Intentionality and transformative services: Wellbeing co-creation and spillover effects

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A B S T R A C T

In recent years, the service discipline has seen the emergence of a number of novel conceptual approaches, one in particular, called Transformative Service Research (TSR) focuses on wellbeing improvement and relieving suffering through service. However, service-related wellbeing efforts can have both intended but also unintended consequences when aiming at co-creating value with individuals, communities or society at large. Nevertheless, academic debate lacks clarity regarding the effects of the directedness of service exchange and the outcome of transformative service in regard to, but also beyond, the focal actors involved. Directedness of service co-creation is closely related to the construct of intentionality. This conceptual paper aims to untangle this pivotal construct to comprehend actors’ intended co-creative wellbeing efforts to alleviate suffering of other actors, and it pays attention to potential unintended side effects. The paper synthesizes literature from philosophy and psychology relating to the construct of intentionality and applies it to wellbeing co-creation and co-destruction. Illustrative scenarios are used to support the lines of argument. The paper demonstrates how applying the literature on intentionality to transformative service contexts can assist in bringing greater transparency to the discussion of the directedness of service related wellbeing efforts and potential spillover effects. When designing transformative services to improve wellbeing, service providers are urged to develop an awareness regarding their services and potential side effects. Likewise, policymakers responsible for devising, revising and (re-)implementing healthcare and social policies should consider such potential spillover effects when formulating public policy guidelines. Equally, service scholars should integrate the construct of intentionality in any discussion of service-to-service exchange. This paper is amongst the first to draw on the concept of intentionality and introduces it to service research in the context of wellbeing co-creation.

1. Introduction

Calls to action in service research to address society’s major challenges have increased (for example, Finsterwalder, 2017; Fisk et al., 2016; Gebauer and Reynoso, 2013; Ostrom et al. 2015). Despite the implicit use of intentionality in the discussion of value co-creation, co-destruction and wellbeing (Harris and Ogbonna, 2002, 2006; Anderson et al., 2013; Plé and Chumpitaz Cáceres 2010), it has neither received sufficient attention nor been applied to the context of value co-creation, value co-destruction and resulting wellbeing effects, with a few recent exceptions (for example, Kuppelwieser and Finsterwalder, 2016; Neghina et al., 2015; Taillard et al., 2016). Kuppelwieser and Finsterwalder (2016, p. 95) introduce the term “intentionality of value co-creation” and refer to the discourse on wellbeing co-creation via services, as also put forward in Transformative Service Research (TSR, Anderson et al., 2013; Rosenbaum et al., 2011). They assert that the concept of TSR captures both intended and unintended wellbeing co-creation. Taillard et al. (2016) later use the concepts of intentionality and agency to discuss the emergence of service ecosystems; however, because of their focus on system levels, the authors do not include positive or negative intended or unintended effects in their conceptualisation. By contrast, Plé and Chumpitaz Cáceres (2010; Harris and Ogbonna, 2002, 2006) highlight the intentional and accidental misuse of resources and potential effects on value co-creation and co-destruction but fail to introduce the construct of intentionality. In a similar vein, Anderson et al. (2013) point to the intended and unintended effects of services in the wake of the co-creation of wellbeing. That is, some services might generate “ripple” or “spill-over effects” that go beyond the services’ intended outcomes. Neghina et al. (2015) briefly explore the construct of shared intentionality when discussing joint value co-creation, however an in-depth
discussion as well as an application to the wellbeing context are missing.

Nonetheless, while unintended effects of wellbeing have only very recently been highlighted as an important TSR research topic (see Blocker et al., 2019), the connected construct of intentionality, which is pivotal to providing clarity in regard to unintended effects, has been neglected in the field of service research. Therefore, this paper expands on the initial notion by Anderson et al. (2013) that (un)intended effects of wellbeing co-creation can affect third actors. It addresses these issues with regard to the desired directedness in service exchange prevalent in existing theories and approaches, such as in TSR, as well as related value co-creation and co-destruction behaviours and wellbeing outcomes, by introducing intentionality to the discussion.

The paper follows MacInnis (2011, 2016) suggestions for the design of a conceptual manuscript and introduces individual and collective intentionality as a novel concept to TSR theorising. As such, this research’s “reason why” (MacInnis, 2016) is a response to recent calls to increase work on TSR (Ostrom et al., 2010, 2015) and unintended effects in particular (Blocker et al., 2019). The response aims to create a better understanding of (un)intended effects of value co-creation, as it is equally important for policymakers and practitioners when designing wellbeing enhancing services and formulating related regulations, as it is for researchers to generate new research and insights (Blocker et al., 2019; MacInnis, 2011). To achieve this, this paper entails an in-depth examination of actors’ efforts when co-creating wellbeing in the light of intentionality. While recent years have seen a rise in wellbeing related research in the marketing and service disciplines (for example, Beirão et al., 2017; McColl-Kennedy et al., 2017; Nambisan and Nambisan, 2009; Sweeney et al., 2015), the construct of intentionality has been disregarded. However, it has been quite crucial in other disciplines with a focus on wellbeing, such as in medicine and nursing (for example, Clifford et al., 2008; Lehane and McCarthy, 2007a,b).

