Design for service inclusion: creating inclusive service systems by 2050

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Abstract

Purpose – The purpose of this paper is to challenge service researchers to design for service inclusion, with an overall goal of achieving inclusion by 2050. The authors present service inclusion as an egalitarian system that provides customers with fair access to a service, fair treatment during a service and fair opportunity to exit a service.

Design/methodology/approach – Building on transformative service research, a transformative, human-centered approach to service design is proposed to foster service inclusion and to provide a platform for managerial action. This conceptual study explores the history of service exclusion and examines contemporary demographic trends that suggest the possibility of worsening service exclusion for consumers worldwide.

Findings – Service inclusion represents a paradigm shift to higher levels of understanding of service systems and their fundamental role in human well-being. The authors argue that focused design for service inclusion is necessary to make service systems more egalitarian.

Research limitations/implications – The authors propose four pillars of service inclusion: enabling opportunity, offering choice, relieving suffering and fostering happiness.

Practical implications – Service organizations are encouraged to design their offerings in a manner that promotes inclusion and permits customers to realize value.

Originality/value – This comprehensive research agenda challenges service scholars to use design to create inclusive service systems worldwide by the year 2050. The authors establish the moral imperative of design for service inclusion.

Keywords Well-being, Service design, Transformative service research, Vulnerable consumers, Service inclusion

Paper type Conceptual paper

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Introduction
Unfair service systems have been common across human history and remain as such in many modern service experiences. Further, unfairness has been documented in every human society. This unfairness stems from customers often lacking access to services, systemic bias, customer vulnerability and discrimination during service interactions. This paper focuses on these forms of unfairness and labels them as “service exclusion.” Service exclusion occurs when services (service providers or service systems) deliberately or unintentionally fail to include or to adequately serve customers in a fair manner.

Service-related problems are common because humans live and work in families, cities, states, nations, corporations, non-profit organizations and governments, which are all service systems. With more than 7bn humans on our planet, there are far too many unmet human needs associated with services and service systems. This situation calls for urgent attention and action at all levels. To offset these problems, the authors propose the concept of “service inclusion,” which refers to an egalitarian system that provides customers (e.g. consumers, clients, patrons, citizens, patients and guests) with fair access to a service, fair treatment during a service and fair opportunity to exit a service. With this definition, the authors advance a criterion that represents a global service system standard for service relationships and interactions.

The logic for this concept of service inclusion is founded on the understanding that the concept of universal human rights was invented in the eighteenth century (Hunt, 2007) and that it is steadily advancing. In 1948, the United Nations (1948) made its universal declaration of human rights. The slow and steady progress toward better human rights was the catalyst for in the American Civil Rights Movement led by Dr Martin Luther King. In an oft quoted line from one of his speeches, King said “the arc of the moral universe is long, but it bends toward justice.” In a recent book whose title was inspired by King’s “arc of the moral universe” line, Shermer (2015) argued that steady improvements in fairness, justice and inclusion are indeed the story of human progress: “Historically, we can look back and see that we have been steadily – albeit at times haltingly – expanding the moral sphere to include more members of our species (and now even other species) as legitimate participants in the moral community” (p. 11). Hence, the concept of service inclusion is proposed with the overall goal of achieving service inclusion by 2050.

Service inclusion is an emergent theme from the transformative service research (TSR) paradigm. TSR “focuses on improving consumer and societal welfare through service” (Rosenbaum et al., 2011, p. 3) and advocates the essential goal of enhancing well-being for everyone (Anderson et al., 2013; Gustafsson et al., 2016). Current TSR literature highlights both the broad overarching domain of TSR and its fundamental base of promoting well-being via service design and delivery. The authors draw upon TSR’s well-being focus to propose four major pillars of service inclusion: enabling opportunity, offering choice, relieving suffering and fostering happiness. Service inclusion encompasses and integrates these elements to nurture an enduring state in which all people can realize fair value from service. Therefore, this paper proposes a TSR approach to advancing human progress with the expectation that by 2050 service inclusion could be achieved worldwide. Such a transformation requires an emphasis on service inclusion through design.

