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Hedonic and Eudaimonic Well-Being Outcomes from Co-Creation Roles: A Study of Vulnerable Customers

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Abstract

Purpose- This study provides an understanding of how the participation of vulnerable customers in the co-creation of health care provision influences their individual well-being outcomes. Using self-determination theory, it demonstrates that co-creation at the point of care and at an organisational or system level impacts individual hedonic and eudaimonic well-being.

Design/methodology/approach- A qualitative approach is adopted to identify the various customer well-being outcomes. Two case studies of health care organisations, comprising ten in-depth interviews and eight focus groups, as well as documents and noted observations are used for thematic analysis.

Findings- The study demonstrates ways in which vulnerable customers integrate resources to co-create value outcomes. It shows how differing co-creative role of customers with mental illness lead to different customer well-being outcomes. These roles manifest not only the hedonic well-being characteristics of pleasure and happiness but also eudaimonic well-being, which provides a sense of achievement and purpose to customers. The study used self-determination theory to identify different forms of eudaimonic well-being derived from the co-creation roles of co-producer, strategic partner and citizen.

Originality/value- The co-creation and transformative service literature is extended by demonstrating that a feeling of self-efficacy and self-determination due to value co-creation foster customer well-being. This study demonstrates that co-creation at the point of care and at an organisational or system level impacts individual hedonic and eudaimonic well-being.

Keywords- co-creation, well-being, vulnerable, health care, hedonic, eudaimonic, mental health

Paper type- Research paper

Introduction

Vulnerable customers, such as people with a mental illness, often lack medical knowledge and seldom take part in the management of their own health care (Anderson et al., 2013). This is problematic, as customers participation in their health care provision, has the ability to improve well-being (Anderson et al., 2013; Ostrom et al., 2015). While all customers experience a lack of control in service encounters, vulnerable customers face additional challenges such as social exclusion and asymmetrical information, and are therefore more likely to decline to participate in service provision that can enhance their well-being. Previous researchers have identified that vulnerable customers experience discrimination during service exchanges (Crockett et al., 2011; Baker, Gentry, and Rittenburg 2005; Hill and Stamey 1990) and thus identified that the vulnerability of this group of customers impacts their well-being. However, limited attention has been paid to understand what happens when vulnerable customers are directly involved in their service provision, and co-create with service providers to derive value outcomes for themselves and others. This research explores these co-creation experiences and seeks to understand how vulnerable customers, such as mental health patients, can derive well-being outcomes from various co-creation experiences related to their healthcare consumption.

Both service researchers and policy makers encourage research on enhancing well-being through transformative service (Anderson et al., 2013; Ostrom et al., 2015). A small number of researchers in Transformative Service Research (TSR) have examined the interactions between service providers and customers that lead to customer well-being outcomes (e.g. Guo et al., 2013; Mende and van Doorn, 2015; Sweeney, Danaher and McColl-Kennedy, 2015). However, current studies have not differentiated between the different the co-creation roles customers take in service provision nor the different types of subjective well-being outcomes that could emerge from co-creation activities. Current studies have typically

focused on experiences where the individual co-creates their healthcare for themselves only (e.g. Sweeney et al. 2015) and overlook the value outcomes for the individual when they co-create for the benefit of an organisation, community group, or society. While empowering vulnerable customers in their own healthcare contributes to their sense of satisfaction (Safran, 2003), engaging in a co-creation experiences that produce value outcomes for other people may provide the individual with a greater sense of meaning and purpose. Thus, this research will explore hedonic and eudaimonic well-being outcomes (Ryan, Huta and Deci, 2008) that arise when vulnerable customers with mental health problems co-create health services for themselves and others.

As such, the specific research question that guides this research is:

How do vulnerable customers, such as mental health customers, derive well-being outcomes through various co-creation roles in relation to their healthcare consumption?

Two case studies of community-based mental health organisations are conducted. Utilising ten interviews, eight focus groups as well as content from documents and noted observations, this paper undertakes a thematic analysis using the Gioia methodology (Gioia, Corley and Hamilton, 2013). It identifies three categories of co-creation roles for customers, viz.: co-producer, strategic partner and citizen and explores hedonic and eudaimonic well-being outcomes for the individual customer when they co-create health services. This research, thus, extends the transformative service research by exploring how vulnerable customers derive individual well-being outcomes from their co-creation roles in relation to their healthcare consumption. It extends the work of Guo et al. (2013) and Mende and van Doorn (2015) by exploring value co-creation using self-determination theory as a theoretical lens and suggesting that wellbeing is an outcome of co-creation. Finally, this study contributes to the health psychology literature by demonstrating that customer co-creation beyond their individual point

of care (i.e. at an organisational or system level) can impact on eudaimonic, as well as hedonic, subjective well-being.

The remainder of the paper is organised as follows. The next section reviews the literature on vulnerable customers, customer well-being, and specifically the co-creation of well-being. This followed by an explanation of the methodology employed for this study. The findings follow from that, with an explanation of the co-creation roles played by customers and the well-being outcomes derived. The paper concludes with an overview of the theoretical and managerial implication of the research and a discussion of its limitations and potential future research directions

Literature Review

Customers' vulnerability due to poor mental health

People living with mental health issues are often socially excluded, have lower health literacy, and live with stigma that significantly affects their quality of life and contributes to their vulnerability (Hill, 1995; Penaloza, 1995). As well as being disadvantaged, they are often excluded from the broader community with access to services being restricted, which influences the way they view themselves (Ozanne, Hill, and Wright, 1998). These effects of their vulnerable condition diminish the customers' own sense of resilience and control (Baker et al., 2005), which are important in meeting their basic psychological needs for well-being. However, experiences that engage vulnerable customers to contribute to their own service provision (i.e. through co-creation activities) have the potential to enhance a customers' sense of empowerment and subjective well-being (Safran, 2003). In contrast, there is a potential risk that if the individual is unable to complete the co-creation activity it will negatively impact their self-esteem and well-being, hence the need for further research to examine this phenomenon.

Vulnerability factors are recognised to have detrimental effects on individuals' well-being (Almeida, 2005), however, few studies have examined how vulnerable customers can enhance their well-being. Extant marketing studies explore the discrimination faced by vulnerable customers (e.g. Bone, Christensen and Williams, 2014; Hill, Rapp and Capella, 2015), but few have addressed how vulnerable customers derive value outcomes from their interactions with organisations (Piacentini, Hibbert and Hogg, 2014) . While Larson and Bock (2016) found that mental health customers who were satisfied with their treatment had enhanced well-being, little explanation was provided for how this was achieved through the treatment regime. This study will explore how vulnerable customers engage in co-creation activities with organisations, and seek to understand the subjective well-being outcomes for the individual as a result.

