THE ONTOLOGY AND EPISTEMOLOGY OF SERVICE QUALITY

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Abstract

The concept of quality remains ill defined in services, particularly in health care, where there is no universally accepted definition. There are two conceptions of quality: the small quality depicting conformance to requirements, and the Big Quality, which usually is operationalized as customer satisfaction. Customer satisfaction is driven by a number of issues, such as error-free delivery (small quality), design, and how a customer comprehends and makes use of a product or service. Thus small quality and Big Quality deal with different phenomena, measurements, and actions.A business concept should be defined in terms of its ontology (what is it), epistemology (what can be known about it), and the ensuing technology

(what can be done about it).In health care quality should be divided into three domains.Clinical qualityis driven by diagnosis, decisions, and the design of care plans. As clinical work is hampered by contingencies, risks and uncertainties, there can’t be an absolute quality criteria, rather comparative (benchmarking), and historical indicators (track record). Clinical quality can be improved by knowledge management, including team work, training, consultations, and decision support. Process qualitystarts with the care plan as a specification. This is a small quality issue of conformance to requirements, which can be measured as deviation from targets, such as medication errors, infections and unplanned waiting time. Process quality can be improved with standard Quality Assurance and Improvement technologies. Patient experiencedepends on clinical and process quality; however, it is significantly impacted by other factors, such as expectations, preferences, courtesy, and access. Experiences can be measured by interviews and observations. Improvement technologies draw on corporate culture, situational awareness and other soft issues. Only what is clearly separated can be properly joined.

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A4 IAQ Panel
QUALITY IN SERVICE
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ONTOLOGY, EPISTEMOLOGY AND TECHNOLOGY

What is it? (*Ontology*)	How is it known and measured? (*Epistemology*)	How does it work? What can be done? (*Dynamics / Technology*)

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THE IHIP -DEFINITION OF SERVICES

Intangible: Services provide value in forms that are essentially intangible

Heterogeneous: Services are complex bundles of activities

Inseparable: Services exist only the moment they are produced and consumed

Perishable: services cannot be stored

Source: mainstream service literature; e.g. Parasuraman et al. 1985, Grönroos 2000

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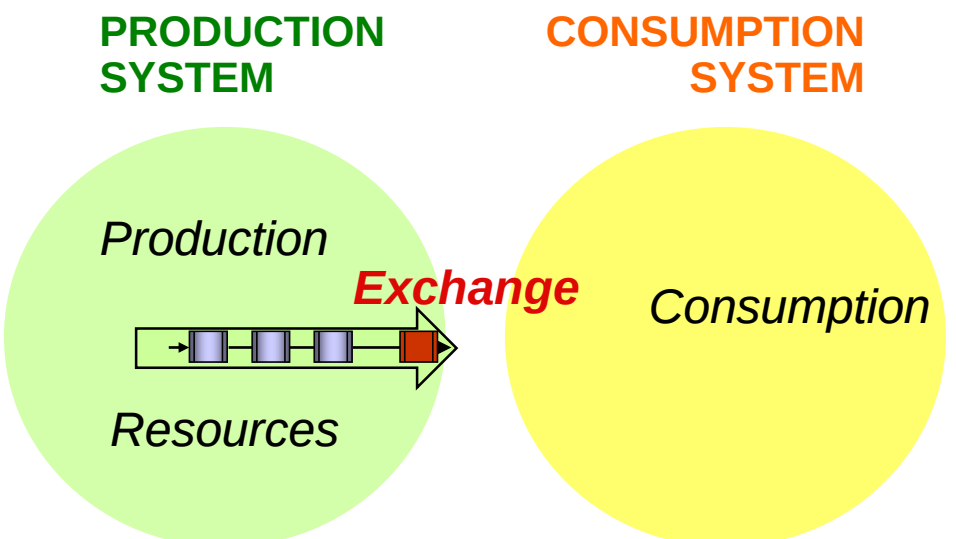
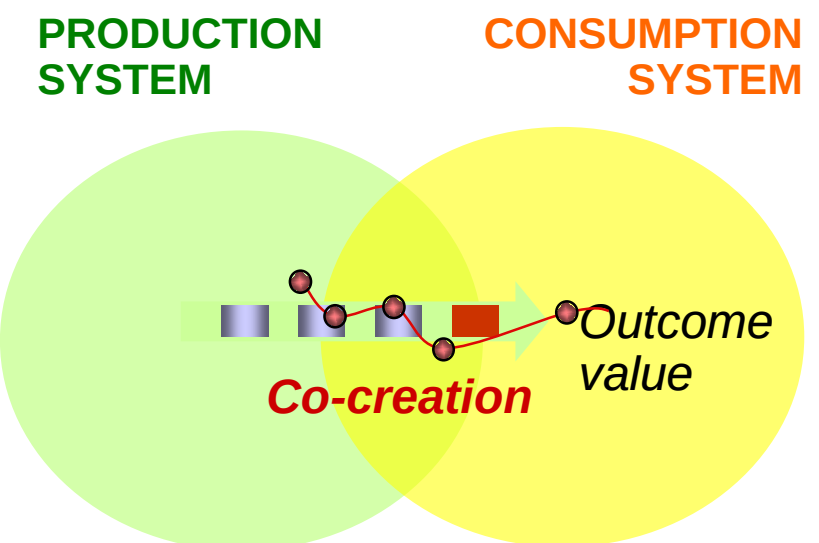
THE GOODS AND THE SERVICE DOMINANT LOGICS

