

Analytical Framework for Promoting Customer Participation in Benefit Delay Type Services

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Abstract

Purpose – Benefit delay type services have a characteristic of benefit delay that does not immediately appear at the time of delivery of service. Due to a characteristic of benefit delay, the customer's participation in the service delivery system is hindered, and the quality of service declines. As a result, customer satisfaction would be reduced. The purpose of this study is to construct an analytical framework to analyze a mechanism that promotes customer participation in benefit delay type services.

Research design, data, and Methodology - Existing research has considered only the performance of service companies to enhance the quality of service and customer satisfaction. This study focused on customer participation as a factor affecting the quality of service and customer satisfaction and attempted to construct an analytical framework based on a theoretical perspective of motivational research.

Results - By adopting the motivation theory, this research derived three concepts, the possibility of gaining benefits, the emotional experience, and the desire of benefit. And motivation is created when the three factors interact with each other.

Conclusions - This paper has constructed an analytical framework for analyzing factors that promote customer participation in the benefit delay service and finally has proposed case study for further research.

Keywords: Service delivery process, Customer participation, Benefit delay type service

1.Introduction

Several researchers in the field of service marketing have deliberated on service quality and customer satisfaction. Levitt (1972, 1976) argued that stable service quality can be realized through manual and mechanical service activities excluding human factors in service delivery. He insisted that this homogeneous and stable service quality can improve customer satisfaction and proposed an industrialization service model.

Meanwhile, Bowen and Lawler (1992, 1995), Schlesinger and Heskett (1991), and Heskett, et al. (1994) critically examined the industrialization of services. In order to raise customer satisfaction, they claim that employees need to be satisfied by looking at themselves as internal customers. If employees are given authority to act on customer responses, they will be satisfied with their work, so their performance will be enhanced, and the quality of service will also be enhanced. As a result, the customers will be satisfied with the service they receive. This is the service profit chain model.

Parasuraman, et al. (1988) developed a measure to assess service quality. The quality of service measure they developed is not to evaluate customer service experience, but the services quality provided by the service companies.

Existing research has focused on the factors affecting the service quality and customer satisfaction from the company viewpoint but has not discussed customer viewpoints such as customer participation in the service delivery process.

Service can be defined as “a collection of production activities that leads to changes as a benefit expected to be enjoyed by consumption” (Fujimura, 2009). Since production and consumption occur at the same time, services are created through cooperation between the service company's employees and customers. Customers as consumers of services also play a role as producers of services. Thus, how customers participate in the

service delivery process has a significant impact on the benefits and service quality that customers themselves enjoy.

In addition, how customers participate in the process has an effect on the productivity of the service organizations' productivity and the job satisfaction of employees at the service encounter. Therefore, to improve the quality of services and customer satisfaction, we need to not only develop the production capacity of the service company, but also include the customers in the service delivery process actively.

However, in some services, customers do not immediately obtain benefits even by the time the service delivery process ends, although the delivery process occurs simultaneously with production and consumption. For example, in medical services, healing may not occur soon after the treatment service ends. In educational services too, the effects of education do not appear immediately; in some cases, the benefits may be obtained after several months or several years have elapsed following completion of the educational process. Fujimura (2008) calls such characteristics by which benefits do not immediately appear at the time of delivery of services as the "characteristic of benefit delay." This paper calls the services having the characteristic of benefit delay as "benefit delay type services." The characteristics of benefit delay make it difficult to assess the service quality and benefits at the time of service delivery. Therefore, customer participation in the service delivery, which has a serious influence on the quality of service, becomes suppressed, and service quality and customer satisfaction may remain low.

From this understanding of the problem, we try to present an analytical framework to analyze the factors that could encourage customer participation in a benefit delay type service from the viewpoint of motivation theory.

2. Customer participation in the service delivery process

Although we do not find much accumulation of research on customer participation in the literature, in this section, we examine the representative research and positions this paper in the existing research.

2.1. Customer participation from the viewpoint of functions and aspects

Normann (1991) discusses how customer participate from "function" and "mode." A function is divided into "use decision," "production," and "quality control." Customers consume a service by collaborating and carrying out some or all of the three functions with employees of the service company. The function and extent to which a customer performs depend greatly on the operation designed by the service company.

