

Serving the Highly Vulnerable Customer: The Awareness of Transformative Service Behaviors in Sensitive Populations

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ABSTRACT

The purpose of this study is to identify ideal behaviors and attitudes that are needed by service providers that cater to highly vulnerable populations. While the conceptualization of customer vulnerability has been widely debated in business, marketing, sociology, and psychology scholarly literature, there has been little research conducted that specifically investigates how service providers should treat individuals who are highly vulnerable. Specific to this research, highly vulnerable customers are defined in this research as those consumers who participate in a service exchange with a firm during a time of individual or shared medical, physical, emotional, or spiritual necessity. Interactions between service providers and highly vulnerable customers have the potential to become transformational experiences for both parties, in that the provider and recipient may be left emotionally, intellectually, and spiritually changed as a result. Therefore, additional focus is needed in this area to increase awareness for transformational experiences in service as a result of exchanges between service providers and customers.

Keywords: *vulnerable customers, transformational service, social justice, service classification, mixed methods design*

INTRODUCTION

Customer segments vary widely across their needs, expectations, and the types of products and services they seek to fulfill their every day lives. As a result, organizations can rarely satisfy specific the needs of every type of customer in the same manner (Gronroos, 1990). Service businesses consequently tailor their offerings to a homogenous population that they wish to attract. However, certain populations of consumers seek the assistance of service businesses out of absolute necessity, and not because they actually want or choose to consume the service. Highly vulnerable customers are defined in this research as those consumers who participate in a service exchange with a firm during a time of individual or shared medical, physical, emotional, or spiritual necessity. It is important to note that vulnerable customers are not necessarily

classified as “customers” solely through the exchange of monies, as not all service encounters occur as a result of monetary interchange between two parties, such as the service rendered to the homeless. It does, however, require that an interpersonal exchange of emotions or behaviors bestowed upon an individual or party that cannot satisfy the basic needs of survival on their own.

One of the most salient examples of a highly vulnerable customer can be seen everyday within any hospital or healthcare environment. Patients enter a very unfamiliar and sterile environment seeking medical care during an emergency (Randall & Senior, 1994). They are stripped of their clothing by strangers, asked to disclose the most personal details about their life and bodies, and often left alone in an empty room during a time when they feel afraid, anxious, stressed, and frustrated about their medical condition. Due to public display of satisfaction results and increased competition among regional facilities, hospitals are just starting to realize the competitive advantage that comes forth from hiring employees that display service-minded attitudes and behaviors (Harrington & Trusko 2005). Unfortunately, at many hospitals within the United States, there still remains an inconsistency as to whether a patient will encounter a health system that is truly sensitive to the situation the patient is in without seeing the patient as a room or case number. Because patients are left completely dependent upon the staff that is assigned to them, this creates an atmosphere of vulnerability that, without the proper attention and air of sensitivity, can leave a patient’s emotional well-being depleted (Aiello, Severt, Rompf, & Breiter, 2010; Randall & Senior 1994; Severt, Aiello, Elswick, & Cyr, 2008).

With regards as to how highly vulnerable customers fit into an overall community of people, it is necessary to explore the topic of transformative service, a term was pioneered by Ostrum et al. (2010) in their publication on continuing research streams within the realm of services marketing and management. Transformative service has been broadly defined as service that is generated to an overall community of individuals, resulting in social, ecological, and emotional implications across a wide range of populations. It has also been identified to be non-specific to the context of the service provider-customer relationship, as not every interaction between two parties is resultant in a transactional exchange of monies. As such, Ostrum et al. put specific emphasis on transformative service having particular impacts on those identified as being part of a vulnerable population, in which certain typesets of individuals are classified by having a dependency on another individual, group, or business for some basic need of necessity—whether that be from in a physical, emotional, spiritual, or financial perspective. The authors did not identify, however, exactly how certain service exchanges have the potential to transform or impact an individual emotionally, intellectually, or spiritually as a result. Therefore, because very little research has been conducted on this topic, initial research is needed in this area to understand these types of populations and the providers that bestow some type transformative service experience upon them.