Customer Well-being

Subjective well-being is a complex construct derived from two fundamental perspectives; the hedonic and eudaimonic perspectives. The hedonic aspect of well-being, is founded on the concept of sensory pleasure and happiness that affects quality of life (Diener 1984). According to the hedonic concept of well-being, an individual experiences happiness when they have positive emotions and satisfaction with life (Carruthers and Hood, 2004). Eudaimonic well-being is based on the view that people achieve betterment if they experience utilisation of their full potential, which means they experience life purpose and are appropriately challenged (Ryan et al., 2008; Ryff 1989). Current psychology literature, embraces self-determination theory (SDT) as a central definitional component of the eudaimonic perspective of subjective well-being (Ryan and Deci, 2001). Thus, an individual's competence, autonomy, and relatedness are recognized as basic psychological needs that are to be met and supported for eudaimonic well-being (Deci and Ryan 2000; 2008). These are the basic psychological needs that are often not met among vulnerable customers in service provision (Baker et al., 2005). Competence is the confidence of customers in their ability to participate and interact with

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others in fulfilling their goals (Deci and Ryan, 2000). Autonomy reflects self-regulated actions performed by the customers, which also give them ownership of their goals (Deci and Ryan, 2000). Relatedness is the sense of being respected and engaging in behaviours beneficial to significant others (Ryan et al., 2008), not only to pursue individual benefits but also for social cohesion (Ryan et al., 2008). Therefore, consistent with psychology literature (Ryan and Deci 2001) and the approach adopted in transformative service research (Anderson et al., 2013), this research examines the subjective well-being outcomes that arise from vulnerable customers' co-creation roles with respect to their healthcare treatment. These well-being outcomes are considered not just as achieving pleasure due to fulfilment of needs, but also as the realization of one's true potential (Ryff and Singer 2008), recognising both hedonic and eudaimonic constituents of well-being.

Co-creation of Well-being

Marketing studies have identified well-being outcomes for an individual obtained through co-creating with providers (Guo et al., 2013; Mende and van Doorn, 2015; Sweeney et al., 2015), For instance, Sweeney et al. (2015) found that as customers make more effort in value co-creation by engaging in more demanding activities for their care, this increases their well-being (Sweeney et al., 2015). Further, when customers choose to comply with the recommendation of the providers and proactively co-create using the knowledge and skills learned, it enhances their (financial) well-being (Guo et al., 2013). While these studies demonstrate a link between value co-creation and well-being, they neglect that customers engage in co-creation to improve health care services for the benefit of an organisation, community group, or society (McColl-Kennedy et al. 2012).

As customers engage in value co-creation activities they seek value outcomes in diverse ways (Frow et al., 2014), which are influenced by their role (Edvardsson, Tronroll and Gruber,

2011). While the literature has considered different roles for employees in the service interaction (e.g. in role behaviour and extra role behaviour; Bove et al., 2009; Groth, 2005), there is little recognition of the various roles for customers in co-creative service experiences. This study considers three different types of customer roles in co-creation activities. Firstly, customers play an active role in co-creating their individual outcomes by demonstrating participation behaviours that are necessary for value co-creation (Yi and Gong 2013). For instance, in mental health services value is created when customers engage in activities to achieve their personal goals. Further, customers participate with other customers and employees to address service improvement initiatives for the benefit of the organization (Prahalad and Ramaswamy, 2004). Finally, customers participate with other customers, organisations, and community members to improve access to services for the broader society, (i.e. reduce vulnerability for marginalised population etc.) (Cheung and McColl-Kennedy, 2015). While co-creation activities are often designed to provide benefits at the organisational and societal level (Chou and Yuan, 2015), we argue that these co-creation activities also provide value outcomes to the individual and hence result in an individual's enhanced well-being. While previous research has identified that mental health consumers talking to their societal circle can enhance their satisfaction with the health care provider (Larson and Bock, 2016), this study expands that notion and investigates the well-being outcomes when consumers provide value for others in that societal circle. Thus, this study will explore individual hedonic and eudaimonic well-being outcomes (based on autonomy, relatedness and competence) derived from the three different roles customers adopt when they co-create service experiences.

Methodology

Research Approach

A qualitative approach was taken to identify the various well-being outcomes that mental health customers derive through various co-creation roles they take in relation to their healthcare consumption. As this study is among the first to explore well-being outcomes in relation to co-creation activities, there remained a lot unknown about the structure and nature of this phenomenon. An exploratory qualitative approach allowed respondents to share their views of their reality with minimal external influence (Guba and Lincoln 1994). The respondents selected were 'knowledgeable agents' because they were discussing their lived experiences and constructing their own realities (Gioia et al. 2013). Theories and concepts were not imposed on the respondents but rather emerged from the thematic analysis and the subsequent consideration of the literature and emerging conceptual understanding. In-depth semi structured interviews and focus groups with customers and employees from two mental health organisations were used. We used a critical case sampling strategy, in which the sample size is limited but includes respondents with high interest (Engström and Elg, 2015).

Data Collection

Adopting a mental health service context to explore the concept of well-being outcomes from a co-creation experience, directly addresses the request for further investigation of value co-creation in highly collaborative and participatory environments (Edvardsson et al. 2011). Mental health services are a complex service that faces unique challenges. Mental health issues are chronic in nature, and there is often a negative association with mental illness in society. Treatment requires high contact and a high level of involvement, and provider's work with customers takes place over an extended time period. Therefore, there are numerous opportunities for direct interaction and co-creation to occur between the healthcare service

provider and the customer (McColl-Kennedy et al., 2012). Further, due to the nature of the service, the service provider and customer are cognisant of the customers' well-being and working toward it as an outcome.

Two case studies of mental health care organisations in Australia (named as RED and GREEN for reasons of confidentiality) were conducted. These organisations offer individual and group programs for people experiencing mental illness, their carers and family members. Considerable attention was paid to selecting case-study organisations that had a strong customer-centred approach. The key criteria used to select the organisations were: it is a not-for-profit organisation in the mental healthcare sector; it is operating in the community based mental health sector for at least ten years, and it demonstrated evidence of co-creation with its customers. Recommendations from industry experts, an initial meeting with senior executives, and an examination of each organisation's stated charter, annual plan and organisational goals determined that these organisations had the requisite customer-centred focus and engage in co-creation with customers.