Service design has emerged as a new field with innovative methods and tools. As these tools have become more complex, their ability to address difficult problems has grown substantially. This research builds on the Multilevel Service Design (MSD) method (Patrício et al., 2011), which enables design at three levels: the service concept, service systems and service encounters. This method starts at the highest levels of human need by investigating the design of inclusive service concepts, especially in terms of what customers really need and want. Then service systems can be designed, especially in terms of inclusive service architecture and navigation. And then inclusive service encounters can be designed.
This approach provides a platform for action that takes context and level into account (Chandler and Vargo, 2011; Finsterwalder et al., 2017).

Overall, the purpose of this paper is to challenge service researchers to design for service inclusion by 2050. Service inclusion represents a paradigm shift to higher levels of understanding of service systems and inclusion’s fundamental role in improving service relationships and interactions, which are vital to the lives of our social species. By understanding human needs for inclusion and designing services to properly meet those needs, higher levels of human progress are possible.

This paper begins by exploring a brief history of exclusionary policies that have commonly occurred in service organizations and service systems. Second, several trends are examined that portend exclusionary service policies continuing into the future, which highlights the urgent need for service organizations to co-create a more inclusive world by 2050. Third, the authors call for service inclusion to become the moral norm of service provision. Fourth, the concept of service inclusion is defined and its importance in countering exclusionary policies is explained. Fifth, the concept of “four pillars of service inclusion” is introduced and discussed. Sixth, the authors examine designing service systems for customer inclusion. Finally, a future research agenda for advancing and improving service inclusion is presented.

**Service exclusion in the past**

Exclusion is not a novel human phenomenon. Indeed, human history is littered with egregious examples of systemic bias and discrimination. The origins of exclusionary practices tend to be from in-group vs out-group differences that are based upon one or more human characteristics. These characteristics are based on visible distinctions (e.g. age, gender, race, ethnicity, income and health) or on others that are more difficult to discern, such as states of mind (e.g. cognitive capacity, emotional intelligence), states of body (e.g. illness, addiction and disabilities) and different ways of thinking (e.g. religion) and behaving (e.g. customs). As such, exclusion takes various forms and can be subtle or blatant, direct or indirect, and aimed at one person or a group.

In the business world, practices that result in exclusion are common and often result in many consumers failing to realize value in the marketplace. The American Marketing Association (2013) defined marketing as “the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large.” This definition fails to consider that the marketplace serves a variety of consumers, many of whom enter service exchanges with stigmatizing personal or social characteristics, for example, elderliness, low income, disability and race (Anderson et al., 2013). These characteristics of disadvantage or vulnerability may limit the ability of consumers to realize the maximum value from services, and this situation is exacerbated when more than one of these characteristics is present. Yet, rather than respond to those consumers with empathy or with proactive service enhancements, many service organizations respond with discriminatory or predatory actions (Baker et al., 2005), or with the more common employee response of insolence or apathy (Walsh, 2009). Thus, services have gained a poor reputation over the years for exclusionary practices (Fisk, 2009).

In the following section, attention turns to discussing how researchers have studied exclusionary practices in service domains.

**Marketplace discrimination**

Marketplace discrimination refers to “differential treatment of customers in the marketplace based on perceived group-level traits that produce outcomes favorable to ‘in-groups’ and unfavorable to ‘out-groups’” (Crockett et al., 2003, p. 1). As such, previous research tackled
marketplace issues of ethnicity-related discrimination (O’Connell, 2001) based on group-level characteristics, which include gender-related discrimination (Ayres and Siegelman, 1995), age-related discrimination (e.g. Nelson, 2002), disability discrimination (Lakdawalla et al., 2004) and discrimination directed at gay and lesbian consumers (Walters and Curran, 1996).

**Disadvantaged consumers**
Andreasen (1975) introduced the concept of disadvantaged consumers to refer to those “who are particularly handicapped in achieving adequate value for their consumer dollar in the urban marketplace because of their severely restricted incomes, their minority racial status, their old age, and/or their difficulties with the language” (p. 6). Individuals are considered “disadvantaged” when their group is a potential target of discrimination from advantaged groups (Taylor et al., 1996). Disadvantaged groups, such as consumers with disabilities, women, ethnic minorities and gay and lesbian consumers, are known to be subjected to discrimination and have been studied in service research (Rosenbaum and Montoya, 2006).