From a managerial standpoint, organizations should be encouraging the correct service attitudes and behaviors to deal with emotionally heightened service encounters in order to ensure that highly vulnerable customers are welcomed, comfortable, and safe and feel as though they are acting as a partner in the anticipated outcome of their personal situation. What behaviors or attitudes are required to serve these individuals? Due to the sensitivity of certain service exchanges, are different approaches towards service? How can organizations that commonly deal with these types of situations ensure that they are acting in the right manner to properly assist these types of populations?

PURPOSE

The purpose of this study is to identify ideal behaviors and attitudes that are needed by service providers that cater to highly vulnerable populations. While customers can vary in level of vulnerability within an exchange that leaves them under some type of perceived risk or injustice, this study specifically use the setting of service businesses that are established to help those in some sort of need for survival from other individuals, whether it be medically, emotionally, physically, or spiritually. Currently within the service literature, there is little research on customer vulnerability or how service bestowed upon highly vulnerable populations may differ from a typical business exchange between a customer and a firm. Particularly, the humanistic behaviors that are present during an exchange with a vulnerable customer may be much more evident than what previous service researchers have determined as emotional aspects of service quality (i.e. assurance, responsiveness, and empathy) (Zeithaml, Parasuraman, & Berry, 1990). This research adds to the current service body of knowledge by identifying specific humanistic behaviors that are relevant to the appropriate treatment of a particular classification of customer, in this case, the most at-risk vulnerable customers.

Significance

This study will provide empirical knowledge on ideal behaviors needed to properly serve a certain classification of customer, the highly vulnerable individual. Because this population is unique in that they experience a wide range of emotions dealing with the highly personal and sensitive aspect of the service exchange, the experience of service it of itself may be particularly heightened. Therefore, the interpersonal connection between the service provider and the customer may require additional sensitivity towards the service provided for the type of organization. The current research will be helpful for organizations that cater to highly vulnerable populations to identify the necessary attitudes and behaviors that are needed to properly serve the individuals' emotional needs.

Theoretical Contribution

In addressing the current research problem, the researcher will be using the topic of transformative service and its benefits to highly vulnerable populations as an overall in which to ground the theoretical justification for the study. Due to the fact that, to date, Ostrum et al. (2010) have only published an introductory piece that has mentioned transformative service as a type of innovation in services marketing and management, the theoretical soundness of the term "transformational service" lacks definitive soundness. In an effort to contribute to the growth of transformational service in terms of customer vulnerability is under investigated, the current research can be considered as exploratory. Exploratory research is often conducted on a given topic for the first time, and it is helpful to employ a mixed methods design to capture both rich and rigid aspects of data collection. The combination of these methods will be used to elicit views from both members of vulnerable populations and service providers that give assistance to them in their time of need.

REVIEW OF LITERATURE

As service theory continues to develop, one of the recently developed topics in service research surrounds the concept of transformative service. Transformative service was identified by Ostrum et al. (2010) as service research that centers on creating uplifting changes and improvements in the well-being of both individuals and the community. It seeks to better the quality of life of present and future generations of consumers and citizens through the awareness of service. This is achieved through an emphasis on personal needs, in where states or conditions essential to physical and psychological well-being of consumers shape the service experience (Zeithaml, Parasuraman, & Berry, 1993). Currently, through a scan of the extant service literature, there are no conceptual or empirical works that have been conducted on this topic.

Research in transformative processes has been consistently mentioned in literature streams outside of services marketing. From a sociological perspective, issues in community empowerment and transformation have been addressed in regards to community residents and/or members that feel detached, alienated, and out of control. Specifically, Evans, Hanlin, and Prilleltrensky (2007) described these residents as not feeling a sense of connectedness in terms of receiving social services or interacting with health, human, education, and community service workers. According to the researchers, although the limitations of person-centered interventions in community services have been widely criticized in scholarly literature, the transition towards community-wide efforts to create a “feeling” of community have been slow coming (Albee, 1998; Smedley & Syme 2000; Stokols 2000). Vulnerability is closely related to issues of self-identity and transformation, as consumers tend to have a strong desire for control over all aspects of their lives. When experiencing a consumption experience that lacks personal control, they, or others, may view themselves as weak, incompetent, and less than human (Baker, Gentry, & Rittenburg, 2005).