A total of ten in-depth interviews and eight focus group interviews were conducted with a total of forty-two respondents. Ten members of the organisations' leadership teams were interviewed and eight group interviews were conducted with seventeen customers and fifteen providers across the two organisations. Table 1 elaborates the profile of respondents from both cases. These respondents were purposively selected so that the study included informed participants. Respondents had been associated with the organization for at least 12 months and were between 25 and 50 years of age. 74% of respondents were female, reflective of the workplace environment of these organizations (see Table 1).

Table 1. Data Sources and Profile of Interviews and Focus Groups.

Data Source	RED	GREEN
Interviews	**Chief Executive Officer** [Respondent 1; F] **General Manager** [Respondent 2; F] **Finance Manager** [Respondent 3; M] **Program Manager** [Respondent 4; F] **Program Manager** [Respondent 5; F]	**National Services Manager** [Respondent 1; F] **Service Development Manager** [Respondent 2; F] **Customer Participation Manager** [Respondent 3; F] **Corporate Services Manager** [Respondent 4; F] **State Manager** [Respondent 5; F]
Focus groups	**Team Leaders** [Focus Group 1; 3F] **Support Workers** [Focus Group 2; 3F] **Customers and Volunteers** [Focus Group 3; 3F, 1M] **Customers and Support Worker** [Focus Group 4; 1F, 3M] **Customers and Support Worker** [Focus Group 5; 3F, 2M] **Customers** [Focus Group 6; 3F] **Support Workers and Team Leader** [Focus Group 7; 3F, 1M]	**Team Leaders, Support Workers, & Customers** [Focus Group 1; 3F, 3M]
Documents and archival records	Annual reports Samples of job descriptions Meeting agendas and minutes Blogs (written by CEO and a client) Organizational charts Orientation packs Consumer participation policy/frameworks Terms of reference of advisory committees Website content	Annual reports Strategic directions report Website content Consumer participation forums content Service brochures Service Improvement report Meeting agendas and minutes Organizational charts Orientation packs Consumer participation policy/frameworks

(F) indicates the respondent was Female and (M) indicates Male.

The interviews and group sessions lasted between 50 to 90 minutes. In-depth interviews were conducted with the senior executives and the manager to gain insight about value co-creation practices in the organisations. These respondents had extensive experience of engaging vulnerable customers in various forms of service provision so they added not only their perspective about value co-creation and its well-being outcome but they also had the capability to reflect on the customer perspective. Team leaders and support workers were included in focus group discussions because they interact with customers on a daily basis. As the customers

may have cognitive impairment due to their mental health issues it was essential to interview team leaders, support workers and senior executives to reflect the customers' viewpoint. The remaining five group interviews were conducted with customers and where necessary support workers were invited to help facilitate the discussion between researcher and respondents. Each group interview had three to six respondents. The presence of a support worker in the focus groups (Focus Group 4 and 5 only) was agreed with the organization to ensure that the customers were not put under any undue anxiety or pressure that may compromise their mental health. In a mental health context, group therapy sessions in the presence of 'significant others' (often carers) is a common occurrence and accepted as the norm (Dodding et al., 2007). Often the significant other can assist in stressful situations and explain concepts in a manner that can be understood by the customer (Dodding et al., 2007). Lester, Tritter and Sorohan (2005) used this approach and ran focus groups of combined patients and healthcare professionals to explore the roles and responsibilities of mental health patients and health professionals. In our study, the focus group facilitator was experienced and cognisant of not allowing undue influence from the support workers, and these groups demonstrated consistent findings.

An interview protocol was designed to ask all respondents to elaborate what participation meant to them, how the organisation was involving customers in their service, types of activities customers do with the organisation, and how they perceived participation in services influenced customers' well-being. Specific questions also addressed the value outcomes customer perceived when they co-create for the benefit of other customers, organization and community. As the research progressed, minor modifications were made to the interview protocol but the main investigation topics remained unchanged (Gioia et al. 2013). The original interview protocol is provided in the Appendix. The interviews and focus groups were conducted and interpreted in a structured manner. The data was simultaneously collected and analysed to refine the understanding of emerging themes (Glaser and Strauss 1967).

In addition to the interviews, for triangulation purposes the researcher also used other techniques such as document analysis, archival records and observations (Dubois and Gibbert, 2010) For example, various documents such as annual reports, job descriptions, meeting minutes and agendas, blogs, organisational charts, orientation packs, survey analyses, terms of reference, websites etc. were analysed (see Table 1). Wherever possible, observations were either audio recorded and transcribed or field notes were taken during the observation. All interviews, focus groups and other sources of data were managed and analysed electronically by NVivo software. Data collection ended when saturation occurred and no new themes emerged.

Data Analysis

To analyse each interview the 'Gioia methodology' (Gioia et al., 2013) was followed. Each interview was transcribed immediately and the transcription and other relevant documents were imported into NVivo simultaneously. An iterative process was adopted for data collection and analysis (Thompson, Locander and Pollio, 1989) and data were compared for theory development and verification. The themes and subthemes were refined and revised with ongoing data collection and fieldwork (Strauss and Corbin, 1998). The Gioia methodology provides a systematic inductive approach to concept development, as it captures concepts in terms that are meaningful for the participants and fosters a level of scientific theorizing (Gioia et al., 2013).

The texts in the interview transcripts that appeared relevant were then highlighted and coded on the basis of phrases used by respondents (Miles and Huberman, 1984). Observations and documents were coded likewise. Similar codes were assembled for first order categories. A codebook was developed in which codes were documented along with their meaning and parameters (Miles and Huberman, 1994). Whenever the codebook could not be applied to new

text, a new code was defined and it was added to the codebook. When no new codes could be added to the codebook data collection was stopped as theoretical saturation was achieved (Strauss and Corbin, 1998). Field notes and other documents were also used in the interpretative process. First-order category relationships were studied and organised into second order themes after several iterations using the researchers' expert knowledge of existing theory to determine whether the emerging themes suggest concepts that described and explained the observed phenomenon, in a process consistent with axial coding (Strauss and Corbin, 1998). Interviews were used as the main source of data while observation and documentation were used for corroborating evidence (Miles and Huberman, 1994).