2. Literature review

2.1. Co-creating wellbeing and value

2.1.1. Transformative service co-creation

Transformative services centre on “creating uplifting changes and improvements in the wellbeing of both individuals and communities” (Anderson et al., 2011, p. 3). The emerging sub-field of TSR is a blend of consumer and service research encompassing all humans and nature, i.e. the ecosystem (Anderson et al., 2011, 2013; Ostrom et al., 2014). TSR employs and adapts concepts and “tools” from service research to enhance the lives of individuals and communities (Gustafsson et al., 2015). Ostrom et al. (2014) identify TSR-related themes in prior research, such as co-creation, wellbeing and service systems. TSR looks at the metrics of wellbeing, such as physical health, mental health, financial wellbeing, discrimination, marginalisation, literacy, inclusion, access and disparity, among others (Anderson et al., 2013; Rosenbaum et al., 2011). Anderson et al. (2013) propose a framework of four different dimensions that can be used to conceptualise research on wellbeing. These are: service entities, consumer entities, the macro environment and wellbeing outcomes. Both the themes and the dimensions indicate a breadth of research that investigates the combination of service and wellbeing, and it has been suggested that these themes can fall under the umbrella of TSR. The present article focuses on all four dimensions, that is, on service and consumer entities, in other words the actors within the framework, as well as on wellbeing outcomes (i.e., in this case both the intended and unintended effects) and on the environment (for example, public policy) (Anderson et al., 2013). Recent work has conceptualised wellbeing as value and this paper follows this notion (Black and Gallan, 2015; Hepi et al., 2017). Wellbeing outcome is the realised and experienced value by the actor which results from co-creative activities (Chen et al., 2019) in a particular sociocultural context via a process of sense and meaning making (Finsterwalder et al., 2017). While such wellbeing perspective applies a co-creative approach (Anderson et al., 2013; Chen et al., 2019), it measures the individual actor’s health via its conceptualisation as subjective wellbeing (Diener and Chan, 2011; Diener et al., 2015, 2018; Pera and Vigil, 2015).

In TSR, actors co-create wellbeing with other actors. The “recipients” of wellbeing co-creation can be individual consumers or collective consumer entities, such as families, communities, neighbourhoods, cities and nations (Anderson et al., 2013) and thus can be located at different system levels within a service ecosystem (Fisk et al., 2016; Vargo and Lusch, 2016), i.e. from the micro (for example, an individual consumer) to the macro level (for example, a nation).

In such an ecosystem, service entities influence the environment and the consumer entities residing within. Service entities’ interactions in the ecosystem affect consumer entities either positively or negatively. Equally, conflicts between consumer entities may occur as a result of an emphasis of wellbeing efforts on certain actors (Anderson et al., 2013). For example, after a major natural catastrophe, emergency units might allocate their resources to people who are within close reach. Although more distant individuals or communities might need medical and other help more urgently, prevailing environmental conditions (for example, weather or blocked roads) might prevent the emergency units from reaching the other actors (Kuppelwieser and Finsterwalder, 2016). This might lead to a disadvantage and a further decline in the wellbeing of the more distant actors in need, and to a conflict with emergency services or the regional council.

This paper focuses on both types of actors, i.e. service and consumer entities, at the lowest (micro) system level to explain the conceptualisation of the impact of actor-to-actor interactions and potential spill-over effects on other actors and the (wider) community. Hence, for illustrative purposes, this work highlights wellbeing co-creation between two individual actors, i.e. (representatives of) consumer and service entities in an interaction.

From a general perspective, these and other individuals and communities can experience two types of outcomes: eudaemonic and hedonic wellbeing outcomes. Eudaemonic wellbeing describes the realisation of human potential. It contains elements that allow people to flourish and to improve themselves. Anderson et al. (2013) list eudaemonic wellbeing elements, such as access to a service, health, decreasing health and wellbeing disparities, consumer involvement, respect, support and social networks. Hedonic wellbeing focuses on the idea of happiness and the attainment of pleasure while avoiding pain (Ryan and Deci, 2001). Anderson et al. (2013) identify elements of hedonic wellbeing, including life satisfaction, positive affect and the absence of negative affect.