**Vulnerable consumers**
Baker et al. (2005) defined consumer vulnerability as “a state of powerlessness that arises from an imbalance in marketplace interactions or from the consumption of marketing messages and products. Vulnerability occurs when control is not in an individual’s hands, creating a dependence on external factors (e.g. marketers, service providers, or others) to create fairness in the marketplace” (p. 134). Interestingly, Peñaloza (1995) posited that vulnerability can potentially affect any consumer whom is experiencing dependency and a lack of power and control during service situations. More recently, Rosenbaum et al. (2017) suggested that vulnerability refers to any consumer who is unable to realize the maximum level of value that is inherent in an exchange activity, or one that receives negative value during a marketplace exchange.

**Captive consumers**
Rayburn (2015) coined the concept of service captivity, which he defined as a “consumer’s perception that s/he has no options for obtaining a service other than the current provider” (p. 806). Captive services have structures and processes that reduce consumer choice, control or power. Service captivity is increasingly witnessed in healthcare and health insurance (Mittelstaedt et al., 2009), in physical and social contexts (Conlon et al., 2004), in municipal services (Rienzner and Testa, 2003) and recently in social services (Ylvisaker et al., 2015).

**Intersectional structuring and gender**
Clearly, the aforementioned forms of exclusion do not often occur in isolation from one another; and, when they overlap, exclusion is more likely to occur and to be more deeply experienced (Alcock and Craig, 1998). Intersectionality theory (Crenshaw, 1989; Gopaldas, 2013) is concerned with how the intersecting differences of social identity characteristics, such as race, class, gender, disability, age, sexuality and so forth, act as pathways to people experiencing multiple forms of exclusion and oppression.

Intersectionality theory suggests that consumers may enter the marketplace with multiple disadvantages (Collins, 2000), which makes them susceptible or vulnerable to receiving lower levels of value or negative value compared to other consumers who are present in a service setting. To date, service researchers have primarily explored how individual consumer characteristics, such as race, age or a particular disability, impact a consumer’s service access and experiences, with insufficient attention being given to the implications of intersectionality (Corus and Saatcioglu, 2015). For example, the multiple contexts of gender, education, religion and persistent race inequality continue to
impact women’s access to financial services, put at risk women’ and girls’ safety and sustainability in developing countries, and limit fostering financial inclusion for women (Fuentes, 2018).

**Defining service exclusion**

This discussion suggests that when exclusionary practices are evident, consumers will lack fair access to services and their choices are likely to be restricted by factors outside of their control. As such, the term service exclusion is defined as referring to unfairness that occurs when services (service providers or service systems) deliberately or unintentionally fail to include or to adequately serve customers in a fair manner.

**Demographic trends impacting service inclusion into 2050**

The growing prevalence of service exclusion requires service scholars and practitioners alike to take urgent action given significant demographic trends. In this section, three key demographic trends, which foster service exclusion, are discussed to illustrate the need for improved service practices. More specifically, these three demographic trends are the growing numbers of consumers with disabilities and aging populations, changing family roles and social structures, and global migration.

**Consumers with disabilities and aging populations**

While acknowledging the changing demographics worldwide, this section draws on specific evidence from the USA to illustrate demographic trends that foster service exclusion. In 2016, Nielsen concluded that 35 percent of US households included at least one member with one or more of the following six disabilities: physical limitations (20 percent), vision difficulty (8 percent), hearing difficulty (7 percent), independent living difficulty (6 percent), learning disability (4 percent) and intellectual disability (3 percent). These findings suggest that 20m American households have a member with a physical limitation, and nearly 4m households have a member with an intellectual disability (e.g. autism).

Similarly, NIDILRR (2016) suggested nearly 13 percent of the US population has at least one of six disabilities related to vision, hearing, cognitive, ambulatory, self-care and independent living. Although this percentage seems low, the same government agency indicated that in 2015, over half (51.1 percent) of the US population with disabilities were people in the working ages of 18–64 years and 41.2 percent were people 65 years and older. Disability in children and youth accounted for only 7.2 percent (ages 5–17) and 0.4 percent (under 5 years old). Given that world population growth from 2010 to 2050 is projected to be much slower and tilt strongly to the oldest age groups (Pew Research Center, 2016), the percentage of consumers with disabilities will be profound.

