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Online Appendix A – Interview Protocol

Note: The main – open questions used in all interviews are highlighted in bold. The text in italics list some optional prompts, which may be used for further probing, after the respondent answers the open question in an open way and depending on what the respondent chooses to share in their narratives. This varied substantially by interview due to the open structure and as participants choose to highlight different aspects of their experiences.

Thank you for taking the time to meet with me today. My name is XXXX, from XXXX. I would like to talk about your experiences of caregiving. I will ask you some general questions which are just the starting point for the conversation/discussion. I hope that you feel free to say whatever comes into your mind. There are no right or wrong answers. Take as much time as you need. It is my hope to learn from your personal experiences, feelings and ideas. The information will be confidential and will be used to get a general sense of your experience.

Do you have any questions?

Is it OK for me to tape the interview so that I can better listen to you rather than taking notes?

Also, could I show you this consent form, which outlines the purpose and use of the research? (Explain form) If you are happy with this, could you please sign it for me? Any questions?

To start, can you please tell me a little bit about yourself and your background – (for example, a little about your family, your occupation/role, age range etc.)?

Age (will provide ranges, e.g. 30-35, 36-40, 41-45 etc. as sometimes people don't want to give their precise age).

Gender (Female/Male – so just note)

Number in family/ describe / paint a brief picture of your family.

Relationship to the person being cared for, such as before needed care (NB explore pre-caring role and later in interview see how this was sustained/alterred).

Occupation – career/role in family – since when?

Can you tell me a little bit about your experience of becoming a caregiver? For example, life before you became a caregiver and then the transition to becoming a caregiver?

How would you describe yourself and your life prior to becoming a caregiver? (e.g. probing for information on role/identity etc.).

When and how did you become a caregiver (and solicit descriptive details of caring context, for example).

Location – in home etc., health issues etc.

Person cared for – background, age, nature of illness etc.

Context, such as family member, neighbour etc.

What was the level of consultation with/role of the rest of the family?

How did you experience this initially? Vis-à-vis your relationship with the care recipient or in conjunction with them/other members of the family?

How long were you a caregiver?

How would you describe your relationship with (name care recipient) over the years that you cared for him/her?

Nature of care – that is, how did they care for the care recipient (name)

Role/involvement of family, neighbours, friends etc. vs sole responsibility

Nature of care

Needs of caregiver

Positive experiences

Negative experiences/tensions/challenges – How did they emerge? How were they resolved/managed?

In what ways did things change/remain the same as before?

Can you tell me a little bit about your experience of being a caregiver?

How did things (or you) evolve/change, such as you have described your life (role identity) pre-caregiver – how is it the same/different or change upon becoming a caregiver?

In what ways did your role within the family change/stay the same compared to before?

What other roles changed/stayed the same?

How did you perceive yourself in comparison to before? Were things the same, different, changed, how?

Can you tell me a little about your experiences of the ending of your caregiver role?

Can you tell me the story of (name care recipient's) death/move into care?

(Circumstances: why care ended – e.g. death, moving into a home)

Emotions/experiences – how would you describe your experiences before/after?

In what ways did the caring role continue/end when your family member moved into a home?

What things changed, remained the same?

How would you describe the impact of (name of person's) loss/death – moving into a home on your life – a little/moderate/or a lot?

Impact personally? Roles? Work? Family? Home? Identity? What remained the same – what things changed?

Initial impact vs looking back now

How did a) the care recipient b) other family members feel/respond to the loss/death of (name of person) or their move into a home? Initially? Later on? What were their experiences?

How might they describe the impact on you (role, identity other) – what might they think was the impact on you?

Online Appendix B – Executive Summary

Shifting Arrays of a Kaleidoscope: The Orchestration of Relational Value Cocreation in Service Systems