2.1.2. Increasing and decreasing wellbeing and value

In TSR, the most important indicators are both increasing and decreasing wellbeing (Anderson and Ostrom, 2015). As much as transformative services aim to enhance wellbeing and avoid a decrease in welfare, intended value co-creation efforts to generate or improve wellbeing for some can also result in unintended wellbeing outcomes for these or other actors (cf. Anderson et al., 2013; Blocker et al., 2019; Rosenbaum et al., 2011). Here, value co-creation becomes a double-edged sword. For example, social services may centre on providing support for certain ethnic groups and members of society but do not actively target other ethnic minorities who may feel abandoned. Moreover, discrimination of certain actors might occur due to politics, power relations, or status among other factors (Hepi et al., 2017). This might result not only in unintentional negative effects and tensions (Kuppelwieser and Finsterwalder, 2016) but also in a decline in the health of the minority groups not in focus.
Plé and Chumpitaz Cáceres (2010) and Echeverri and Skålén (2011) discuss the possibility of what they call value co-destruction amongst actors. Plé and Chumpitaz Cáceres (2010, pp. 431) define value co-destruction as “as an interactional process between service systems that results in a decline in at least one of the systems’ well-being (which (...) can be individual or organizational)”. During this interaction, the focal service systems interrelate either directly (person-to-person) or indirectly (for example, via applications such as goods) through the integration and use of resources. Here, the underlying assumption is that the use of resources in value co-creation might have an undersired impact on one or all of the parties involved. The example given is a customer not looking after their car and letting it deteriorate and then blaming the car manufacturer for it, publicly damaging their image. It is suggested that this equates to a misuse of available resources by one of the actors from the perspective of another actor in the same service system (Plé and Chumpitaz Cáceres 2010). Misuse of resources can be either accidental or deliberate.

Accidental misuse might be customers being unclear about how to apply resources in a co-innovation process, which leads to the wastage of resources and potentially detrimental effects on the customers’ well-being. Here, the process of value co-creation turns into a process of value co-destruction. However, a value co-creation process might also result in the creation of perceived value for one but experience of value destruction for the other party. For example, customers taking up a lot of the employees’ time to attend to their affairs might get a better return (value for customer), but the firm cannot deal with other customers in the meantime (destroyed value for firm) (Plé and Chumpitaz Cáceres 2010).

Deliberate misuse could be the misuse of resources by one actor to increase their well-being to the detriment of another actor’s welfare (Plé and Chumpitaz Cáceres 2010). For example, call centres trying to increase the number of completed “cases” per day by minimising time per call through scripted procedures will increase productivity and efficiency for the service provider (value for firm) to the potential detriment of the customer who does not receive proper service (destroyed value for customer) (Plé and Chumpitaz Cáceres 2010).

In their work, Echeverri and Skålén (2011) focus on the concept of interactive value formation and investigate congruent (value co-creative) and incongruent (value co-destructive) contexts and practices during value formation. They state that value formation is not only linked to positive outcomes and connotations but they view value co-creation as the process by which providers and customers collaboratively create value. By the same token, they view value co-destruction as the collaborative destruction of or decrease in value by the parties (Echeverri and Skålén 2011). Using practice theory (Reckwitz, 2002), the authors analyse a public transport provider and discover five distinct interaction value formation practices between providers (train and bus drivers) and customers. In the context investigated, the five practices can lead to either value co-creation or value co-destruction. The study focuses its analysis on the interactive processes, i.e. direct actor-to-actor practices. Yet, implicitly but not alluded to, some of the practical examples used to illustrate the findings relate to intentional and unintentional aspects of interactive value formation, as well as “other third actors” not directly involved in the examined practices and the value formation processes.

The focus of both of these research studies is on directed value co-creation or co-destruction processes and outcomes (Kuppelwieser and Finsterwalder, 2016), that is, they centre on direct service exchanges (Chandler and Vargo, 2011). TSR includes both directed and non-directed outcomes of wellbeing initiatives in its conceptualisation (Kuppelwieser and Finsterwalder, 2016). Consequently, wellbeing co-creation directed at certain consumer entities might have non-directed “spill-over” effects on other third actors originally not included in the service entity’s wellbeing efforts. Here, the notion of intentionality provides a useful concept to analyse different co-creation and co-destruction contexts in the light of value and wellbeing.

3. Intentionality

3.1. Intention vs intentionality

The notion of intentionality can be traced back to thinkers like Plato and Aristotle (Mele, 2001; O’Madagain, 2013). It was also discussed by scholars such as Thomas Aquinas in medieval times (Brower and Brower-Toland, 2008; Burnyeat, 2001; Cohen, 1982). Brentano (1874/2009) is credited with rehabilitating the term in philosophy by drawing on Aristotle (Castón, 2002; Jacob, 2014). More recently, apart from the discipline of philosophy examining the construct in depth (for example, Gillett and McMillan, 2001; Kriegel, 2011; Prinz, 2012; Simchen, 2012; Textor, 2019), also in connection with other concepts such as the “theory of action” (Searle, 1980), intentionality has been studied in psychology within the paradigms of “theory of mind” and “attribution theory” (D’Esteer et al., 2019; Malle et al., 2001). However, also other disciplines, such as biological sciences, have explored the notion of intentionality (Boehm, 2018).

