Article

Not so ‘Eco’ Service Ecosystems: Value Co-destruction Practices Affecting Vulnerable Patients in Special Transport

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Abstract
This study elaborates on the notion of value co-destruction when applied to complex service ecosystems of interconnected transport and healthcare services. By using a practice-theory perspective in a rich multiple-participant interview and observation study, the article shows that value creation is difficult to achieve, and that vulnerable travellers and patients can experience several problematic situations. It is argued that many crucial situations are linked to ecosystem gaps, in relation to typical practices such as booking, waiting, pick up and drop off, travelling and connecting. This article contributes by uncovering and explaining relatively non-harmonious aspects of service ecosystems, typically not imagined in contemporary value-creating service ecosystem research.

Keywords
Service ecosystem, value co-creation, value co-destruction, practices, transport, healthcare

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Introduction
For most businesses, it is crucial to understand the two mechanisms of value co-creation and value co-destruction, during relations between customers and other

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professional groups while using services. The co-destruction phenomenon, in particular, has evolved as an important research phenomenon in service and marketing research, searching for instances of poor value experiences and ways of explaining why such problems occur, across major service organizations.

Among the contemporary research streams showing an interest in this, we find ecosystem theory, typically displaying networks and activity processes (Akaka et al., 2012), and resource integration theory (Vargo & Lusch, 2016). These frame different aspects of value co-formation (including both the co-creation and co-destruction of value) in service systems, thus providing partly different answers as to why customers experience things the way they do. While ecosystem theory primarily addresses network characteristics (Beirão et al., 2017; Ng et al., 2018), typically zooming out to systemic multi-actor aspects, institutional arrangements and other aggregated system conditions (Frow et al., 2019), resource integration theory addresses different sets, or composites, of actor capacities in understanding and explaining value co-formation processes (Smith, 2013).

Although such perspectives have great merit, they tend to address the static aspects of organizing and suffer from a lack of ability to display what really matters to actors, especially when situated in major organizations and/or networks of organizations. Recent advancements in practice theory–informed marketing research, both empirical and conceptual, have to some degree addressed this problem and suggested the concept of interaction value co-formation as a promising route for more specifically analysing and understanding how value is formed (Camilleri & Neuhofer, 2017; Caridà et al., 2019; Echeverri & Skålén 2011; Makkonen & Olkkonen, 2017). However, frameworks built on this concept are generally awaiting validation (Echeverri & Skålén, 2021).

In this article, the aim is to identify the crucial aspects of the value experiences of vulnerable citizens visiting a hospital for medical care. We aim to advance our understanding of why value is not always created and why this is so. Theoretically, the study is based on practice theory, helping us to illuminate and analyse the dynamic side of value co-formation in major service ecosystems, describing and explaining shortcomings of enacted practices in relatively interlinked service systems. It is argued that service ecosystems are not necessarily so ‘eco’.

**Literature Review**

The contemporary stream of marketing literature nurtures the idea of value as uniquely and phenomenologically determined by beneficiaries (Vargo & Lusch, 2016). For these actors (customers, employees and other stakeholders), this is experientially determined on the basis of the specificity of their context. This value is thought of as being co-created through the integration of resources from many sources, including the possibility of customers co-creating their experiences autonomously (McColl-Kennedy et al., 2012), and as being realized at different interactional levels across different service interfaces (Teixeira et al., 2017). This generic notion offers little on how to locate, describe and explain the process of
value co-formation in major service organizations. In what follows, we discuss three major theoretical perspectives suggested to address this shortcoming.

**Service Ecosystem and Resource Integration Perspectives**

Within service and marketing research, increasing attention is being paid to the contexts of value co-creation (Maglio et al., 2009; Tsiotsou, 2016; Vargo & Lusch, 2004, 2008, 2016). Recently, the concept of the service ecosystem has emerged as a way of understanding this dynamic and complex context (Akaka et al., 2012; Vargo & Lusch, 2016). A service ecosystem is thought of as a relatively self-adjusting network of actors engaging in mutual value co-creation, which is coordinated by shared social structures (Lusch & Vargo, 2014). An ecosystem perspective acknowledges that value is co-created by multiple actors and coordinated by social structures in the form of shared rules, norms, roles and beliefs, echoed in contemporary marketing thinking.

