understanding of the need for a holistic perspective. This is done, firstly, by acknowledging the multiple loci of value creation, also contributing to the clarification of the ‘co-concepts’ of PSL by nuancing the service user aspect. Secondly, the thesis shows that improvements are interconnected, not just internally in organisations but crossing organisational, professional, and hierarchical borders. Thirdly, the improvements are also dependent on a temporal sequence in order to be successful. Fourthly, the creation of value is not solely created with actors traditionally within the public service, and the beneficiary of the service might not be the typical service user. The notion of the service user is also shown to have a multiplicity of meanings and roles depending on the case.

Moreover, the thesis elaborates on the aspects of improvements and change processes in the context of public services, showing fragmentation but also presenting methods for analysing these contexts by utilising the aspects of change processes, improvements and customer focus, thus contributing to the field of public management, and more specifically to PSL.

Practical contribution

For practice, the involved PSOs experience problems associated with rules and regulations that do not match citizens’ expectations and are incomplete and leave ‘gaps’ in the service system. The rules and regulations also limit the possibilities to adapt to the uniqueness of each case. Lastly, the sick leave system has the potential for value creation by addressing quality improvements and minimising rework.

To facilitate this situation, it is firstly suggested that improvements should have an increased focus on the service users, as this benefits the success rate of the improvement. Secondly, mandates for decisions should sometimes be moved closer to the location of value creation. Thirdly, there is sometimes a need for a more ‘boundary-less’ way of working between the

PSOs to increase understanding and facilitate communication. Lastly, it is important to consider the nature of the improvement for each case, in combination with the interconnectedness between improvement initiatives, and to acknowledge that there is no one-size-fits-all solution.

To facilitate the value creation at different loci, one suggestion could be for frontline employees to be part of a cross-organisational network or task force, which could act as a platform for collaboration and coordination.

Methodological contribution

From a methodological point of view, a research process for zooming in and out from a research context is shown in Paper 2. This is done to facilitate a holistic perspective and, from a practical point of view, enable a joint system understanding by the involved actors, minimising the risk of suboptimisation. Furthermore, an approach utilising the strengths of computer-aided analysis for discovering patterns in larger sets of data, as well as reflective practices for finding nuances deepening the understanding of the data, is brought forward to facilitate the method for *how* to identify improvements.

Future research directions

As the research elaborates upon the different loci of value, it paves the way for future research to investigate these loci further; this could be done, for example, through targeting specific value co-creators in the system.

From a wider perspective, there are commonalities between the sick leave system and other public services. Migration services, building permit application services, the juridical system, and social services involving the care of children, for example, are services that, with an out-zoomed perspective, regard the assessment of a highly contextual situation by PSOs. Hence, another area of research would be to investigate these contexts to find possible learnings between the cases.

In Paper 3, the perspective of frontline employees was in focus; therefore, another area that should be researched is how other hierarchical levels and functions of the PSOs facilitate improvements of value creation. It would also be beneficial to conduct more longitudinal studies of specific improvement projects, especially since it often takes a long time to see the real results from a change process. Here, it would also be interesting to follow up on multiple service users of the system and see how value creation has occurred over time at different loci of the system. In connection to this, further studies could be conducted to delineate the

somewhat unclear notion of the ‘customer’ in public services. It would also be beneficial to confirm and deepen the conclusion that there is a discrepancy between expectations and defined purpose of the public service.

A reflection on the research and context

The sick leave system has not been saved from criticism and voices are raised by media, frontline employees, politicians, researchers, and citizens (Altermark, 2020; Carlbom, 2019; Median Ávila, 2019; Wehlou et al., 2019). But, as Paper 3 revealed, all PSOs do what they can to make the best of the situation. However, the circumstances make it difficult for them to meet society’s expectations of the service, especially as it seems like the expectations do not match the defined purpose. The sick leave system has multiple answers to the question for who the service is for, which is an important part of quality management (Bergman & Klefsjö, 2010; Eriksson, 2020); see Paper 3. In relation to this, all these varieties of customers can have different roles in the creation of the service, such as buyer, product, co-producer or resource (Lengnick-Hall, 1996), even though this wider definition is not part of the service-dominant logic, where the customer is always a co-creator of value (Vargo & Lusch, 2008). In practice, this means that the different PSOs’ frontline employees can serve different customers during the same sick leave case, hence their goals are diverging. For example, healthcare may view an insured citizen as a co-creator of value and the end customer, meanwhile the Social Insurance Agency might see the insured citizen as a resource to serve the end customer – the society.

When addressing the question of how frontline employees should act and analysing the two main PSOs of healthcare and Social Insurance Agency, two different moral logics can be derived from the actors’ behaviours. Most often, the Social Insurance Agency argues that it is “following the law and regulations” (Paper 3) and “creating stability in our welfare system” (Altermark, 2020); these are two examples of how this actor is driven, to a large extent, by a duty and a reasoning that “there is a right way to do something” (Hedenus, Persson, & Sprei, 2018). Furthermore, this ties to the reasoning of upholding the institution of the Swedish welfare system, where the administrators within the Social Insurance Agency sometimes see themselves as “guardians of the welfare system” (Altermark, 2020). This emphasizes that the process must be correct to uphold the institution and serve society. However, when it comes to healthcare, the patient is often in focus and so is the suffering of the patient. Here, healthcare has most often changed the focus from following the exact process to focusing on the outcome of the individual and reasoning based upon the end results (Hedenus et al., 2018). What becomes problematic here is when these two moral logics are in conflict, which can be seen in

the debate between the two professions, where they blame each other for hindering each other's work (e.g., Median Ávila, 2019; Wehlou et al., 2019). This should also be considered in future research as it could affect the results of the Sick leave service.

At first glance, I did not find the context particularly interesting. However, the more I got to know the context, the more intriguing it became. I have come to learn that one topic that seldom is hard to get an opinion on – whether good or bad – is the sick leave system. For me, this means that I must consider how much I should reveal about my research subject. If I am not interested in a longer discussion, the description “researching improvements in organisational systems” usually puts people off and the conversation can go elsewhere. If I do want to talk about the subject, however, it usually suffices to mention “sick leave” or “healthcare”, and opinions are highly forthcoming, and I am running a risk of becoming stuck in an argument or personal story for the next hour.

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Appendix A

Interview guide Study 3

Translated from Swedish

The opening question/topic of the focus group was, “Tell us about your experience of the sick leave and rehabilitation service with regard to how the process/ways of working/availability of interventions etc. affects the health outcomes of the patient⁵ and how the service could be improved.”

Afterwards, the following questions were used to steer the interview:

- 1) How do you perceive that your ways of working and the organizational process of the sick leave and rehabilitation service affect the health outcome for the patient?
- 2) What support do you have for cooperation and a common view of the sick leave and rehabilitation service related to the perceived need of interventions to support the patient?
- 3) What needs improvement in the sick leave and rehabilitation service and how can you, with your profession as a basis, contribute to a better outcome?
- 4) What possibilities do you have to improve the sick leave and rehabilitation service for the patient, the working procedures at your unit, and the process at a structural level?

⁵ The term ‘patient’ was adapted to suit the participants for each focus group, since the different professions used different taxonomies for the ‘service user’.