Intentionality has two distinct meanings. The first one refers to Brentano’s (1874/2009) conception that intentionality relates to the property of all mental states as being directed towards something. Although Brentano (1874/2009) explains that it is distinctive of all acts of consciousness, his former student Husserl (1900, 1901) refutes this notion. Wherever stance is taken, intentionality can be defined as the “property of being about, or directed at, something” (Le Morvan, 2005, p. 285). Hence, intentionality is “aboutness” (Gillett and McMillan, 2001, p. 11; Mendelovici, 2018, p. 4; Simchen, 2012, p. XI). For example, thinking about a piano means that one’s thoughts chooses a piano (O’Madagain, 2013). Intentionality is also directedness that “arises from pointing towards or attending to some target” (Jacob, 2014). For example, following the work of Searle (1983), Malle et al. (2001) illustrate that desires may be directed towards attractive objects, or beliefs might be directed towards states of affairs. Hence, intentionality requires consciousness. Gillett and McMillan (2001, p. 12; Brentano, 1874) speak of the “intentionality of consciousness”. Searle (1991, p. 52; see also Addis, 2005, p. 3) refers to “intrinsic intentionality [that] is genuinely mental” to describe the intra-individual and purely intellectual processes.

The second meaning of intentionality describes the property of actions that are purposeful, meant or done intentionally (Malle et al., 2001). Cognitive neuroscientists understand “intentional action [as] invol[ving] (...) a distinctive conscious experience that ‘I am the author of the action’” (Haggard and Clark, 2003, p. 695). This intentionality or “intentional action” (Knobe, 2006, p. 204; Searle, 1980, p. 47) is labelled “extrinsic intentionality” here, a term derived from the Latin word extrinsicus for outwardly (Oxford Dictionaries, 2019a).

Intentionality should not be confused with intention, although the two terms are related (Bratman, 1984). Psychology tends to equate these two terms, while people’s everyday use, as well as the philosophical understanding, separate the two (Malle et al., 2001; Malle and Nelson, 2003). There is a difference “between acting intentionally and having an intention to act” (Bratman, 1984, p. 376). External intentionality is the execution of intended actions, whereas intention is an agent’s mental state and represents the aim to undertake these actions. On the one hand, the mental state connected to intentions often but not always precedes its corresponding action, as intention may also occur without the action (Malle et al., 2001). For example, a medical specialist’s intention might be to heal the patient, but they fail to follow through with executing this. On the other hand, the intentionality of an action usually confers the attribution of intention to an agent (Malle et
al., 2001). The specialist healing the patient is credited with having had the intention to doing so.

Fig. 1 demonstrates the connection between intrinsic intentional- ity, intention and extrinsic intentional-ality. Intention(ality) requires an agent or intender (Malle et al., 2001), i.e., an actor in the intentional state; the inten- tum or noema (Husserl, 1913; Spear, 2016; Tamini- aux, 2015), which signifies the intentional content ("act-matter"); and the "intento", i.e., the intentional process of consciousness or noesia ("act-quality") (Husserl, 1913; Spear, 2016). These are the intrinsic mental activities. External intentionality is acting purposefully.

3.2. Components of intention(ality)

Malle and Knobe (1997) analyse the connection between intention and (extrinsic) intentional-ity, or intentional action. They explore the lay- man's notion of the two concepts, and their study reveals five compo- nents, some of which have already been alluded to above. Fig. 2 illus- trates Malle and Knobe's (1997) findings.

For an agent to perform an action intentionally, the agent must have a) a desire for an outcome, b) beliefs about an action that can lead to such an outcome, c) an intention to perform the action and d) aware- ness of the act whilst performing it (Malle and Knobe, 1997; Malle and Nelson, 2003). Furthermore, Malle and Knobe (1997) analyse whether skills are an implicit part of the construct. Their study shows that, apart from awareness, the presence of skills is necessary in or- der to ascribe intentionality. Moreover, the study reveals that people clearly discriminate between judgments of intention (trying, attempt- ing or planning) and judgments of intentionality (performing an action intentionally) (Malle and Knobe, 1997; Malle and Nelson, 2003). Hence, Malle and Knobe (1997) attain their five-component model of intentional-ity based on the layman's understanding that the direct cause of intentional action is intention, and for it to be attributed, desired belief components are essential, but in order for the action to be per- formed intentionally, awareness and skills are mandatory.

Common understanding also holds that all human behaviour is ei- ther intentional or unintentional (Knobe, 2006; Malle, 1999). Deviat- ing somewhat from Searle (1980) here, this paper defines a success- fully undertaken intentional action as consisting of realised aligned inten- tion. Unintentional action has aspects that are not intended, mean- ing they were not the conditions for satisfying the intended action (Searle, 1980).