GOODS –DOMINANT LOGIC GDL



SERVICE –DOMINANT LOGIC SDL

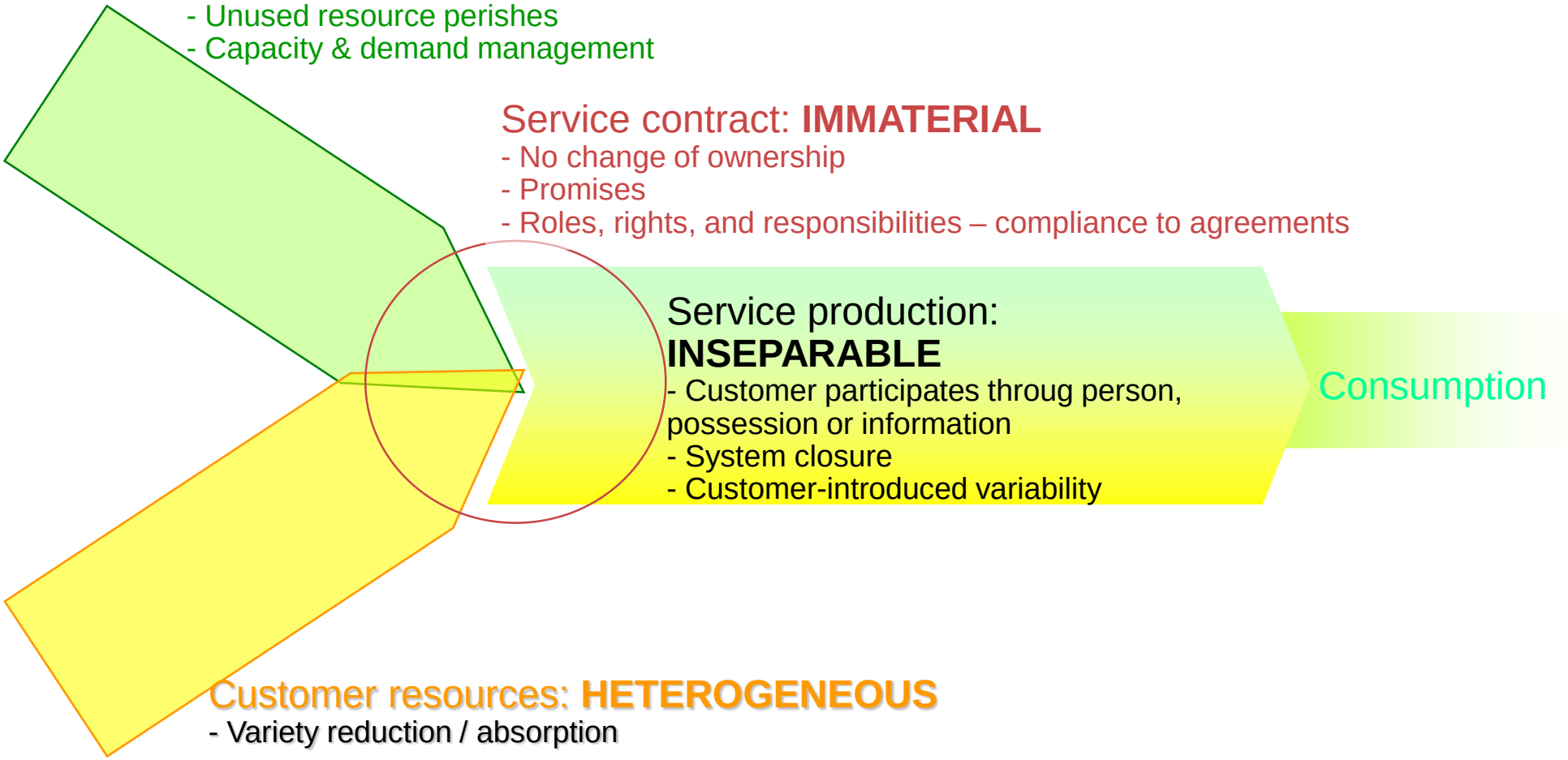


"With service processes, the customer provides significant inputs into the production process." (Sampson and Froehle 2006).
"The customer is always a co-producer." (Vargo and Lush 2004)

CUSTOMER INTEGRATION AND IHIP

Producer resources & capabilities: **PERISHABLE**
- Customer requests activate resource**s**
- Unused resource perishes
- Capacity & demand management

Service contract: **IMMATERIAL**
- No change of ownership
- Promises
- Roles, rights, and responsibilities – compliance to agreements



Service production:
INSEPARABLE
- Customer participates throug person, possession or information
- System closure
- Customer-introduced variability

Consumption