A service ecosystem can be depicted in different ways, either as a simple network of interlinked actors, illustrating the myriad of relations between actors, or it can be depicted in the form of a process map, popular in research on process mapping, service blueprints, servicescapes or in the contemporary service design and ‘customer journey’ research stream. These types of depictions address temporal, spatial and, to some degree, hierarchical aspects, although they typically leave out much of what is experienced in real life, that is, sociocultural aspects such as emotions, behaviour, norms, artefacts, institutions, etc. Thus, systemic descriptions and activity processes like these do not tell us much about what really matters to the actors involved in boundary-spanning service ecosystems.

While research on service ecosystems addresses actor-to-actor networks, the complexity between different managerial levels and the institutional arrangements of shared goals, it tends to overlook actors’ agency, which dynamic actions actors undertake on the micro level, as agency provides actors in service systems with an incentive to assess the value coming out of the system.

In contrast, there are perspectives that draw on the notion of resource integration, meaning that value is co-created by actors integrating tangible/operand and intangible/operant resources (Vargo & Lusch, 2016). Smith (2013) studies how the loss of resources, pertaining to material, esteem, time, social, resources and additional resources, leads to misuse and negative well-being in the actors involved. She also focuses on how customers attempt to address misuse and regain resources using coping behaviour. In relation to system perspectives, resource perspectives make the picture more complex and nuanced.

The resource integration literature identifies a wide range of resources and antecedents linked to value co-formation (e.g., Hiler et al., 2018; Vafeas et al., 2016). However, to reach an in-depth understanding of value co-formation as a collaborative phenomenon, we need to also uncover how human activities mobilize and use given resources during social interaction (Cabbidu et al., 2019; Caridà et al., 2019). While resource and service ecosystem perspectives contribute to our understanding of value co-formation, they do not uncover much of the dynamic social mechanisms inherent to the collaborative nature of service ecosystems.
Practice Theory Conceptualizations

Recently, we have seen a growing stream of practice-theory-oriented research in service and marketing, drawing on the well-established idea of practices as the most relevant unit of analysis when it comes to understanding and explaining human activity (Schatzki, 2019). Besides being used in sociological research on organizations, it is also used in research on value co-formation and has shown itself to be a fruitful theoretical and methodological approach to uncovering human and cultural complexities. Scholars working in the practice-theory tradition (e.g., Caridà et al., 2019; Echeverri & Skålén, 2011; Schau et al., 2009) view practices as organized activities that people enact to carry out specific activities, also articulating that practices consist of procedures, understandings and engagements.

Informed by practice theory, researchers have explained value co-formation in terms of being linked to congruence or incongruence (Daunt & Harris, 2014). In line with this view, the notion of value creation spaces is suggested, arguing that value co-formation processes are multiple (Cabiddu et al., 2019). It is also acknowledged that the notion of the alignment/misalignment of practice elements is crucial when it comes to explaining value co-formation (Echeverri & Skålén, 2021; Echeverri & Salomonson, 2017; Hiler et al., 2018; Prior & Marcos-Cuevas, 2016). Applying a practice theory approach to the analysis of value co-formation in complex service ecosystems is acknowledged as offering an approach to theory building as it integrates research carried out across multiple research streams and disciplines (Vargo & Lusch, 2017).

In this article, value co-destruction occurring in service ecosystems is analysed using a practice theory approach; in doing so, it offers a response to the simplifications and limitations identified in the literature.

Methodology

A qualitative single-case ethnographically inspired methodology was used, applying a multi-perspective approach to interviews and observations. This approach has been deemed appropriate for the in-depth analysis of service interactions (Arnould, 1998) and for uncovering the subtle nuances of dynamic mechanisms’ inherent interactions (Miles & Huberman, 2014). The study is informed by a practice theory perspective as a powerful analytical perspective oriented towards the doings and sayings of service organizations.

Data Collection

For the analysis, we used a comprehensive set of qualitative data from public transport and healthcare; more to the point, this was data from a special service transporting patients with a wide range of disabilities to and from a local hospital in Sweden. We argue that this service ecosystem setting offers a complex and dynamic empirical context matched to the aim of the study, providing possibilities.
to collect rich field data. Customers’ (patients’/travellers’) experiences were compared with the perspectives of other professionals. The data collected provided the flexibility to further explore topics arising during data collection and analysis (Miles & Huberman, 2014).