3.3. Individual vs collective intention(ality)

Thus far, this paper has referred to an agent-to-subject/object relation- ship, i.e., an agent-to-actor/agent-to-resource scenario when relating to intention(ality). However, more recent work on intentionality also includes "collective intentionality" (Christopher 2018, p. 680; Searle, 1990, p. 414; Zahavi, 2018). Such intentionality becomes more pertinent due to the fact that recent service research (for example, Fehrer et al., 2018; Li et al. 2017; McColl-Kennedy et al., 2012; Tombs and McColl-Kennedy, 2003) not only explores dyadic contexts (actor-to-actor) but also looks beyond the dyad and focuses on multi-ac- tor contexts in service ecosystems. Depending on the position along a continuum from intrinsic to extrinsic intentionality, collective inten- tionality can be referred to as "we-intentions" (Schmid, 2018, p. 231; Tuomela, 2005, p. 327; Tuomela and Miller, 1988, p. 367), “collec- tive intentions” (O'Madagain, 2014, p. 347; Gold and Sugden, 2007, p. 109), “shared intention” (Alonso, 2009, p. 444), “shared intention- ality” (Schmid, 2012, p. 349; Tomasello and Carpenter, 2007, p. 121), “shared cooperative activity” (Bratman, 1992, p. 327) or “inten- tionality of joint action” (Tuomela, 1991, p. 235).

Collective or shared intentions are those intentions that are con- cerned with joint actions (Gold and Sugden, 2007) and can be de- fined as being jointly directed at goals or targets, objects, matters of fact, states of affairs or values (Schweikard and Schmid, 2013). Collec- tive intention is not reducible to the summation of multiple individual intentions (Searle, 1990). Actors are intertwined in that "each agent must have intentions in favor of the efficacy of the intentions of the other" (Bratman, 1992, p. 335). This involves some commitment and disposition to make the other's aims one's own (Schmid, 2011). In sit- uations where joint intention leads to joint intentional action, there is a sense in which "we' intend the joint action, as well as a sense in which 'I' intend my part in it" (Gold and Sugden, 2007, p. 109). Inso- far as individuals share intentions, they might also claim shared own- ership of a joint action. However, there is a prerogative that individuals only "own" their intentionality, which contradicts the claim that collec-
tive intentionality is irreducible to individual ones (Gallotti and Huebner, 2017; Schmid, 2008). Notwithstanding this argument, joint intentionality is expressed as “an action performable by several agents who suitably relate their individual actions to each other’s actions in pursuit (…) of some joint goal or in adherence to some common rules, practices, or the like that qualifies as a we-attitude content. (…) Intentional joint action requires (…) a joint intention” (Tuomela, 1991, pp. 247). Collective or shared intentionality means entering the “We Domain (…) [as] the locus of value co-creation” (FitzPatrick et al., 2015, p. 466). Recent work claims that (collective) intentionality might shape forms of human behaviour more profoundly than originally thought (Kern and Moll, 2017). This might particularly be true for co-creative interactions in transformative services.

4. Intentionality and the co-creation of transformative services

4.1. Intentionality and the value co-creation and value co-destruction spill-over effects

This paper adopts the term “intentionality of value co-creation” (Kuppelwieser and Finsterwalder, 2016, p. 95) to indicate that actors might act intentionally or unintentionally when they create or destroy value for other actors at the same time they are creating or destroying value for themselves (Lepak et al., 2007). Furthermore, the act of value co-creation or co-destruction might have “reach” beyond these focal actors in such exchange. This notion relates to Lepak et al.’s (2007, p. 186) call that “any discussion of value creation must clearly articulate both the target of the value and the party that produces the value and is intended to benefit from it”. What the current debate captures as value co-creation effort (Sweeney et al., 2015) and value-in-use in (social) context (Chandler and Vargo, 2011; Edvardsen et al., 2011) equals one actor’s intentional effort to co-create value and another actor’s perceived value-in-use in a specific context when realising the co-created value.

The present paper relates to both the targeted and non-targeted actors in the wake of wellbeing co-creation and co-destruction. It proposes that the actors involved in the original value co-creation (or co-destruction) process might be the ones to co-create and experience value based on shared intentionality, however, such co-creative acts might affect them but also others not directly involved in this process, either positively or negatively. This is termed the value co-creation or co-destruction spill-over effect. Here, the concept of intentionality enhances the understanding of the current value co-creation discussion as “value creation may take place on different levels of consciousness” (Grönroos and Voima, 2013, p. 138).

4.2. Scenarios of intentional and unintentional value co-creation and co-destruction

“Any segment of (…) time can encompass a diversity of doings and sayings, intentional, unintentional (…)” (Schatzki, 2010, p. 114). To unravel intentional and unintentional value co-creation and co-destruction leading to an increase or decrease in wellbeing for some, if not all of the directly but also indirectly involved entities or actors, this section discusses scenarios that aim to explain different forms of (un)intentional actions and potential spill-over effects.