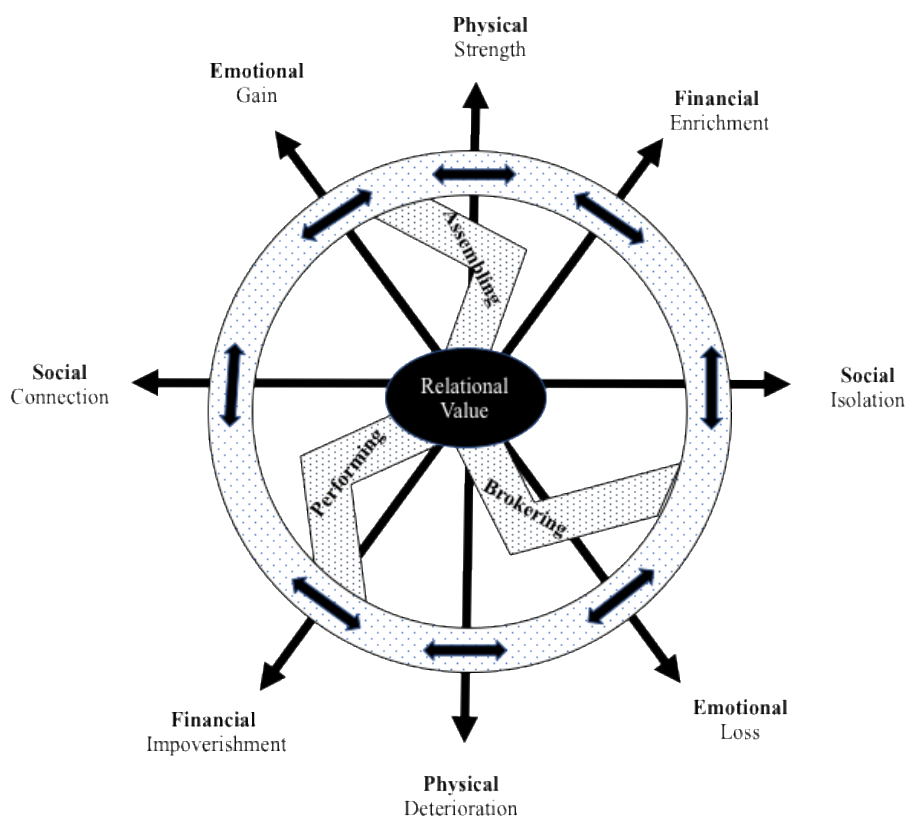
In many complex service systems, actors coordinate value cocreation on behalf of others, e.g. elderly parents, under-age children, physically or mentally frail individuals, friends and neighbors, pets and other dependents. Similarly, service managers and employees coordinate value cocreation with customers and each other. In areas such as education, consultancy, user-driven and open innovation, public services, and social robotics, service system complexity necessitates collective organization and coordination of activities and sustained optimization of resources.

Service managers and public policy makers need to understand the complexity of such acts of organization and coordination of resources, or “*orchestration*” as suggested by Breidbach et al. (2016) and the interdependency between the value outcomes for orchestrators and dependent beneficiaries to ensure that the service system works well, that resources in the system can be mobilized, and not depleted, and that the actors benefit from the system.

In addressing the managerial challenges involved, we conducted a study among caregivers of family members who, alone or with others, co-ordinate activities within the service system to support another family member in need of care (dependent beneficiary). Family caregiving and social care more broadly are prime examples of complex service systems where private, public and financial interests co-exist, and where orchestrators have an important role in ensuring the well-being of dependents.

Our method involved multiple interviews with caregivers of family members suffering from stroke, Alzheimer’s, cancer, and other physical and psychological illnesses. Our findings show how those involved in orchestration for vulnerable, dependent beneficiaries or those within the relational units of families, engage in a number of activities to ensure the well-being of the dependents (see Figure 1).

Figure 1 – Orchestration of Relational Value in Service Systems



Our findings identify three mechanisms of orchestration, assembling, performing and brokering and four oscillating relational value outcomes impacting emotional, social, financial and physical well-being, for orchestrators and dependent beneficiaries:

- *Assembling* occurs when orchestrator(s) identify, access, and configure resources on behalf of beneficiaries/dependents. The service providers who acknowledge the active and often creative role of the focal actors ('orchestrators') in assembling such resources can facilitate, draw upon and encourage these activities, which optimizes relational value outcomes over time.
- *Performing* entails orchestrator(s) directly integrating their own resources to co-create value in relation to beneficiaries/dependents. Service providers should make sure that orchestrators do not diminish their own resources completely, as this will lead to system-level value decrease, as would be the case when a caregiver's own health becomes impacted so drastically that s/he becomes hospitalized or when they are no longer able to continue in paid employment.
- *Brokering* takes place when orchestrators coordinate, negotiate and mediate with other non-relational actors to benefit the beneficiary, which in turn enriches the overall system and strengthens its viability over time. The managers' challenge is to understand that the orchestrator role is one with embedded conflict due to the oscillating relational well-being outcomes for orchestrators and dependents. Managers can try to alleviate the burden of brokering by enhancing seamless collaboration and information exchange across service providers.
- Orchestration influences the emotional, social, financial and physical well-being of both orchestrators and dependent beneficiaries in positive and negative ways ranging from

emotional loss to gain, social connection to isolation, financial enrichment to impoverishment and physical strength to deterioration. Orchestrators often sacrifice their own well-being for the benefit of the dependents, while dependents typically benefit from these activities.

An overarching implication of our study for service organizations and policy makers, within and beyond social and healthcare systems, lies in the recognition of the interrelations between different orchestration mechanisms and relational value outcomes. In particular, service organizations need to mitigate potential negative impacts for orchestrators to improve and sustain value outcomes in the overall service system. Recommendations to policy makers and managers are aimed at supporting family and other orchestration cocreate value and sustain the overall service system.