Information was gathered from 31 conversation-like semi-structured interviews (11 customers, 1 personal assistant, 7 drivers, 4 call centre employees, 1 receptionist, 2 call centre managers and 5 nurses). Three interviews were conducted during trips, and four were conducted at home. The age of the informants ranged approximately from 25 years to 85 years, having an equal gender distribution and covering a wide range of disabilities (e.g., users of wheelchairs, walkers, suffering from blindness and hearing loss, having breathing difficulties, diagnosed with cancer, having prostheses, aphasia, strokes, bad balance and bringing oxygen with them). Some of the patients were physically challenged, while some were cognitively challenged, or both.

Observations were conducted on seven trips; that is, five by special taxi, one by a special ‘route bus’ and one by regular bus. During these journeys, we took field notes, photos and audio recordings, documenting crucial situations, for example, service encounter behaviours, the use of equipment, vehicles, information exchange, etc. The questions we posed during the observations were included as a natural part of our data collection. This provided us with narratives about how and why the informants act the way they do. Information was also collected from a collaborative exercise, a service design session with employees and customers and from some official documents. Using this in situ procedure (cf. Silverman, 2019), we were able to uncover contextually relevant factors and were able to get access to naturally occurring data, making us sensitive to what goes on in this service ecosystem.

Data Analysis

Sensitivity to the forms of enactment of the practices of the involved actors guided our ongoing joint collection and analysis of the data, which ended when we experienced theoretical saturation (Strauss & Corbin, 1998). All the interviews were transcribed. The narratives in each transcript were then coded with regard to important or problematic aspects—key to value co-formation. The initial empirical codes, which are either in vivo codes or simple descriptive phrases, were then systematically compared and related. The empirical data were coded non-prejudicially, that is, without a priori coding schemes (Strauss & Corbin, 1998). The systematic procedure resulted in a more limited set of general categories, depicting five crucial situations in which value co-forming practices are enacted. These five can be found in several phases and interactions, labelled as booking, waiting, pick up/drop off, travelling and connecting. Naturally, there are other situations that are of importance. However, these five captured the major crucial aspects identified in the data. In order to further increase the possibility of obtaining credible results, we used triangulation in the form of different ‘investigators’ (see Lincoln & Guba, 1985) who examined the data individually and discussed the analysis jointly.
Findings

This section is divided into two parts: In the first part, after a short comment on the characteristics and limitations of traditional depictions of service systems, we describe five identified forms of value-forming practices, crucial to the customer’s experience of value. Each is defined, illustrated by a quote and then discussed. In the second part, we provide both descriptions of and comments on some recurrent problematic aspects of the interlinked service ecosystem.

Crucial Practices

In order to uncover how value is experienced, we use the practice theory approach, which views practices as relatively stable organized actions, typically linked together, sequentially and/or interactively. For example, in a mundane encounter between individuals somewhere within or between service systems, individuals greet, ask a question, answer it and then undertake a specific task. Such a sequence may be coordinated by overarching practices and other procedures framing conditions and objectives. Accordingly, a practice can also be divided into sub-practices on micro levels. Thus, practices are typically linked to other practices, that is, bundles of practices (Schatzki, 2019).

The analysis identified five recurrent situations that stand out as crucial to value co-formation. Often, the actors involved (patients, drivers, booking staff, nurses, etc.) experienced these as crucial to value co-formation—that is, they are tricky or difficult—and cause social friction, or they just matter to those involved. In what follows, these are detailed and analysed.

Booking

Among all these tricky situations, that individual actors experience as crucial, is the initial and often repeated practice of booking a trip. This ‘touchpoint’ is crucial for the successful enactment of the following sequences during the service ecosystem process. It involves interactions between customers, relatives (in some cases), drivers, booking receptionists and nurses, and with technology such as booking systems, vehicles, telephones, etc. This practice is addressed by the informants in terms of being crucial to value co-formation, as shown in the following quotes, reflecting different actor perspectives, a patient and a nurse:

You don’t know how long your doctor’s appointment will take but I always take a chance on booking a bus so I can get on that if I’m ready in time... You can only book one trip but I’d prefer being able to book two, if I’m not in time for one then I’ll catch the other... You should be able to book directly with the driver. At times, I’ve seen someone waving and wanting to be picked up. If that person hasn’t booked, the driver will have to call and check, and that takes time. (Patient)

This first quote illustrates instances of inflexible booking procedures, which also lead to time-consuming procedures and irritated customers. This is also acknowledged by a nurse who is involved in the procedure at the hospital:
One night, a taxi for recumbent patients couldn’t take someone who was sitting and it was 4 km between the two final destinations. In the end, I asked the driver of the recumbent vehicle if he could take the sitting patient but he wasn’t allowed to because of some or other insurance... The sitting patient thus had to wait for a long time for a taxi because it was night-time. (Nurse)

As shown, the nurse verifies that even a simple booking is quite problematic. The traveller faces awkward regulations that lead to ineffective and time-consuming procedures. Insurance issues directly influence this work and the customers’ experience of value.