<Table 1 > Function and type of customer participation in service delivery system

	Active	Intellectual	Emotional
Determination of specification			
Production			
Quality management			

Source : Norman (1991), p.8, partly modified by the author.

First, this is all about "specification decision." Manufacturers often decide the specification of goods assuming customer needs, usage situations, and so on, but the specification of services is often determined by customer participation or the cooperation between customers and employees. For example, in a barbershop, customers participate by conveying the style they prefer. In a hamburger shop, customers participate by selecting products from the menu. Also, in the case of medical services, patients cannot decide the treatment contents, but by answering the doctors' questions, they can participate in the specification of services by providing the necessary information for treatment.

"Production," as the second function, includes the production of the service itself and the service delivery environment. As regards the former, we have the cooperative production with employees and production on behalf of employees. At banks, customers manipulate ATMs to withdraw cash and fill out the necessary documents for procedures. These are some of the production activities required for service delivery on behalf of bank staff.

“Quality management” is the third function; it involves controlling the attitudes and behaviors of customers by attending the site of service delivery and improving the service delivery environment through feedback. Employees will be conscious of the customers’ gaze and need to make their actions favorable. Customers contribute to improving service quality improvement through complaints and opinions on employees and service provision facilities.

Next, from the viewpoint of customer participation, the aspect can be divided into "behavioral participation, intellectual (informational) participation, and emotional participation. As in the bank example, when a customer performs some or all of the duties of the employees, it means that the customer actively participates in the service delivery.

Also, as in the medical services case, when providing information such as physical condition, customers participate intelligently (informationally) in service delivery. Furthermore, the degree and speed of patient cure depend not only on medical technologies, but also on the intent to engage emotionally in the case of participation, such as “I want to get better soon,” or in the “cure” on the patient side. As regards plays, watching sports, etc., customers express their rising emotions by looking at them in certain attitudes and actions. Since this plays a role in raising the service delivery process, customers participate emotionally participate in this case as well.

2.2. Customer participation from the viewpoint of quality cost

Customers have to invest the time, money, physical and emotional energy, and so on. to gain satisfaction from service consumption. That is, customers incur a cost for the quality of service. From the viewpoint of quality cost, Youngdahl and Kellogg (1994) divide customer participation behavior as follows.

- ① Positive expression: to smile or say a kind word
- ② Negative expression: to complain or criticize
- ③ Preparation: look for referrals, investigate competitors, or arrive early
- ④ Provide information: describe desired results and explain problems
- ⑤ Information search: search for information and clarify the state of service and service elements
- ⑥ Engagement: involve in service delivery by diagnosis aid, problem-solving, inspection activity, etc.
- ⑦ Relationship building: establish relationship with service provider

According to this analysis, the higher the value of the service, the more apparent is the customer’s tendency to devote more effort to quality-related actions. Also, a strong relationship has been found between customer activities such as positive expression, preparation, information provision, relationship building, and satisfaction and service experience. That is, the customers who prepared well, provided information, worked on building relationships with service providers, and spoke positively to service providers tended to be more satisfied than those who did not take such actions. Positive expressions, preparation, information search, and relationship building are some of the actions that customers can take to increase the likelihood of satisfactory service.

On the contrary, unsatisfactory customers tend to express their ideas negatively and tend to be more involved in service production. Negative expressions and involvement are triggered by the apparent failure of services. Customers take these actions to prevent problems and defects that could lead to dissatisfaction in the service delivery process and to rectify them. When customers participate more actively than expected as a producer in the service delivery process, it may be a signal that they feel unsatisfied with the delivery process (Youngdahl and Kellogg, 1994).

2.3. Presence of role recognition gap

For the employees and customers to cooperate efficiently in the service delivery process, the service provider has to communicate with the customers positively and teach them how to participate. Through this interaction, both employees and customers will be able to recognize their roles and participate in the service delivery process.

However, Fujimura (1996) conducted a questionnaire survey on medical services, to show that medical service providers did not adequately communicate with patients and educate their customers, and find a recognition gap between patients and medical practitioners. Fujimura (1996) pointed out that medical service providers and patients did not accurately recognize and are not carrying out the actions and roles their partner expects from them in the service delivery system.

Medical service providers tend to expect patients to actively participate in the medical service delivery process, whereas the patients appear reluctant or It may only show passive participation intention. The

recognition gap between such patients, doctors, and nurses is one of the impediments to the effective delivery of medical services and causing unsatisfactory experience for patients.