The data analysis is almost exclusively taken from the customers' perspective, as we examine the well-being outcomes for individuals. Because of the nature of the organisations, many of the service providers were also former or current customers and talked about their experiences as customers, and/or their observations of customers. Therefore, a separate service provider perspective was not investigated in the data but rather their responses used to elaborate the emerging themes. The interviews with the customers were analysed first and the service provider interviews did not subsequently provide any notable codeframes and no further aggregate themes. After coding all of the interviews and focus groups from RED, 95% of the first-order categories in the codebook had been identified. The inclusion of a second case study, GREEN, was used as a confirmatory case for cross-case analysis with RED and provided further support for the validity of the findings. Coding from GREEN only identified a further 5% of the categories and therefore saturation was achieved (Guest, Bunce, and Johnson, 2006). As an emergent approach was taken in the data analysis, not all respondents were asked specifically about their co-creation at different levels of abstraction, or the nature of well-being at each level. Hence, the individual occurrence of each theme is not reported, as it may

misrepresent the findings (Guest, Bunce and Johnson 2006); future research should investigate this further.

Findings

The findings of this study recognise well-being outcomes derived by the vulnerable customers when they undertake various value co-creating roles. Our analysis shows three types of co-creation activities, deemed as co-creation roles; co-producer, strategic partner and citizen. Further, we identify hedonic well-being (i.e. sensory pleasure) and eudaimonic well-being (i.e. fulfilment of human potential) outcomes, as illustrated by the second order themes, sense of happiness, confidence, control, competency, freedom, common purpose, accomplishment, empowerment and social contribution. Table 2 presents the final data structure, including the first first-order concepts (those meaningful to the informants) and the second-order concepts (induced by the researchers).

Whereas some value co-creating roles deliver benefit to an individual, other value co-creating roles deliver benefit to other customers or society in general. To understand how the vulnerable customers derive well-being outcomes when they undertake various roles in the co-creation of the health care provision, this research first identified the different customer co-creation roles. A service-dominant logic perspective views all actors as resource integrators, however, it also acknowledges that different actors use and assess resources in different ways (Vargo and Lusch, 2011). Consistent with this view, the present research identified three categories of co-creation roles: co-producer, strategic partner and citizen. It should be noted that these are the broad categories of roles and within each type the nature of resource integration will differ, depending on the value outcome required and these roles may overlap for some customers. Indeed, customers may undertake several co-creation activities

Table 2. Data Structure and Illustrative Quotes

Aggregate Dimensions	Second-order Themes	Aggregate Dimensions	Illustrative Quotes
Customers are supported in redesigning their treatment plan	Customer participation to achieve desired outcome for themselves	**Co-production**	We don't tell people what to do. We help them as much as they need, with the idea that they can take it on and can identify options for them (RED Focus group 1) Everything is about us providing a framework and coaching and assistance to the individual to identify their own goals. So we don't work as an expert but we work together with the individual. (GREEN Respondent 5)
Customers compliance to their treatment plan			
Customers participate in setting their personal goals			
Customers participate in design and improvement of service provision	Customer participation in design of the service offering and governance of the organization	**Strategic Partner**	Being involved in the life of the organisation. Here you feel like you are part of the organisation (RED Focus Group 3) Recently we were redoing our risk assessment process and we had consumers who sat on that working group and contributed to the design of that process and thinking about how it should work, what the name should be and various things like that. (GREEN Respondent 2)
Customers participate in organizational strategic planning			
Customers participate on the Board, management, committees.			
Customers participate in community-based events, conferences	Customer participation in improving services for the broader community	**Citizen**	We offered a training launching pad for consumers, so that it was providing the opportunity to develop their capacity to participate in working group not only internally but in sector consultation forums, steering committees (GREEN Respondent 5) There is a number of different levels at which customers contribute for decision making…. The individual control the person has over the particular aspect of their care. The next level up is about really shaping the sort of quality and the nature of the program that is delivered at the organisational level. Then to participate in leadership or consultation opportunity outside the organisation (GREEN Respondent 2).
Customers participate in state level committees, advisory groups, government consultation			

Aggregate Dimensions	Second-order Themes	Aggregate Dimensions	Illustrative Quotes
Positive experience during co-creation			Here you come you play your band in music group there is no stress and it is fun. Most people enjoy it (Co-Producer: RED Focus Group 4)
Enjoyment during co-creation	**Sense of happiness**	**Hedonic well-being**	And some people will own their mood they will say look I have come in today but I am quite grumpy so I don't want to participate in anything. So we tell them ok we will keep an eye on your mood too because that can affect other people and it can affect them as how they feel about themselves. But sometimes that change because they pick up that sense of purpose and that sense of belonging and their mood might dissipate and they may realise that it was a good idea to come in and participate even though it didn't feel like when they first got here (Strategic Partner: RED Focus Group 7)
Pleasure during co-creation			"I love volunteering ... I like to help people and it makes me feel happy" (Citizen: RED Annual Report 2014-15 pg. 10)
Customers confidence in participating in their own care			Definitely being at RED you gain confidence saying this is what I need and I need help in getting that. You just become more assertive for your needs instead of thinking either you don't deserve it or you just really don't know how to express yourself but being here you have the chance to do that. Asking more questions from GP about medications, what other services are out there. What he can do for me (RED Focus Group 5)
Customers confidence in communicating with the counselor	**Sense of confidence**	**Eudaimonic well-being as Co-producer**	
Customers confidence in personal health care management			
Customers choice of just following basic compliance	**Sense of control**		They give you support but they don't want to force you. They give you so many opportunities to participate, it's an encouraging, supportive, collaborative place. There is nothing about you have to do this (RED Focus group 3)
Customers choice of collaborating in developing their treatment			

Aggregate Dimensions	Second-order Themes	Aggregate Dimensions	Illustrative Quotes
Customers feeling of being productive by participating in organisations' decision making	**Sense of competency**	Eudaimonic well-being as Strategic Partners	Yes I do feel I have given back to RED in a small way. Just by listening to staff giving them ideas as well, sitting in meetings and came to a good solution (RED Focus Group 6)
Customers feeling of being productive by participating in design of service provision			
Customers feeling of being productive by participating in the governance of the organisation			
Customers feel they have freedom to choose the way they want to co-create in a group	**Sense of freedom**		Getting involved, getting out of house again, because when I was ill I sort of felt I was in a deep hole and I was going nowhere. Coming to RED I got back sense of purpose by participating in services (RED Focus group 5)
Customers feel supported to co-create in a group			
Customers feel they are offered a lot of options to participate			
Customer feel that they and others around them are actively participating for the organisational benefit	**Sense of common purpose**		Giving that perspective that I can do things, I can get involved, I can help in certain ways. It gives a sense of purpose I think (RED Focus Group 6)
Customers feel that they are connected with the organization and other customers due to their intensity of participation in the organization's offerings and activities			
Customers feel their skills and experience has made a difference in someone's life	**Sense of accomplishment**	Eudaimonic well-being as Citizen	There is nothing more satisfying than to support someone to achieve the ability to work to go and help more people. So you are supporting someone to be their best and then they go and help other people and there is a sense of contributing socially (RED Focus group 5)
Customers feel they are able to create a positive impact in the community through their participation			
Customers feel they can express their ideas for services beyond their own care	**Sense of empowerment**		Empowerment is the single most important element of being involved in GREEN internally and in the sector (GREEN Focus Group 1)
Customers feel that their participation is voluntary and they have freedom to approach the task in different ways.			
Customers feel their contribution is valued by the society	**Sense of social contribution**		Coming here was a big part of regaining central purpose, sense of belonging, something I can contribute to as well and that was really important and that was a set of breaker for me. I felt like fellowship you get that sort of understanding from other people, acceptance and you give it back to the community (RED Focus Group 4)
Customers feel they are giving back to the society			
Customers feel a sense of fellowship			

with the organization, reflective of these different roles (both within roles and across roles). In this sense, we build on the work of McColl-Kennedy et al. (2012) who identified different types of co-creation activities undertaken by customers.