**Waiting**

A second situation, crucial to value co-formation, involves waiting. We might not think of this as a practice, but it seems to be one. The informants report waits that are too short or too long, a bus that does not show up, waiting for information internally, a lack of waiting time, insufficient material arrangements while waiting or inappropriate forms of waiting. Some of these aspects are illustrated in the following quotes:

A maximum waiting period would be good. People aren’t so healthy and you wait there a long time. Once, I travelled with someone who was multimorbid and largely unconscious on the way home, it wasn’t much fun. (Patient)

It happens that patients have to wait far too long, sometimes several hours. Once, there was a family of nine who had to wait a whole day and they had to move around between various places all day long as they felt they were in the way. Firstly, it would be nice if we could have the heating on here so that they don’t freeze to death after we’ve saved their lives. If they’re not dying, they have to sit and wait. (Booking receptionist)

For vulnerable patients, waiting is demanding. The informants report on these situations as doings often linked to a sense of being bored and sometimes even exhausted. A third quote related to waiting illustrates several organizational contingencies that lead to waiting:

At some hospitals, it’s very difficult to collaborate. Sometimes, I usually say that they should come here and see how things work. You see, we have to jointly plan departures. At times, it feels like healthcare staff don’t want to bother themselves with the patient. They say: ‘Well, then you’ll have to bother with the patient’. I’m sure it can be a matter of both sides of the story that they want rid of the patient and that they don’t want to carry the can of telling the patient about a delayed departure. At times, it doesn’t feel like we’re working towards the same goal. (Nurse)

The quote illustrates problematic background factors, leading to limitations regarding cooperation and the coordination of procedures, the limited availability of vehicles, an obvious orientation towards cost-effectiveness, professionals hesitating to face organizational difficulties and the uncertainties that come from unclear responsibility structures due to different authorities being involved.
Pick Up/Drop Off
A third crucial situation is the start and end of a specific travelling phase, in this context represented by the pickup of a patient, boarding a vehicle, location on board, access to equipment and arriving at a destination. The following two quotes illustrate that the service is obviously more than mere transportation:

She goes and gets the patients. At times, she has to act a bit like a home help, for example helping people to get dressed… often trying to find the time to go the extra mile since they often appreciate a bit of an effort. (Patient)

Most of those in wheelchairs really don’t want to travel facing backwards. I put an old boy facing backwards nevertheless, who didn’t want to travel facing backwards, and quite right, he threw up. It wasn’t much fun and didn’t smell too good either… You see, we don’t have any toilets on the buses anymore and there are supposed to be portable toilets at some stops. Some of them, you see, call out the whole time that they have to get off… So maybe there’ll be a queue too. And all the others sit there looking at you. You never get moving. (Driver)

As indicated, the service sometimes includes being very personal, assisting customers with very mundane things beyond the very transport.

Travelling
During travel, patients are seated, strapped in and in a position to just follow the route. However, travel is also dependent on the number of travellers, congestion and ambient conditions, and if there is a good atmosphere on board. The interaction between the passengers and the driver is crucial, as is the driver’s degree of control over what is going on both inside and outside the vehicle, as shown in the following two quotes, one from a patient and one from a driver:

Many of them have arthritis and are in pain and then it’s pure hell travelling… and sometimes they stuff in too many people… You don’t really know how long the journey home will be. They can take a detour, or sync up with another connecting bus somewhere. (Patient)

They shouldn’t cut down so bloody much and squeeze people into the vehicle, who’ll be going in all directions. Things get a bit grouchy… ‘God, are we going there too!’… for those going furthest. And the dialysis patients living far away, you don’t think they should be travelling that far. But there are rules of course. (Driver)

The quotes illustrate complaints of uncoordinated trips and long travel times. Following is an example illustrating unmanageable equipment and low-quality vehicles:

No seatbelt so I have to extend and fiddle around so they have a belt across them… Things are ok en route but if you have to drive up icy hills, they’re not so good due to having front-wheel drive… You have to watch out so that you don’t pick up some old lady on a bike when you turn… Sometimes, I have to stop as we have people with prostate problems and then maybe I’ll have to stop every quarter of an hour.
They tell you beforehand: I might need to get out for a pee. Then I say ok we’ll arrange that, and we stop by the side of the road. (Driver)

Connecting
The final type of practice that stands out as crucial covers situations where individual customers need to connect from one system to another, that is, to change transport modes, to search for information on where to go, to identify cues for orientation in the environment and that they are being cared for:

I have to get to radiation at exactly the right time otherwise I might miss it; when I need to change, that brings another element of uncertainty. This is about my health… what’s additionally happening is that I have to take a chemotherapy pill in addition to my treatment and that has to happen exactly an hour prior to radiation; I have to have pills and water in my bag so a change means keeping more plates spinning. If there’s a connection and you have to wait. (Patient)

As shown in the aforementioned quote, changing modes of transport is not just very difficult per se, it also leads to extra work and planning for the patient. Dealing with connections also makes you feel insecure and vulnerable. Connections between transport modes are especially demanding as many patients have severe physical limitations and sometimes also cognitive ones, as shown in the following quote:

The ones at the nursing homes sometimes send people who are really senile, you see. They write ‘for transportation’, but what then? Once they’re in the building, they can disappear. Our colleague had to sit there holding the hand of a worried old boy who was senile for an hour once so that he wouldn’t just wander off. (Booking receptionist)

Many of the problematic situations are linked to system gaps and are dependent on organizational background factors, as shown in the following quote, which takes us to tensions between professional back-office actors:

There’s also a conflict of interest between the booking centre and the staff of healthcare institutions. Healthcare staff often want to ‘get the patients moving’ after their appointments to avoid overloading waiting rooms, and staff. Additionally, there’s also an inbuilt problem in that it’s the healthcare staff who have to tell patients they’ll have to wait for a number of hours for the next departure, without being able to exert an influence on the situation. (Booking receptionist)

All these quotes illustrate crucial situations, as verified by both customers and other professional representatives.

Explaining Background Factors
An in-depth analysis of why the aforementioned crucial situations cause problems identified four themes, that is, contact surfaces, external and internal communication, travel organization and gaps between systems. These will be described in what follows.
Insufficient Contact Surfaces

Patient versus driver: The contact between these two actors is among the most crucial. Often, there are problems with this link as patients and drivers need to reach each other directly; however, they do not always have this possibility. Drivers, sometimes, lack a pre-understanding of the patient’s special needs, for example, the driver does not show up. The patient waits outside but does not dare to go inside to call and risk missing the bus. This leads to delays, service failures, anxiety and misunderstanding, with the booking centre staff having to act as mediators.

Patient versus booking centre: Common problems in this relationship include instances where patients have not seen, or do not understand, information about special transport. The language used is not clear to a person who does not understand specific technical terms. The inexperienced patient typically does not know how a special transport trip works. Many patients receive second-hand information, or information from other patients or healthcare staff, which paves the way for misunderstandings.

Healthcare versus booking centre: In this relationship, too, we identify severe problems, such as healthcare staff continuously needing to keep track of several different phone numbers and times when booking a return trip. For each return trip, the nurses usually need to call, wait and then be called back. This takes time when they have many patients. Healthcare staff do not know what vehicle will be picking up the patient, or its capacity. And finally, the departments produce their own information brochures and define their own routines concerning special transport.

External and Internal Communication

The very concept of special transport: Patients have problems understanding what it means and feel unsure when travelling by combinations of transport modes, for example, special and regular buses. Patients and employees often use different terminologies. Some patients do not recognize certain bus stops as part of the system. The consequence of this is misunderstandings and mix-ups, a belief that special transport is something different to what it actually is. Patients think prices are inconsistent and unfair when they do not understand the difference between the different subsystems.

Threshold for using regular bus traffic: It saves the system costs if patients can travel by public transport instead of special transport vehicles. Managers more or less take for granted that a large group of patients should be able to deal with this. However, patients are generally sceptical or completely opposed to it, especially those who have become accustomed to existing special transport solutions. The consequences of this are insecurity and anger among the patients, with planned cost savings being delayed and healthcare staff calling for demand-responsive transport instead of ‘helping’ patients to navigate the regular public transport system.