Customer resources: **HETEROGENEOUS**
- Variety reduction / absorption

Developed from: Moeller, Sabine: Characteristics of services – a new approach uncovers their value. Journal of Service Marketing 2010, 24/5

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THE DEFINITION OF SERVICE

What is it? (***Ontology***)	**How is it known and measured?** (***Epistemology***)	**How does it work? What can be done?** (***Dynamics / Technology***)
The combination of producers' and customers' resources to cocreate value	Fixed resources and protocols Service trades Enacted processes	Coceation Resource integration Roles, rights, and responsibilities

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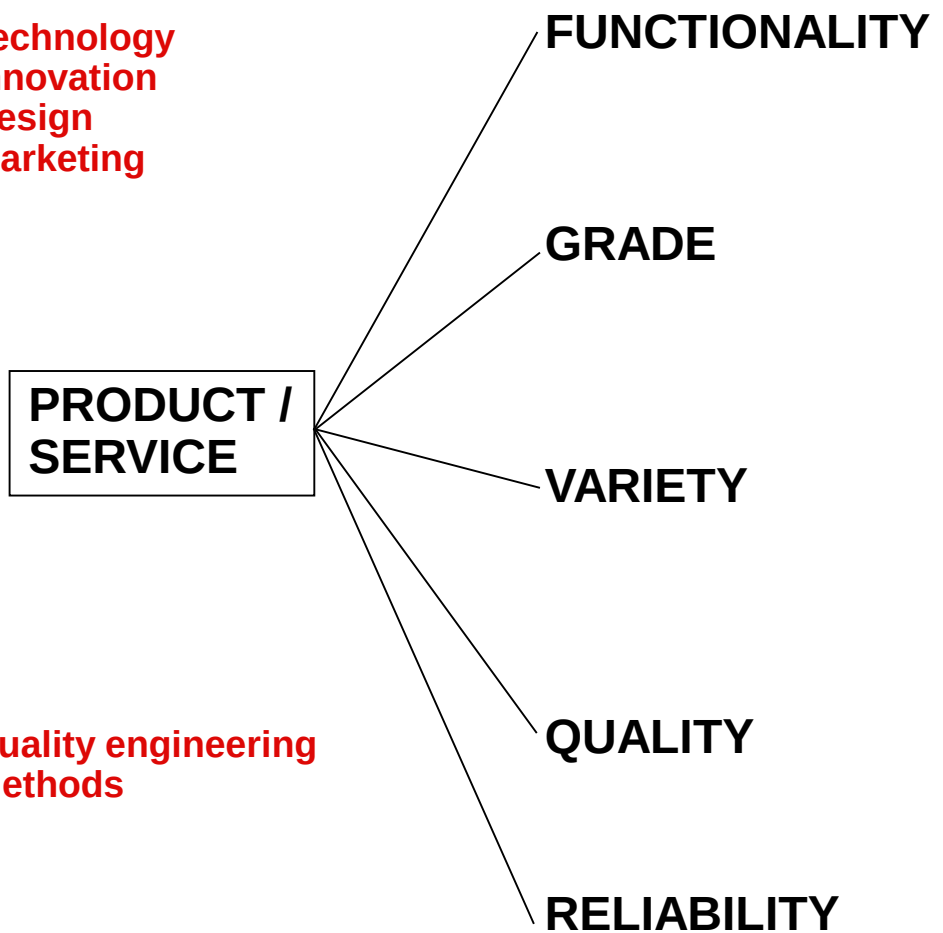
QUALITY IS A PRODUCT / SERVICE ATTRIBUTE