Co-creation roles of customers

Co-producer: The notion of co-production captures the participation of the customers in direct service provision (McColl-Kennedy et al., 2012; Sharma and Conduit 2016). In this study, the researcher focused on service situations where customers are expected to have an active role in co-creating their individual outcomes. Mental health services require high levels of co-production and value is created when customers engage in activities to achieve their personal goals. RED and GREEN provide many opportunities for their patients to actively participate in their own treatment plan. They support their customers by reviewing their case histories and identifying strategies for various treatment options and then assisting customers in developing strategies to manage their symptoms. The research found that customers of RED and GREEN participated at the point of care by supporting and redesigning their treatment plans, actively taking responsibility for reducing their stress, taking medication on time, and by integrating resources from other sources (e.g. advice from families and friends) as evidenced by the statement of the RED CEO.

> *"*Every time someone connects at RED we actually design with them their point of care treatment. For us it's a given... if someone engages in counselling the counsellor doesn't say what you need is 'narrative therapy', let's start. It's the job of the counsellor to think is a narrative approach or cognitive therapy required. The counsellor thinks about all their frameworks all their strategies and…then engage at the point of care with the participant, is this what you are looking for, and how do we make this happen" (RED Respondent 1)

When customers acted as a co-producer they became an active partner in their own care, setting personal goals and strategies for managing their health. Customers were involved with resources and groups seeking additional information or assistance in managing their personal health needs. In undertaking these activities they create value for themselves and they went beyond basic compliance and put increased efforts into utilising the services.

Strategic partner: Customers were considered 'strategic partners' when they were actively involved in the design of services and governance within RED and GREEN. Our study found that customers participated at many levels in both organisations through activities such as the design of service provision, in organisational strategic planning, by having representation on the Board, and other activities for improving service provision, policy development, and governance of the organisation.

> "We had a risk assessment working group in which customers were represented nationally throughout the organisation and it ran for about 2 years. We worked together to assess the risk associated with our programs and presented back to the leadership forum, at the annual forum, and the customers came along and presented with us" (GREEN Respondent 1)

In GREEN, customers are first trained in interview skills through a program called Launching Pad and subsequently they participated in the recruitment of staff that work closely with customers in developing treatment plans. Customers in GREEN also participated as advisors or members of the advisory council, and members of operational committees, such as the safety and quality committee.

When customers acted as a strategic partner their focus was to participate in improving the service design and governance of the organisation. They participated with managers, front line employees and clinicians in planning new services, as well as in the evaluation of present

service offerings. In this sense, customers created benefit for the organisation and for other customers. However, these activities also provide intrinsic value to the individual customer as they feel they contribute for the benefit of the organisation and other customers.

Citizen: When the customers adopted the role of a 'citizen' they provide value within the broader context (i.e. society or industry). For instance, RED customers represented the organisation with the employees by taking part in community-based health events, in conferences, in state level mental health consultation groups, and advisory committees. As a result of their participation, RED customers have advocated for more funding and better services and have helped the community to understand the misconceptions around mental health. While this provides benefit beyond the individual, it also provides intrinsic value to the individual customer as they feel they are able to "give back" to the community. One of the focus group respondents involved in these types of activities said,

> "In some ways I have contributed in improving access to services for mental health clients like they are involving us more and it does help us a lot" (RED Customer Focus Group 4)

Similarly, GREEN customers participated in government consultations, in advisory panels and in the work of other organisations and were supported in these roles. One customer of GREEN participating in an advisory Council commented in the Service Improvement Review Report:

> "As a member of the Council I have also presented the Consumers Perspective at ...various consumers and service provider forums reflecting on service provision to enhance our recovery journeys" (GREEN Service Improvement Report 2014-15, p. 13]

The citizen role explored in this research is different to citizenship behaviours identified in previous studies (Rosenbaum, 2015; Yi and Gong, 2013). Customer citizenship has been defined as customer contributions to the services of the firm by following their plan of action (Rosenbaum and Massiah, 2007) and by providing feedback to improve services and by advocating their services to other users (Yi and Gong, 2013). These studies have not considered the customer's role as citizens in contributing to the system beyond the organisational boundaries. Besides, previous studies have argued that through citizenship behaviour, customers can provide extraordinary value to the organisation; however these behaviours are extra role behaviours (voluntary behaviours), which are not requisite for successful value co-creation (Yi and Gong, 2013). However, in the present study it was found that when customers take the role of a citizen they are more engaged with the service and want to participate, as this has benefit not only for others but also impacts upon their own well-being. When customers played a role as a citizen for RED or GREEN, the focus was to ensure that the broader mental health system is providing opportunities to customers to participate in their care and is therefore more co-creative in its approach.

Well-being outcomes generated from co-creation

The primary research objective of this study was to investigate the well-being outcomes that resulted from the different co-creation roles of customers. Previous researchers have acknowledged that the degree of effort needed to participate in a service can influence one's well-being (Guo et al., 2013; McColl-Kennedy et al.,2012; Sweeney et al.,2015). However, in these studies only customers' efforts to co-create value for their own benefit have been linked with their personal well-being. In this study, it was found that customers' well-being was not only linked with their participation in co-creating for their own benefit but it was also linked with co-creating for organisational and societal benefit.

This research explores the customer well-being outcomes generated by co-creation from the perspective of self-determination theory (SDT) (Ryan and Deci, 2001). In the present case studies the researcher found evidence of eudaimonic well-being outcomes linked to competence and autonomy when customers co-created as a co-producer and found evidence of all three components of SDT (viz. Competence, Autonomy and Relatedness) in well-being outcomes when customers co-created as a strategic partner and citizen. Fulfilment of autonomy, competency and relatedness act as principal factors that foster eudaimonic well-being as assisting in self-realisation of one's potential. An illustrative example of each well-being outcome is provided in Table 2 and these are further discussed in the following section providing examples from the case studies.