Traffic Organization

Access at weekends and during evening hours: Special transport is limited during the evenings and at weekends. Patients who are still on healthcare appointments
are generally in poor condition, having more acute problems; however, there is less opportunity to get both help and amenities like food. At times, patients may have to wait for a very long time for their return trip, which puts a strain on both patients and staff. The consequence of this is a poor and exhausting healthcare/travel experience, as well as negative stress for healthcare staff and drivers, leading patients to have a negative view of employees.

Unnecessary transportation: Incidents of transport failures or delays are consequences of a lack of control and information throughout the system, as well as a lack of training in healthcare staff to enable them to actually understand how the system works. Patients are not fully aware of the consequences of empty trips or how they can assist in avoiding these. The consequence of this is obvious, in that it increases costs due to unnecessary trips.

**Gaps Between Systems**

Long waiting times: It has been shown that patients appreciate being able to use their time on something meaningful, and that this can make a big difference to the whole experience, as it also gives waiting a higher level of acceptance. Unnecessary waiting makes patients less likely to wait for a cheaper mode of transport.

Responsibilities in the gaps: There is ambiguity regarding who is responsible for the patient during his/her hospital stay. Patients in great need do not always have a corresponding level of support to accompany them. The carrier helps the patient in; however, during the waiting time for the return trip, the patient becomes dependent on the help of other staff, who take care of him/her after discharge from the clinic. The consequence of this is that healthcare staff and booking staff gain an extra workload in watching over and helping, especially in relation to patients with cognitive difficulties, dementia, etc.

**Discussion and Contribution**

By using a practice theory approach, the study elaborates on the notion of value co-formation in service ecosystems. It shows that value co-formation is difficult, and that vulnerable travellers/patients reveal several problematic issues, typically not assumed in contemporary value co-creation-oriented service ecosystem research (Akaka et al., 2012; Frow et al., 2019). It is shown that the ecosystems are *not as self-contained* as it is thought of in the literature. Each system contains different subsystems, for example, administrative, technology and information systems, not always in harmony. There are unclear actor responsibilities across the ecosystem due to separate predefined procedures within one or other of the systems, missing the broader picture and the consequences for the customers. Among the customers, there is limited understanding of procedures, with quite a lot of insecurity and a lack of well-being. The ecosystem is *not so self-adjusting* as it shows substantial limitations in administrative procedures, for example, in scheduling the work of employees, in bad internal communication and in technical equipment. Ideally, resources are arranged so as to facilitate the integration of competencies, horizontally and vertically, being coordinated
via overarching institutional arrangements. However, things are showed to be not so coordinated; we found imprecise policies and vague governance. The institutional arrangements were not fully shared, inasmuch as they revealed diverging policies, objectives and regulations. Value was often co-destroyed; we found conflicts, misunderstandings and instances of negative dominance. The service ecosystem analysis showed limitations regarding consensus of what is of value; we were able to uncover customer dissatisfaction, irritation and a substantial resistance to travel.

It can be concluded that many of the crucial instances of value co-destruction are linked to the gaps between parts or phases—booking in the gap between the individual’s personal processes and the systems, waiting between processes, pick up/drop off before and after transitions, travelling between different parts of the systems and, finally, connecting in the transition between one system and another. Based on these observations, it is possible to articulate some implications for managers and other employees. First, there is a need to more specifically address the prerequisites in the gaps between organizations, for example, the existence of appropriate information, assistance and meaningful waiting time for customers. Second, a need to safeguard the communication between actors, for example, to establish easy-to-use modes for customers to get in contact with drivers. Third, a need to reconcile existing organizational policies so that they match not only the needs of the customer but also the needs of other organizational actors. Fourth, a need to develop easy-to-understand information for the many different customer groups, regarding what customers can expect of the service beforehand. Probably, it is beneficial if this is organized as a coordinated action including all involved organizations.

To conclude, service ecosystems are not so ‘eco’. In the everyday sense of the term, ‘not so eco’ connotes that the studied service system lacks in terms of value for the customers served, for example, the service is not so user-friendly and value-creating as it is thought of to be. However, this also has a deeper theoretical meaning. If complex service systems are characterized as ‘eco’ and argued to share some common properties (being relatively this and relatively that), and it is shown that it is doubtful whether they share these properties, as shown in this study, the argument for attributing them this characterization is vague. It can be argued that the concept ‘ecosystem’, as such, is problematic, as it does not add much to our conceptual understanding of what is going on in complex service settings.

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