While the impact of transformative service on vulnerable populations is a new topic in service research, the topic of the vulnerable customer has been a topic of exploration for the past three decades. As indicated by Csikszentmihalyi (1978), scholarly explorations of customer vulnerability across literature streams typically address a lack of personal control as a principal component of the experience of vulnerability. When consumers are engaged in behaviors that they have chosen to engage in, their behaviors and attitudes are both voluntary and under their control. However, when consumers are lacking control over their attention, behavior, or emotions, then their responses become aversive, slip out of control, and contribute to the experience of vulnerability (Csikszentmihalyi 1978). The concept of customer vulnerability, therefore, becomes a “unifying label” for a variety of studies focused on social consequences of consumption for different populations in a wide range of contexts (Baker et al. 2005; Morgan, Shuler, & Stoltman, 1995).

How the vulnerable customer should be conceptualized, however, has widely debated in a variety of contexts. According to Baker et al. (2005, p. 134), “actual vulnerability arises from the interaction of various states, individual characteristics, and external conditions within a context where consumption goals may be hindered and the experience affects persona and social

perceptions of self.” This idea focuses on the *experience* of vulnerability, and does not exactly say *who* is vulnerable because everyone has the potential to be. The authors argue against classifying entire populations of people as vulnerable, as that generalizes individuals into a membership category that may not always be considered vulnerable in every consumption context and may lead to feelings of stigma and anxiety (e.g. classifying elderly people as vulnerable without considering their economic, social, and emotional needs) (Baker et al. 2005; Commuri & Ekici, 2007). However, other authors have viewed customer vulnerability from a wider, more sociological view, indicating that an inclusive view of vulnerability is needed to recognize that certain classes of consumers may be more vulnerable than others, and may also experience it differently at various stages of the consumption process (Aday 2001; Andreasen 1975, 1976; Commuri & Ekici, 2007; Garrett & Toumanoff, 2010; Marlowe & Atilas, 2005; Mechanic & Tanner, 2007; Pacquiao, 2008). Due to the fact that any consumer can be deemed vulnerable regardless of their social background, it is important for service providers to identify that individual disparities do exist and learn to serve these individuals appropriately.

PROPOSED METHODOLOGY

A mixed mode methodology was deemed appropriate for the current research in order to properly capture the perceptions and opinions of both service providers and the customers who are interacting as a result of highly vulnerable service exchanges. Because mixed methodologies combine both qualitative and quantitative aspects in the research, this will produce more explicit and complex results that both explore and explain the research problem (Creswell, 2003). The population of the study will consist of three service organizations that specifically cater to customers that are in need of a certain service product that helps contribute to their physical and emotional needs. The service organizations will offer types of services, however their goal of contributing physical and emotional benefits to the customer will remain consistent.

The first phase of the study will consist of qualitative interviews with organizational service providers. These providers should be those that commonly interact with highly vulnerable customers to ensure that they receive a meaningful experience out of the service being provided to them. By first identifying who these providers are for each organization, roughly three to five interviews will be conducted per organization, for a total of approximately fifteen qualitative interviews. The interviews will be semi-structured and questions will be formulated around the research questions in order to capture rich, open-ended data that can be used to formulate themes that are evident of the research problem (Creswell, 2003; Glesne, 2006; Miles & Huberman, 1994). The researcher will be bringing along an additional researcher, and they will both take notes on the participants’ responses. The interviews will also be audio-recorded and transcribed so that a triangulation of data will occur in the data analysis from three different sources to reduce researcher bias and positionality present in within personal note-taking (Glaser & Strauss, 1967; Glesne, 2006; Patton, 2002). After the data is coded and reduced down to relevant themes revealed from the interview process, this information will be used to formulate the second phase of the study.

In the second part of the study, the themes revealed from Phase I will be used to create a short survey that will be given to customers that experience emotionally-sensitive service exchanges, thus deeming them as vulnerable customers. The sample size will be dependent upon the population size of each service organization. It is expected that the survey questions will also

be highly relevant to the research problem and will not deviate extensively, however this is dependent upon the findings of Phase I of the research. The developed scale will be administered verbally to highly vulnerable customers as they are currently engaging in the service experience. The results will be analyzed in SPSS statistical analysis software using descriptive statistics and exploratory factor analysis to identify the factors of service that are most important to highly vulnerable customers when engaging in service encounters with an organization.