Such a recognition gap can affect the way customers participate in the delivery process, the extent of their participation, and how they behave with employees. If the recognition gap is large, the effect of service delivery will be reduced, or the service will differ from customer expectation. Thus, customer satisfaction will be reduced.

From an examination of the existing research on customer participation, we clearly find that customers play an important role in the service delivery process. The service provider's mode and the degree of customer participation in service delivery have a decisive influence on the quality of service, satisfaction of customers themselves, and management efficiency of the service company. However, although the existing research, has clearly shown that customer participation affects customer satisfaction and the service company's performance, no researcher has tried to clarify the mechanism that encourages customer participation. This paper presents an analytical framework as a first step to clarify that mechanism. In the next section, we consider the knowledge of motivation theory for the purpose of constructing an analysis framework.

3. Theory of motivation

The basic idea of motivation theory has been shown to have high empirical validity in various fields such as business, education, and sports. The idea of motivation theory is applicable in the context of this paper as well. Motivation means the general process by which actions are raised, maintained, and oriented (Kage, 2004). The purpose of motivational research is to clarify the psychological mechanisms and conditions under which an action occurs and to explain "why and how actions occur" (Kage, 2004). Therefore, motivational research would provide a valid approach to explain how to increase customer participation in the service delivery process. We consider the motivational study as used in debate of Kage (2004). According to him, the theory of motivation can be roughly divided into three groups of theories based on the psychological factors cognition, emotion, and desire.

3.1. Cognitive approach

The cognitive approach has become the mainstream of recent motivational research. It is based on the idea that a person's cognitive variables of consciousness and belief prescribe motivation. For example, if you consider the computer is complicated, the chances of avoiding computers will increase; also, if you believe that politics will not change, you may not feel like going to vote. Thus, humans impart meanings to various objects and, in the process, form and hold beliefs. These consciousness and beliefs prescribe motivation. We have expectation versus the value theory (Eccles et al., 1998) and Motivational system theory (Ford, 1992) as a representative theory of cognitive approach.

Expectation theory is based on the possibility that "can" influences to motivation. We do not motivate anything that we believe has no possibility. For example, someone who believes that there is no possibility to win a lottery will not buy lottery tickets. Conversely, someone who believes in winning a lottery will buy lottery tickets. Thus, "belief in success" prescribes motivation. "If you think you have a chance of success, you do it; you do not do it if you think there is no chance of success." This belief is called about "habitual success potential" an expectation. On the other hand, we tend to motivate, as it is an act worth working on. For example, because we find some value in reading, so we read books. The value of reading, for example, information collection and relaxation, varies from person to person. People find something meaningful about reading books. thus, because some desirability is found there, the action of reading occurs.

We form a firm and general belief about what is desirable by using our thinking and personality, social regulations, and everyday experience (Feather, 1999). Such variables related to "habitual value" are called value .

The path-goal theory is an approach to elucidate motivation using the notion of "goal." According to the path-goal theory, because there is some goal, for example, the goal to "pass the applicant school and get a job in ○○ Company in the future," we can strive and are motivated to see that the objective is realized.

Because goals are also everyday terms with a wide meaning, so caution is necessary. Harackiewicz & Sansone (2000) distinguish goals into the following two goal types.

The goal based on the why question, such as to why something is to be achieved, or the "purpose goal," and the goal based on the what question, such as what to accomplish, or the "target goal." A goal is a psychological phenomenon based on internal recognition of individuals. Even if a parent or teacher tells a student to "pass the entrance examination," the motivation will not arise unless the student has such a goal himself. Therefore, no matter how externally the goal is raised, it will not function unless it is located within the individual.

The expectation theory handles only the variables related to expectations. It is a way of thinking about the motivation to success by focusing on “being able to”; thus, the criteria for judging success and failure are problems; here, the “target goal” is the main focus. On the other hand, the goal theory focuses on its quality by making the “purpose goal” a problem. The theory that attempts to elucidate motivation by paying attention to what “I want to do” and “why I want to do.” Also, expectation theory can be said to be an approach to try to elucidate motivation more specifically by extracting only the “value” part of the “expectation versus value theory” and expressing it as the “goal.”