Customer hedonic well-being generated from co-creation

Individuals participate in a task when they find enjoyment and interest in it (Deci and Ryan, 2000). It was found in the case studies that when customers are pursing various co-creation activities (as co-producer, strategic partner and citizen) they often enjoy it. They have a positive experience, which brings a sense of happiness and pleasure, which is vital for the hedonic perspective of well-being (Kahnemann, Diener and Schwarz, 1999). When customers' at RED and GREEN participated as a co-producer they actively engaged in their treatment plan and were willing to share information with the providers and this gave them a sense of satisfaction. When there is a high involvement of customers with the service providers the customers perceived greater benefits from the service, as narrated by one respondent.

> "When you come here for counselling you get a sense of satisfaction you feel better after coming here" (RED Focus Group 5)

Previous scholars have also found that when customers placed more effort on value co-creation by engaging in more demanding activities, it increases their quality of life perception

(Sweeney et al., 2015). In these studies customers participated in co-creating their own health care experience that (according to the data) increased their life satisfaction. In this study it was found that when customers at RED and GREEN participated as strategic partner and citizen they contributed resources for mutually beneficial outcomes and enjoyed being productive and helping others as stated by respondents.

> "I think each member of the group whether you are staff, participant, or volunteer gets as much from each other as we do. It is a two way thing, it is a reciprocating thing we enjoy, there is a lot of enjoyment in what we do" (RED Focus Group 4)

When customers participate in value co-creating activities they find it interesting and entertaining (Nambisan and Baron, 2007) and their' effort in value co-creation influences their well-being (McColl-Kennedy et al., 2012; Sweeney et al., 2015). In this study it was found that participation of customers whether creating benefit for themselves or for the organisation or society it improves their hedonic wellbeing because they experience pleasure and happiness through their participation.

While co-creating services improved hedonic well-being, the researcher also found that it has the potential to improve the eudaimonic well-being of individuals. The present paper found evidence of eudaimonic well-being outcomes for customers, which have categorised below with relevant examples and illustrative quotes.

Customer eudaimonic well-being generated as Co-producer

When customers act as a co-producer this helps them to influence the outcome of their care, as they actively participate in co-creating their treatment options in consultation with the providers. Our analysis shows that when a customer takes the role of co-producer two psychological well-being needs reflecting their sense of purpose - competence and autonomy - were achieved. Customers felt that the organisations supported them to have more confidence

(competence) in their ability to achieve their potential and this in turn gave them a sense of control (autonomy) over their own destiny, particularly in regards to their health care management but also beyond. The research found evidence of both well-being outcomes for customers, which have been categorised below.

Sense of confidence: is related to the competence of the customers in participating in their own health care. RED and GREEN support their customers to understand instructions, provides them with resources to improve their participation skills, and hence increases their confidence to engage with their counsellors at the point of care. Customers are confident communicating with counsellors and work alongside them in the coordination of their personal health care management. Many customers of RED identified that the organisation supported their efforts, by offering both training and resources and this motivates the customer to participate in and co-create their care.

> "It gives me a bit of a confidence and I am paid musician and I stopped playing guitar for about 10 years. It is after coming here that I got started and so that gives me so much to go home and catch up with 10 years practice that impacts my entire week coming here for 1 day. Even my friends notice and say you look better now, as you have started playing music. That is RED and RED has done that for me. (RED Focus Group 4)

These examples illustrate that RED provided support to their customers, which in turn provided a sense of confidence in their abilities and encouraged the customers to pursue their passion and purpose even beyond their supported recovery.

Sense of control: is related to the autonomy of the customers in participating for their care-plan. Customers considered that participation in their care provides them with a sense of control over their environment (Plaud and Guillemot, 2015). Customers can find their voice and exercise their choice with regard to their health care management. While engaging in their care

they have the choice of just following basic compliance, or collaborating in developing their treatment plan. This gives the customer a sense of control over the situation and allows them to feel their skills are being utilised, which appears to enhance customers' acceptance of their treatment regime and positively influences their eudaimonic well-being.

> "And just coming here you kind of feel like this is where I need to be. This is the place that will help me be a better person, being able to control different aspect of my mental illness" (RED Focus Group 5).

Similarly, GREEN has implemented the collaborative recovery model for the services provided to their customers, which is a coaching framework that emphasises providing support to customers in their recovery. There were several examples in GREEN documents where customers have highlighted a great relationship with their providers due to which they feel comfortable in voicing their opinion. The service providers understand their needs and this has improved customers' confidence in contributing to their treatment program.

Customer eudaimonic well-being generated as Strategic partner

The research found that customer participation as a strategic partner has the potential to improve each customer's individual well-being. This type of well-being is eudaimonic in nature as co-creation for the benefit of other customers and for the organisation provides opportunities for customers to actualize their potential and this in turn gives them a sense of purpose. We found that when a customer took the role of strategic partner their three psychological needs - competence, autonomy and relatedness - were achieved, providing them with a greater sense of purpose, or eudemonia.

Sense of competence: reflects the feeling an individual achieves from their focus on being productive and it contributes to their perception of self-efficacy (Bandura, 1977). Opportunities to participate in service provision increase customers' sense of competence as they feel they

have the perseverance to participate in achieving goals that are greater than their own health. This influences their intellectual efforts and strategies to advance their personal goals and achievements because they feel they are more productive. This provides the customer with a greater sense of purpose and eudaimonic well-being as reflected by a customer who participated in the performance committee at GREEN

> "Being involved in any opportunity like this makes me feel just great that I am involved in making decisions about what resources GREEN will have … that my skills and experience matter… This has a huge impact on my recovery and on my self-esteem" (GREEN Service Improvement Review Report 2014/15 p. 14).

Sense of freedom: The collective aspect of participation is influenced by social interactions within the group (Carù and Cova, 2007) Keeping this in mind, RED enables customers to engage freely, interact with others and explore things at their own pace. They enjoy a sense of freedom in the way they may co-create in the group, which makes people feel more comfortable as they are able to personalise their experience. The sense of freedom gives them a feeling of being autonomous as they consider they are not compelled to behave or co-create in a certain manner, which in turn makes them aware of their responsibility and fosters their involvement (Amabile, 1993).

> "It is up to you if you want to get involved and they support you in getting involved. You are supported to be your best which has totally transformed my life from someone who started here as a participant and was quite unwell to someone who is working in the field now" (RED Focus Group 5).