REFERENCES

- Aday, L. (2001). *At Risk in America: The Health and Health Care Needs of Vulnerable Populations in the United States (2nd ed.)*. San Francisco, CA: Jossey-Bass.
- Aiello, T., Severt, D., Rompf, R., & Breiter, D. (2010). A fundamental exploration of administrative views of hospital hospitality and service excellence. *Advances in Hospitality and Leisure, 6*, 185-211.
- Albee, G. (1998). The politics of primary prevention. *Journal of Primary Prevention, 19*, 117-127.
- Andreasen, A. (1975). *The Disadvantaged Consumer*. New York, NY: The Free Press.
- Andreasen, A. (1976). The differing nature of consumerism in the ghetto. *Journal of Consumer Affairs, 10* (Winter), 179-190.
- Baker, S., Gentry, J., & Rittenburg, T. (2005). Building understanding of the domain of consumer vulnerability. *Journal of Macromarketing, 25* (December), 128-139.
- Commuri, S. & Ekici, A. (2008). An enlargement of the notion of consumer vulnerability. *Journal of Macromarketing, 28*, 183-186.
- Evans, S., Hanlin, C., & Prilleltensky, I. (2007). Blending ameliorative and transformative approaches to human service organizations: a case study. *Journal of Community Psychology, 35*(3), 329-346.
- Creswell, J. (2003). *Research design: Qualitative, quantitative, and mixed methods (2nd ed.)*. Thousand Oaks, California: Sage Publications.
- Csikszentmihalyi, M. (1976). "Attention and the holistic approach to behavior" in *The Stream of Consciousness: Scientific Investigations into the Flow of the Human Experience*, Kenneth Pope and Jerome Singer (eds). New York, NY: Plenum.
- Garrett, D. & Toumanoff, P. (2010). Are consumers disadvantaged or vulnerable? an examination of consumer complaints to the Better Business Bureau. *The Journal of Consumer Affairs, 44*(1), 3-23.

- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago, IL: Aldine.
- Glesne, C. (1999). *Becoming qualitative researchers; An introduction, Second Edition*. New York, NY: Addison Wesley Longman.
- Gronroos, C. (1990). *Service management and marketing*. Lexington, Massachusetts: Lexington Books.
- Harrington, H. & Trusko, B. (2005). Six sigma: An aspirin for health care. *International Journal of Health Care Quality Assurance*, 18(7), 487-515.
- Marlowe, J. & Atilas, J. (2005). Consumer fraud and latino immigrant consumers in the United States. *International Journal of Consumer Studies*, 29(September), 391-400.
- Mechanic, D. & Tanner, J. (2007). Vulnerable people, groups, and populations: societal view. *Health Affairs*, 26(5), 1220-1229.
- Miles, M. & Huberman, A. (1994). *Qualitative data analysis*. Thousand Oaks, California: Sage Publications, Inc.
- Morgan, F., Schuler, D., & Stoltman, J. (1995). A framework for examining the legal status of vulnerable consumers. *Journal of Public Policy and Marketing*, 14(2), 267-277.
- Ostrum, A. et al. (2010). Moving forward and making a difference: research priorities for the science of service. *Journal of Services Research*, 13(1), 4-36.
- Pacquiao, D. (2008). Nursing care of vulnerable populations using a framework of cultural competence, social justice, and human rights. *Contemporary Nurse*, 28, 189-197.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods, Third Edition*. Thousand Oaks, CA: Sage Publications, Inc.
- Randall, L. & Senior, M. (1994). A model for achieving quality in hospital hotel services. *International Journal of Contemporary Hospitality Management* 6(1/2), 68-74.
- Severt, D., Aiello, T., Elswick, S., & Cyr, C. (2008). Hospitality in hospitals? *International Journal of Contemporary Hospitality Management*, 20(6), 664-678.
- Smedley, B. & Syme, S. (2000). *Promoting Health: Intervention Strategies from Social and Behavioral Research*. Washington DC: National Academy Press.
- Stolkols, D. (2000). "The Social Ecological Paradigm of Wellness Promotion," in

Promoting Human Wellness, Margaret Jamner and Daniel Stolkols (eds). Los Angeles, CA: University of California Press.

Zeithaml, V., Parasuraman, A., & Berry, L. (1990). *Delivering quality service: balancing customer perceptions and expectations*. New York: The Free Press.