As a recent researcher who theorized motivation, Ford (1992) advocated the Motivational System Theory (MST), where the goal is the most important motivation. Ford (1992) defines a goal as “the desired final state that people want to achieve by controlling behavior cognitively, emotionally, biochemically,” and “cognitive representation indicating the direction of action,” arguing that the path-goal theory is achieved by two aspects, target content and target process. The goal contents are, “what you want to do,” and “what you are trying to achieve,” which can be obtained by visiting “why do you want to do it” and “what can you can get with the result of acts aimed at specific goals.” On the other hand, the target process is a motivation function where the targets are linked to actions such as goal setting and direction.

3.2. Emotional approach

The theory of the “cognitive approach” is built on the premise of the image of a rational human who can reasonably analyze and judge things to do to achieve a goal. However, in reality, we are not so reasonable. For example, in everyday life, everyone experiences the feeling, “I know, but I cannot stop it,” “non-smoking is important, and it seems to be possible if we try to stop smoking; we have the confidence to quit, but somehow I smoke a cigarette.” There is a limit to explaining the motivation of actual actions only with cognitive variables such as expectations and goals.

There is no doubt that feelings and experiences are firmly related to motivation. “Emotions” in psychological variables other than cognition are a factor that prescribing motivation. On a daily basis, we have the tendency to become active when we are happy, or reluctant to do anything when we feel depressed. We have various emotions in a number of situations and are “sensitive subjects” when responding to them. A flow theory (Csikszentmihalyi, 1985) or approach/avoidance motivation (Tversky & Kahneman, 1981) model is the representative emotional approach theory.

The flow that forms the core of the flow theory refers to a pleasurable experience with a self-immersion sensation. Through this flow, people gain more complex abilities and functions. That is, the state of being crazy is called a flow. The main setting of the flow theory is that the maximum is demonstrated in the flow state. For example, when we read a book forgetting what time it is, when we concentrate and play sports, or when we talk with our friends, we become very active. Csikszentmihalyi (1985) called such a psychological state a “flow.”

Approach/avoidance motivation is the generic name for two motives, approaching motivation and avoidance motivation (Tversky and Kahneman, 1981), as the name suggests. Approach motivation is the motivation to approach a positive stimulus, and avoidance motivation is the motivation to avoid negative stimuli. For example, for there may be times when you tell students who do not study words such as, “you will fail to take college entrance if you do not study.” These may be casual words, but they seem be words that could enhance the avoidance motivation. Here, by changing the words and making them slightly better, such as, “If you study, you will be able to get to the target university,” the motivation to approach will be enhanced and the motivation to go for endogenous learning towards study may increase. Thus, whether to improve the motivation of your opponent or no depends on a little word of mind.

3.3. Desire approach

We can say that our actions are based on the “I want to” desire embedded deep within ourselves. For example, when we are hungry, the “I want to eat” desire arises, and we take some action to satisfy that desire. This is so for “physiological appetite” as well. For example, the “psychological desire” of “I want to get along with others” leads to participating in clubs and circle activities and sometimes sending emails to friends. Thus, our actions are thought to be influenced by various needs. Maslow’s hierarchy of needs is a representative theory of the desire approach (Maslow, 1955).

Maslow’s hierarchy of needs is based on the hypothesis that human desire is structured as a five-step hierarchical pyramid of taking action to satisfy the desire of the higher hierarchy when the desire of the lower hierarchy is satisfied. “Physiological desire” is the first hierarchy representing the basic and instinctive desire to live, like want to eat and want to go to bed. If we meet this desire, we go to the next level, the “safety desire.” This second hierarchy includes the desire to have a safe and secure life, such as a house to protect you from rain breeze, health, and the like. The third hierarchy, for example, seeks “social desire” to belong to a group or to

become friends. When this desire is not satisfied, a person becomes lonely and experiences social uneasiness. The desire at this point is the desire to come out from the desire to be externally fulfilled. Then, for example, the desire to be recognized or respected by others germinates. The grade of this fourth hierarchy is, "respect for appetite." The fifth and final hierarchy is "self-realization desire." In other words, the desire to bring out one's own abilities and the want for creative activities is born.