Scenarios are “postulated sequence[s] or development[s] of events” (Oxford Dictionaries, 2019b) and utilised “as prospective sense-making devices” (Wright, 2005, p. 86). This is based on the finding that “transformational change is observed to occur through inductive [the- orising]” (Wright, 2005, p. 96). This notion aligns well with the concept of TSR and (un)intended consequences of wellbeing measures. The use of scenarios permits the provision of a means for mental experimentation via the formulation of options which help structure potential realities and examine their consequences using a range of plausible contexts which then lead to an increased confidence in decision making (cf. Van der Heijden et al., 2002). Eight different scenarios are utilised to explicate events leading to (un)intended consequences of wellbeing measures. Fig. 3 depicts the first four scenarios focusing on intentional actions that lead to either value co-creation and increase (scenarios 1 and 2) or value co-destruction and decrease (scenarios 3 and 4) of wellbeing. Furthermore, individual (scenarios 2 and 4) and collective or shared (scenarios 1 and 3) intentionality can be distinguished. For reasons of simplification, but also to illustrate wellbeing interactions on the lowest level of a service system (micro level), two focal actors are at the centre of the explorations.

Scenario 1: Collective intentional value co-creation that increases wellbeing

Scenario 1 shows a scenario where value or wellbeing is reciprocally co-created. Assume two actors A1 and A2. Let A1 be a brain specialist/neurologist working in a private clinic. Let A2 be a stroke patient who has no living relatives or partner and is in the care of the clinic, seeking help (desire) after a medical incident. A2 believes help can be provided, i.e. A2 has the intention (belief + desire) that interaction with A1 will primarily improve their eudaimonic wellbeing. The patient is cognizant of their own situation and provides detailed, structured and conclusive information (awareness and skills) about their wellbeing, pain levels, bodily functions (intention + awareness + skills = intentional action) (Malle and Knohe, 1997). A2 works with the specialist A1 to assist with analysing their own brain’s condition by undergoing brain scans and other tests. After analysing A2’s test results, the well-trained and experienced neurologist A1 administers the correct drugs in the correct dosage to A2 (intentional action). A1 realises value-in-use for themselves through perceived satisfaction with their treatment success (hedonic wellbeing). A2 realises value through improved eudaimonic wellbeing by being better off. This scenario can be termed a shared intentional value co-creation process because both actors have collective intentions to work together in the healing process and do so collectively and intentionally (Gallotti and Huebner, 2017).

Scenario 2: Individual intentional value co-creation that increases wellbeing

Scenario 2 depicts a somewhat different situation. A critical care specialist (A1) monitors a coma patient’s (A2) condition and administers the correct drugs to A2. A2 has no living relatives or partner. A1 acts with an intentionality comparable to that of the brain specialist in scenario 1. However, A2 is unconscious and cannot articulate themselves or act in any way. Here, the intention of what the patient might want (for example, to live or die) cannot be assumed, and the patient is incapable of any intentional acts to actively aid with co-creating the improvement of their own wellbeing. Hence, this scenario describes an individual actor’s (A1) intentional value co-creation process that improves wellbeing both for A1 themselves, who realises value through job satisfaction, increasing their hedonic wellbeing, and for A2. However, due to A2 being unconscious their eudaimonic wellbeing improvement can only be observed or measured objectively, i.e. by the specialist utilising certain technology to monitor A2’s bodily functions. Perceived value and “feeling better off”, i.e. subjective wellbeing (Diener et al., 2015) can only be determined consciously by A2 after waking up from their coma.

Scenario 3: Collective intentional value co-destruction that decreases wellbeing

Scenario 3 depicts an interaction that leads to value co-destruction. In this scenario, A1, the brain specialist, administers a speciality drug to A2, the stroke patient. However, afterwards A1 and A2 jointly destroy the remainder of the drug. This situation describes a collective inten-
tional value co-destruction interaction. Owing to the misconduct (value co-destruction), no other patient can realise value. This, at least in the short-term, might lead to a decrease in eudaimonic wellbeing of other actors in the vicinity, i.e., other patients (for example, A_N and A_M in Fig. 3) as well as other specialists (for example, A_O and A_P) aiming at administering the same drug.

Scenario 4 Individual intentional value co-destruction that decreases wellbeing

The last scenario of intentional value co-creation/co-destruction describes a situation (scenario 4) that decreases wellbeing for one of the two actors involved. A_1, the critical care specialist, does not monitor coma patient A_2’s condition. A_2 has no family or other ties. Here, individual intentional value co-destruction takes place with patient A_2’s health deteriorating.

A second set of scenarios (see Fig. 4) focuses on unintentional value co-creation or co-destruction outcomes for some actors. These scenarios recognise unintentional value co-creation (scenarios 5 and 6) as well as value co-destruction (scenarios 7 and 8). The scenarios can be classified as unintentional collective co-destruction (cf. Chant, 2007) or co-creation (scenarios 5 and 7) or can be denoted as individual unintentionality (scenarios 6 and 8) due to certain actions.