Sense of common purpose: RED and GREEN support customers to develop strong social relationships, and these have helped them to increase their willingness to share skills and knowledge with others. They feel that they are collectively connected for a cause or purpose

so they are motivated to participate in service provision beyond their own care for that common purpose. They are able to learn from others, interact with people in similar situations and establish social relationships within the group. These mechanisms positively influence their eudaimonic well-being as they feel they are able to contribute for others in the community and they feel associated with others, which gives them a sense of *common purpose. They* are proactive in providing suggestions to the organization about how to improve services, as they value relatedness as the way to improve their own well-being (Deci and Ryan, 2000) as evident in the following statement.

> "It's participant focussed. It's basically for the participants by the participants really. You have got support workers guiding you but it's mainly you coming up with ideas. It just gives you the motivation that you actually succeeded in something. With that it always help in your mental illness because when you are at your low point you think you can't achieve anything and actually achieving something may be its just an idea or getting involved in something it does it makes you feel better and it comes out to everyone as well" (RED Focus Group 5)

This finding is in contrast to that of (Guo et al., 2013) who argued that when customers are involved in the development of organization systems or processes it has no effect on their well-being, as the target of involvement is to improve services of the organisation.

Customer eudaimonic well-being generated as a Citizen

When individuals are participating for the benefit of the community or society it creates greater well-being as customers experience eudaimonic outcomes by strengthening the individual's experience of self-determination. The ethos of RED is 'sharing the journey', which aims to welcome everyone, regardless of whether they are customers, carers, volunteers, community members, students, or researchers. Customers, as citizens, along with the organisations and

other relevant actors raise awareness about mental health, trying to reduce the stigma associated with mental illness, motivating people to access services if there is a need, and thus having a transformative impact on the community. When customers play the role of citizens they are not only concerned about their individual benefit, but they are co-creating services with other actors for the benefit of the society or the community (Cheung and McColl-Kennedy, 2015). When customers take the role of citizen, their three motivational needs - competence, autonomy and relatedness are achieved. The research highlights the impact of these 'psychological needs fulfilment through well-being' outcomes that were generated when customers co-created for societal benefits:

Sense of accomplishment: when the individuals are participating for value outcomes at a societal level it enhances their perception of self-efficacy as they experience competence in achieving shared goals. This creates a greater sense of well-being as customers experience eudaimonic outcomes by helping people to connect with services or by contributing resources for improving access to services. Customers of RED and GREEN shared their experience of gaining the sense of accomplishment by contributing to the societal good, especially when they know they have made a difference in someone's life. Customers were motivated by the benefits the community can receive and this strengthened their sense of accomplishment as illustrated by one RED customer.

> "When we go out in society there are people who have never heard of mental health services and we sometime hear little bit of apprehension. We help them to understand the mental health issues and engage with mental health services. I think we have made a positive impact in terms of reducing stigma. This gives me a sense of accomplishment that my skills and experience matter" (RED Focus Group 4)

Sense of empowerment: Being able to participate in accruing benefits at the societal level provides a sense of self-efficacy, as individuals see their values and ideas being respected. This enhances the customer's sense of empowerment by strengthening their perception of self-determination (Deci and Ryan, 2000) and self-efficacy (Bandura, 1977) and in turn enhances customers' determination to participate beyond their own care. Both RED and GREEN encourage customer participation in their outreach programs, in service provision and in utilising them as volunteers to improve the health literacy and reduce the stigma about mental health among the community members. When the customers integrate resources it drives their belief in the knowledge and skills they possess. They share knowledge and related resources and pursue active collaboration towards a common purpose of co-creation (Cheung and McColl-Kennedy, 2015). This empowers each individual within these groups and leads to an enhancement of eudaimonic well-being.

> "Being able to participate like participants playing music in the festival' that is making a big effect and it goes beyond this room. Some people just sit and listen while some people are actually performing music, art shows… I saw the more you involve people it changes their lives. This gives that perspective that I can do things, I can get involved; I can help in certain ways. It gives me a sense of purpose" (RED Focus Group 6).

Sense of social contribution: Social contribution has been defined as the evaluation of social value and it reflects the belief that the things that people do are valued by the society (Keyes, 1998). Transformative service acknowledges that attaining meaningful outcomes for others helps customers to connect with others (Cheung and McColl-Kennedy, 2015). RED and GREEN give their customers a platform to participate in outreach programs, exhibitions, conferences and this allows customers to advocate for better services, increased awareness and also set an example for the public by showcasing what customers have achieved since joining. Customers are able to contribute in unlocking the potential of excluded people, improve the

market place literacy and customers' access to services. This influences customers' well-being as they consider their participation helps them to contribute socially. They feel they are a vital member of the society and fulfilling their potential.

> "Obviously me helping to volunteer, helping people, which makes you feel better because when you are ill you felt like going nowhere; it sort of made you achieve something you might not being able to do" (RED Focus Group 5)

Prosocial community involvement behaviours of the individual support their individual well-being as people feel more socially integrated and have socially contributed (Keyes, 1998). Community involvement of customer provides a sense of competency, autonomy and relatedness, which influences customers' eudaimonic well-being (Ryan et al., 2008). The customer feels intrinsically motivated to participate at societal level, which has the potential to enhance their psychological growth and well-being (Ryan and Deci, 2001).

Discussion and Implications

Theoretical implications

This study makes theoretical contributions to TSR, health psychology and co-creation research by demonstrating how differing co-creation roles of customers with mental illness lead to different customer well-being outcomes. This work responds to recent calls to explore ways of improving well-being through transformative health care services (Ostrom et al., 2015) and extends TSR literature by exploring co-creation outcomes among vulnerable customers. It provides an improved understanding of the ways in which vulnerable and marginalised customers integrate resources to co-create value outcomes for themselves. This paper utilises SDT, which advocates that fulfilment of basic psychological needs may foster well-being and suggests its relevance in individual, eudaimonic well-being. This study showed that value co-creation activities provide the feeling of autonomy, competence, and relatedness to customers.

In both the RED and GREEN case studies, customers share their resources willingly, they voluntarily participate for self, organizational and societal benefits and that served to strengthen their experience of self-efficacy and self-determination. The results demonstrate that a feeling of self-efficacy and self-determination due to value co-creation fostered customer well-being. These findings contribute to the TSR and co-creation literature by suggesting well-being as a valid outcome of co-creation of value.