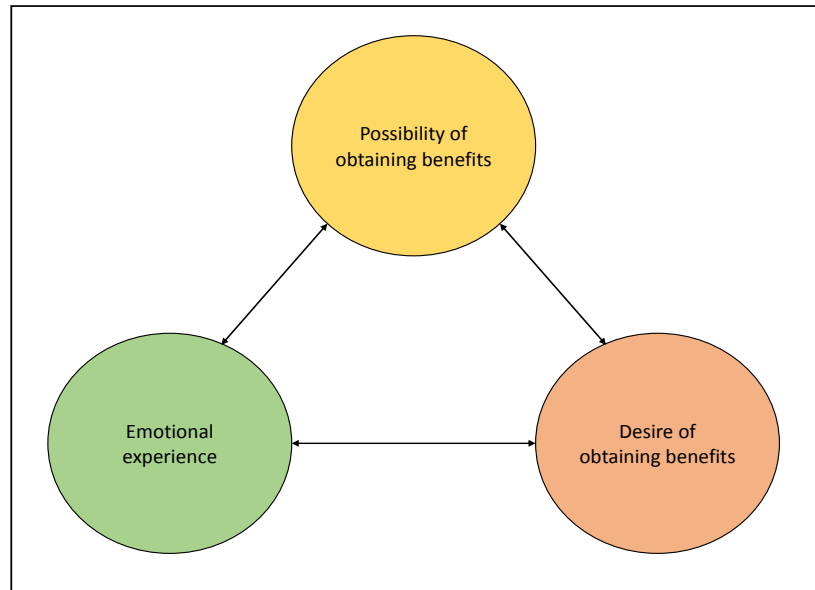
4. Conclusions -Proposal of analysis framework-

The three approaches of cognition, emotion, and desire in motivation research are distinguished based on differences in placement of emphasis points; it can be said that this is for convenience only. Motivation is created when the three factors interact with each other. In order to clarify the mechanism to encourage customer participation in the benefit delay service, we need to analyze with three perspectives of cognition, emotion, and desire.

First, from cognitive approach, as regards the benefit delay type service, since the customer cannot earn benefits (targets) immediately after consuming the service, we assume that the motivation of customer participation for producing service with staff decreases. For example, in educational services, the benefits in many cases are abstract and the possibility of benefit acquisition is unclear. Therefore, there is a high possibility of low student participation in the education service process will be low. On the other hand, if there is a clear goal that benefits will be earned immediately after the completion of the educational service, such as acquiring qualifications, the students' participation in educational services will increase. As described above, for the benefit delay type service, since "the possibility of obtaining benefits" influences the degree of customer participation, we need to consider the degree of customer participation from the viewpoint of the possibility to obtaining benefits.

Secondly, from the emotional approach, the emotional experiences of customers in the cooperative production of services by employees and customers would affect the degree of customer participation degree. Positive emotional experiences of customers in the cooperative production process would increase the degree of customer participation, whereas negative emotional experiences will be a factor in lower customer participation. In educational services and medical services, as a representative service industry of benefit delay services, customers need to participate in the service delivery system many times in order to obtain benefits, and still will not earn benefits immediately after the termination. Therefore, to maintain the motivation of customers to participate, long-term and continuous positive emotional experiences are considered important, rather than singular or short-term positive emotional experiences. Therefore, how benefit delayed service companies provide continuous and long-term positive emotional experiences to customers is an important factor to consider for degree of customer participation.

Third, from the desire-like approach, the desire of customer to acquire benefits would affect the degree of customer participation. The self-desire to benefit can be divided into two, an inborn physiological desire, and an internal desire that occurs in certain situations. The inborn physiological desire is the desire born of personality and physical ability that people originally possess. A person with a positive character by nature will actively participate in the cooperative production of services in the service delivery system. Also, for someone who has an innate superior physical ability to recover from disease more quickly than others, the desire for physiological cure of the disease would be high. The other one is the internal desire that occurs in certain situations. People scheduled to have an important interview after a week will have a high desire to correct their cold soon. Indeed, a service company can control the internal desire of a customer by considering the condition that the internal desire has created, and this will raise the degree of customer participation. From the above considerations, we propose an analysis framework as shown in Figure 1 below.



<Figure 1> Analysis framework for degree of customer participation

As a further study, we propose to investigate the mechanism to increase the degree of customer participation through a case study of a benefit delay type service company based on the analysis frame in Figure 1.

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