Scenario 5 Collective unintentional value co-creation that increases wellbeing

Scenario 5 describes a situation in which A_1, a brain specialist intends to heal stroke patient A_2. During the challenging treatment procedure A_1 utilises all available means of care (intentionality). In conjunction with A_2, A_1 coincidently discovers a new treatment regime due to a minor earth tremor having spilled some previously non-combined medicinal ingredients into the patient’s remedy. This collective unintentional discovery (Chant, 2007) – albeit with an uncontrollable cause (Malle and Knobe, 1997) – is also useable for other patients with the same condition. As a result, not only does A_2’s wellbeing increase (value through increase in eudaimonic wellbeing), but so does their family’s hedonic wellbeing, thanks to the prospect of their loved one’s life being saved. In addition, other patients’ (depicted as A_N and A_M in Fig. 4) life expectancy increases (eudaimonic value) because of the new treatment. This realised value by actors other than the intended ones can be called a value co-creation spill-over effect. A_1 attracts funding for research and further development of the new drug (hedonic wellbeing increases through positive affect; eudaimonic wellbeing improves through esteem from colleagues). Other specialists (visualised as A_O and A_P) in other locations learn about the specialist’s discovery, which generates another value co-creation spill-over effect because these specialists can now utilise the new drug for their patients. Thus, scenario 5 showcases collective unintentional value co-creation including spill-over effects.

Scenario 6 Individual unintentional value co-destruction that increases wellbeing

Scenario 6 depicts individual unintentional value co-creation, which increases wellbeing. Assume that critical care specialist A_1 accidently administers a different treatment to coma patient A_2 (unintentional act), whose family realises value through an increase in hedonic wellbeing due to the patient’s positive reaction to this treatment and the increasing likelihood of survival. The value co-creation spill-over effect here relates to A_2’s family system (A_N and A_M in Fig. 4). Value co-creation in this scenario has a controllable cause (Malle and Knobe, 1997) but is of an individually unintentional kind: A_1 might increase their own hedonic wellbeing through the discovery which might boost their self-confidence and perceived job satisfaction. In addition, A_1 might experience value due to A_2’s family providing positive feedback. Moreover, the specialist can now remedy the inefficient previous treatment and utilise the new treatment regime for future patients.

Scenario 7 Collective unintentional value co-destruction that decreases wellbeing

\[ \text{Fig. 3. Intentional value co-creation and co-destruction.} \]
Scenario 7 in Fig. 4 now moves to a value co-destruction scenario with collectively unintentional action (Chant, 2007) which decreases wellbeing. Brain specialist A1 aims to administer contrast agent to a stroke patient (A2) for a brain scan. Due to a sudden move of the patient, potentially caused by a certain level of distress prior to the scan, the specialist drops the contrast agent which enters the scanner’s main console (controllable cause; Malle and Knobe, 1997). An electrical short circuit following this renders the brain scanner unusable. Due to the lack of available means for proper diagnosis and subsequent treatment in this location, A2’s wellbeing deteriorates, their family (actors A_N and A_M) is distraught due to the decrease in both hedonic and eudaimonic wellbeing. Specialist A1 experiences hostility from their colleagues (A_O and A_P), an experience that decreases wellbeing due to a loss of respect, status, positive affect and satisfaction (Anderson et al., 2013). This scenario signals a collective unintentional value co-destruction process decreasing value for the directly involved parties but also generating spill-over effects on either side due to other actors experiencing a decrease in value or wellbeing.

Scenario 8: Individual unintentional value co-destruction that decreases wellbeing

The last scenario (8) demonstrates individual unintentional value co-destruction when A1, a critical care specialist who has every intention of helping A2, by accident administers the treatment incorrectly to A2 (controllable cause; Malle and Knobe, 1997). In this scenario, A2 is a coma patient with family ties (A_M and A_P). Here, the value co-destruction process is unintentional and causes value co-destruction spill-over effects, i.e. on the patient’s side A2’s family fares worse due to their family member’s eudaimonic wellbeing further deteriorating. On the specialist’s side, A1’s careless behaviour impacts their reputation, the department’s or even the clinic’s (actors A_O and A_P).

4.3. Towards a taxonomy for individual and collective (un)intentionality in value and wellbeing co-creation and co-destruction

The list of eight scenarios above is not exhaustive. These scenarios focus on actor-to-actor interactions at the micro system level resulting in value co-creation or co-destruction outcomes for the involved actors as well as spill-over effects on other actors in the vicinity. “[O]ne must recognise the existence of [potentially] multiple targets—whether intended as such or not—who [might] exist in concert, not in isolation” (Lepak et al., 2007, p. 187). However, as also already visible in some of these scenarios, intended and unintended individual and collective actions may also lead to value co-creation and co-destruction with more widespread spill-over effects. For example, this can eventuate via the discovery of a new treatment regime that can subsequently be used for all other actors with the same medical condition or the destruction of drugs which then impacts the entire cohort of patients in need of that very medicine. These examples demonstrate that affected actors can either be in close proximity of the focal actors or be at a larger distance with no direct connections or ties but be removed in space within the wider service ecosystem. Such spatial distance can, for example, be prevalent when patients reside in remote areas and are dependent on medication that was meant to be shipped to them but was intentionally destroyed or withheld by actors in charge of its distribution. In terms of the temporal dimension, while the effects can be rather immediate, activities might also cause ripple effects with a delay. The lack in supply of required medication might impact immediately when the entire charge is destroyed, but effects could also be delayed when other hospitals in remote areas still have sufficient supplies for the time being. Finally, (un)intentional actions can impact actors at the same or at different system levels of the service ecosystem (Beirão et al., 2017; Gummesson, 2006; Pinho et al., 2014). For example, while the lack of medication might affect physicians and other patients in the same hospital including their families (all at micro level), the discovery of a
new treatment regime might not only serve all actors with the same medical condition but it might increase treatment rates for the hospital (meso level, cf. Beirão et al., 2017) and ultimately influence patient intake. This might also mean that the government (at macro level) has to take action and the ministry of health might have to put in place new regulations for the newly discovered treatment (cf. Beirão et al., 2017).