Technology
Innovation
Design
Marketing



Quality engineering methods

What can it do?
What can it be used for?
Usefullness, utility

Type of product / service functionality aimed for a certain use, customer type, or price category.

Differences between products with the same functionality and grade; alternative ways to achieve the same result.

Is it produced and delivered as intended or promised?

Does it perform as expected for a given period and conditions?

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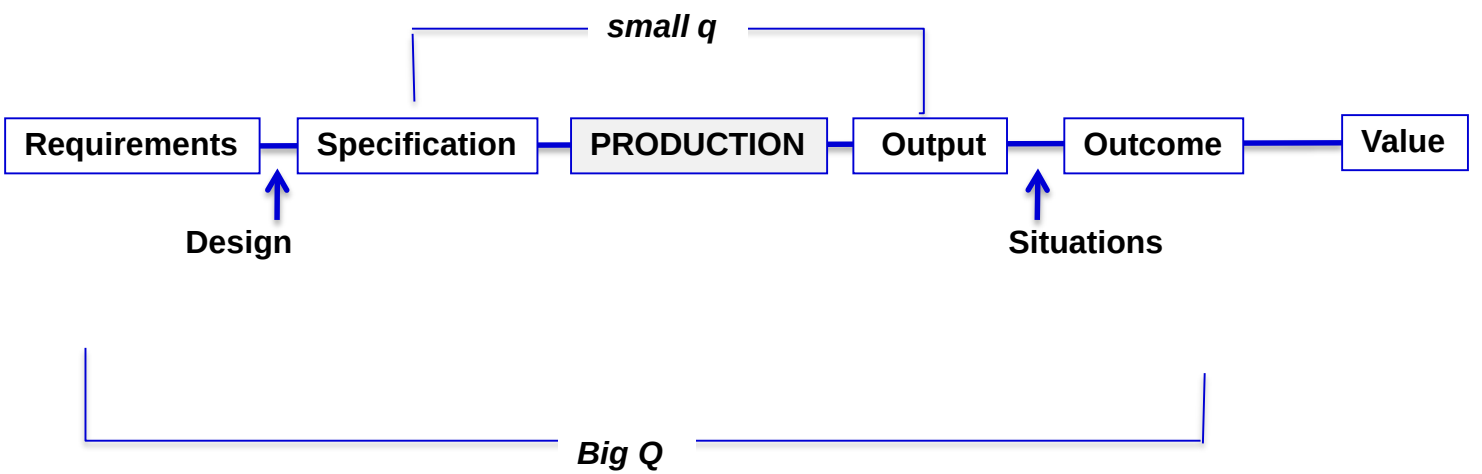
THE QUALITY RELATIONS

Conformance to specifications



Experiences to expectations

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QUALITY IN HEALTHCARE

	What is it? (*Ontology*)	How is it known and measured? (*Epistemology*)	What to do about it? (*Technology*)	Time	Relevant objective
Clinical quality (Big Quality-1)	How an individual care episode is designed following rules.	For individual patients ex post outcomes … For populations: benchmarking	Professional knowledge, experience, peer support, teamwork	Ex post	Relative performance, progress
Process quality Patient safety (small quality)	How a care episode is executed following best practices.	Adverse events	Quality assurance, Standardization, Error prevention	Ex ante	Zero defect
Patient experience (Big Quality-2)	The patient's subjective perception of a care episode.	Interviews, surveys, observation of behavior	Patient-centric service culture, responsiveness	Ex nunc	Situational, Case-by-case

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CAREFULL WITH DEFINITIONS !

“Only what is clearly separated can be properly joined.”

Kaufman, S.A. (2008), *Reinventing the Sacred, A New View of Science, Reason, and Religion*, Basic Books, New York.