In transformative services research the well-being of individuals has been emphasised by co-creating with providers for their own care (Guo et al., 2013; Sweeney et al., 2015), this study expand this stream of research as it has found that co-creative activities for the benefit of other customers, organization and society also have the potential to impact individual's well-being. It proposes that as individuals aim to contribute in co-creating value for others, their individual needs of autonomy, competence and relatedness are met, enhancing their eudaimonic well-being. Therefore, the research has contributed to the TSR literature by focussing on well-being when customers pursue organizational and societal benefits.

Three types of co-creative roles of customers were identified: co-producer, strategic partner and citizen. All three roles manifest hedonic and eudaimonic well-being outcomes. Firstly, as a co-producer of their health care service, customers participate in their care, which gives them pleasure, as they are more involved in their treatment regime in concert with the providers. When the organisation provides support for improving skills for participation of the customer, and customers have a sense of control over their ailment, it also enhances eudaimonic well-being. Secondly, as a strategic partner, customers participate for the benefit of other customers and for the organization, which provides opportunities for customers to actualize their potential. This gives them a sense of competence, sense of freedom and a sense of common purpose while participating in co-creating services; it also provides a sense of happiness and pleasure. Finally, citizen customers participate in improving access to services

in society, hence reducing the stigma associated with mental illness and in improving health literacy. Individual customer well-being is enhanced through this process, as they feel they have gained mastery in understanding the system, feel empowered to advocate services to the broader community, and there is a sense of social contribution and connectedness for the society due to value outcomes that are produced by co-creating services at societal level. These findings demonstrate the relevance of the SDT dimensions of competence, autonomy and relatedness to vulnerable customers engaged in co-creation activities, and as such, expands on the previous research of Mende and van Doorn (2015) who developed a conceptual framework for co-production grounded in SDT.

Managerial Implications

This research demonstrates to the managers of health related organisations and public policy makers that despite their vulnerability customers can play a central role in their care and as well provide benefit to others. It was apparent in the present study that although, due to mental health concerns, the customers' cognitive ability to participate in services is impaired, if the organisation provides them with the opportunity they will choose to participate. Customers chose to participate not only in development of their own treatment plan at the point of care but also in organisational systems and processes. Therefore, organisations should not restrict their policies for engaging with customers at the point of their care but aim to engage customers more broadly and widely.

As customers are willing to participate it is imperative that organisations understand the different roles customers adopt in value co-creation. The customers cannot only act as co-producer and proactively manage their own care but they can also act as strategic partner and citizen to participate beyond their self-management. Managers can use these roles of customers

and the well-being outcomes to train their staff in co-creation practices. This may also help the organisation in recruiting and supporting suitable customers for value co-creation activities.

Since the co-creative role of customers with mental illness has a positive impact on their well-being, organisations should not only focus on providing customer oriented services but also invest in developing skills and competencies of customers so that they are better prepared and feel ready to act as co-creators. When customers' skills and competence are improved, they are more willing to not only engage in co-creative activities within the organisation, but they also start to integrate resources outside the organisation and this has an impact on their well-being as well.

Additionally, as varying well-being benefits arise from different co-creation activities, it is essential that organisations provide customers with multiple opportunities and avenues for participation, as this increases their sense of autonomy and overall well-being. It was evident that customer participation in activities that were challenging and in which they were able to utilise their full potential either by participating in their individual care or by participating as a strategic partner and citizen were able to influence well-being. Therefore, organisations must also invest in exploring different opportunities for the customers with mental illnesses; understanding their abilities, and emphasizing the value they can contribute through participation. This will increase their sense of competency and relatedness, which in turn impacts on their well-being.

Limitations and Future Research Directions

Despite the theoretical and practical contributions, there are a number of limitations associated with this study along with opportunities for future research. First, the co-creative roles of customers and resultant well-being outcomes were identified in a health care setting where customers have unique challenges and abilities to be involved in the co-creation of value. So,

future research could test the applicability of these findings beyond health care. The findings from this research are potentially transferable, especially in high contact and high involvement service settings such as financial counselling services.

Sweeney et al. (2015) has done preliminary quantitative work to demonstrate the transformative potential of value co-creation however their work is concentrated on well-being measures of an individual by co-creating with providers for their own care. In this study it was learned that individual actions have the potential to benefit the organization and the society, which in turn impacts individual's well-being. The researcher utilised a case study approach to identify co-creative roles of customers and the well-being outcomes generated. This was very effective in explaining the link between co-creation and well-being. The next step for future researchers is to investigate the findings in a quantitative setting and test if the findings hold true and test our conceptual understanding.

Third, respondents in this study were from a mental health organization, so the research was focussed on psychological well-being measures while in other situations such as in weight loss programs, researchers may focus more on physical well-being or in financial counselling they may focus on the credit score or financial well-being (Mende and van Doorn, 2015) Therefore, future researchers can look for additional well-being outcomes, including objective measures of well-being, in various other fields.

The provision of value outcomes at different levels of aggregation is recognised in recent literature in the service-dominant logic (SDL) research domain (Vargo and Lusch, 2016). While the respondents in this study participate in co-creation activities that will *benefit* the organization or society, the focus of our data collection and analysis remains on the well-being outcomes that result at an individual level only. Our research views the well-being outcomes from the perspective of the individual and does not look to assess the well-being or

value outcomes that are experienced by the group or society. Future research should examine the well-being outcomes at this group or societal level.

In this study, individual well-being was aligned with the collective and societal well-being but it should be acknowledged that this might not always be the case. For instance, an individual may want a health policy to be implemented that is detrimental to the public health. Therefore, future research should also investigate instances when there is a conflict between individual and organizational or societal value outcomes.

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Appendix 1: Focus Group Interview Guide

Section 1- Set the scene for co-creation

1. What does participation means to you?
2. How is this organisation involving you in their activities/practices?
3. If you think about the time you are with this organisation what are the various opportunities they have given you to participate?
4. What motivates you to participate?

Section 2- Co-creation behaviour influence on individual well-being

5. What do you think are the benefits of consumer participation approach at RED/GREEN
   - For you as an individual
   - For other customers
   - For employees
   - For the mental health sector in general
6. How do you think your participation is impacting your quality of life?
   Can you give examples
7. What is the difference you are observing in your life since you started participating?
8. Do you think your participation has improved the life of other consumers? Can you give example?
9. How has participatory behaviour impacted the access to services for you and other customers?
10. How has participatory behaviour impacted your competence or capability to co-create services?
11. How has participatory behaviour impacted the decision making for you and other customers?
12. How has participatory behaviour impacted the way you and other customers contribute in service development or delivery?
13. How do you think participation has impacted other aspects in your and other customers' life?