Fig. 5 presents an overview of the categories applicable to understanding and structuring intentionality for co-creative or co-destructive activities, as well as their effects. The taxonomy highlights the categories mentioned above which, when combined differently, might lead to various scenarios of intended and unintended effects for focal and other actors with or without a time lag, and either in close proximity or at a distance, both potentially leading to an increase or decrease of wellbeing of actors who can be located at different system levels.

4.4. Implications, limitations and future directions

Value co-creation and to a lesser degree value co-destruction has been topical in academic discussion for quite some time (Plé and Chumipitaz Cáceres 2010; Vargo and Lusch, 2016), however, particularly with the introduction of a wellbeing focus to service research via the concept of TSR, intended but also unintended consequences of value co-creation have been highlighted (Anderson et al., 2013; Kuppelwieser and Finsterwalder, 2016). Nevertheless, despite recent calls to investigate unintended spill-over effects (Blocker et al., 2019), no effort has been made to date to conceptually explore this in service related wellbeing research.

This paper makes the following contributions to theory. First, it introduces and then conceptually anchors the construct of intentionality in wellbeing research for a better understanding of intended but in particular unintended effects of wellbeing efforts. Second, it provides clarity to a fuzzy discussion that tries to comprehend the interrelationships between wanted and unwanted wellbeing outcomes (cf. Anderson et al., 2013). Third, it utilises scenario technique, rarely employed in service or wellbeing related research, to broaden the understanding of the variety of scenarios (un)intended wellbeing activities can generate. Fourth, the paper introduces a taxonomy that aids with structuring the pathways that can lead to intended and unintended wellbeing outcomes. The taxonomy can be comprehended as a forecasting tool to avoid the realisation of non-desired scenarios, including unintended outcomes when initiating the design of transformative services. Fifth, this paper conceptually underscores that intentionality is an explanatory factor that can assist in comprehending actors’ co-creative efforts. Whereas previous work (Plé and Chumipitaz Cáceres 2010; Echeyerri and Škálen 2011) focuses on direct service interactions, this paper extends the view by providing a framework to understand actors and their interactions in service ecosystems with potential spill-over effects in the same or other service ecosystems. Sixth, the introduction of the concept of intentionality to the wellbeing discussion in service research aims at stimulating further conceptual but also empirical work, as outlined below.

From a practical point of view, implications for policymakers and practitioners are to be more cautious in the design of transformative services to avoid negative effects on the immediate environment but also on the wider ecosystem. While wellbeing measures might intend to solve important issues for a particular target group, other groups on the periphery or even far removed from the course of action might not be the focal point of service designers. Therefore, design sessions need to include stakeholders from the different system levels with a perception of wider reaching implications of the effects of transformative services. Equally, policymakers should consider built-in “safety mechanisms” at multiple levels when deising and revising public policy to avoid spill-over effects in other areas of the service ecosystem.

This paper has limited its investigation to scenarios of intentionality where positive and negative spill-over effects might occur which have to be either supported or prevented, moderated or minimised. However, there also exist rare occasions where negative intentionality might return positive wellbeing outcomes (cf. Li and Tomasello, 2018). Nevertheless, such intentionality was out of scope for this paper.

Future research should integrate intentionality in the discourse on wellbeing or value co-creation/co-destruction. Such a step would likely reduce ambiguity among scholars, policymakers and practitioners who are concerned with analysing, designing and deciding on existing and new initiatives that improve wellbeing and quality of life. Moreover, further conceptual anchoring but also empirical work is needed to better understand the consequences of intentionality, particularly the negative spill-over effects on other actors and the wider service ecosystem. Here, intentionality both at an individual but also at a collective level requires empirical investigation. Questions, such as, whether there is a certain threshold where positive intentionality “tips over” and results in negative intentionality and outcomes for certain actors, or whether there is a domino effect in terms of positive or negative effects on other actors, are of importance. Such questions could be tested using an experimental or case study design and these methods could also be employed to further explore scenarios like the ones depicted above.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jretconser.2019.101922.