Consumers with disabilities are guaranteed equitable treatment in the marketplace under Title 3 of the Americans with Disabilities Act of 1990 (ADA). Title 3 states that commercial and non-profit service establishments must make their services accessible to people with disabilities and make “reasonable accommodations” when providing service (ADA National Network, 2017). Unfortunately, business adherence to Title 3 is far from a universal marketplace reality. For instance, service organizations may unconsciously overlook making accommodations for certain consumer groups, e.g., making self-service technologies accessible to those with disabilities. Similarly, frontline employees are often ill-trained on how to provide high-quality service to consumers with vulnerabilities (Cowart and Brady, 2014; Rosenbaum et al., 2013; Walsh, 2009).

Other examples highlight the exclusion of disabled consumers from service. For example, although marketers have investigated the importance of the built environment in leisure
settings (Wakefield and Blodgett, 1994), only recently did an amusement park open that specifically welcomes people with disabilities (Levin, 2017). Even though service researchers realize consumers assess a service organization’s quality through tangibles (e.g. drive-thru), responsiveness and empathy, as evidenced in the revered SERVQUAL instrument (Zeithaml et al., 2018), restaurant employees may refute organizational policies by refusing service to deaf or hard of hearing consumers at drive-thru windows, regardless of blatant ADA violations (Quirk, 2016). Despite the realization that convenience is a necessary antecedent to consumer satisfaction, many polling places in the USA remain inaccessible to people with disabilities (Schur et al., 2002). Service organizations need to realize the realities associated with serving rising numbers of disabled consumers, especially as many countries experience aging populations.

**Changing roles and social structures**

Changing family structures will propel service providers to reconsider how they can avoid service exclusionary practices. Service researchers and practitioners predominantly assume family structure is comprised of a married heterosexual couple in their 20s or 30s with children in a nuclear household (Powell et al., 2016; Sear, 2016). Further, researchers and even society seem to have adopted the position that married people engage in healthier behaviors and lifestyles and have improved psychological well-being compared to non-married people. Interestingly, this “perfect family” perspective privileges legal heterosexual marriage, traditional gender roles, biological offspring, as well as heterosexual and mono-racial relationships (Powell et al., 2016), while overlooking bi-racial, single-parent, adoptive, childless and same-sex families (Powell et al., 2015). Yet, demographic realities suggest that marriage, which once played a central role in defining families, is declining with some people disrupting, delaying or avoiding the commitment altogether. Many younger people are opting instead to enter into cohabiting relationships or to live outside of a partnership altogether (Goldscheider et al., 2015) as fewer people consider marriage an essential part of life (Goldberg, 2014).

The traditional heterosexual mother and father family has begun to shift to a variety of individuals who may “parent” a child. This may take the form of the mother and father not living in the same household, extended families sharing in the division of labor or parents in monogamous, polygynous, polyandrous or same-sex relationships (Sear, 2016). The once strong links between marriage, sex and parenthood have been severely weakened with the growth of alternative marriage-like or non-marriage partnerships, arrangements, cohabitation (Smith, 2004) and non-marital procreation (Goldscheider et al., 2015).

Many consumers in non-traditional familial structures may experience forms of subtle marketplace discrimination (Rosenbaum et al., 2017; Walsh, 2009). For example, entertainment venues may lack bathroom facilities for transgender consumers, health clinics may not demarcate space on medical history forms that consider two mothers or two fathers (Minton et al., 2017), and tourist destinations or insurance providers may overlook promoting to non-traditional families. Further, do service organizations that target families, such as insurance, financial planning, transportation, retail, food and beverage, and entertainment capture these new types of familial structures in their integrated marketing communications and service delivery?

When service organizations fail to account for the more dynamic changes to traditional familial roles and social structures, they may cause some consumers to become excluded in the marketplace compared to others engaging in similar service exchanges (Minton et al., 2017; Rosenbaum et al., 2017). For example, the highly publicized lawsuit against an Oregon bakery that refused to provide wedding cake services to a homosexual couple exemplifies how service organizations will face challenges stemming from changing familial structures (Clark, 2016). Indeed, many services in industries such as hospitality are grappling with
their legal right to refuse service to those who fall outside of the “non-traditional” heterosexual coupling (Minton et al., 2017); and many lawyers are being forced to handle same-sex divorces, which have murky, nascent legal statutes (Piatt, 2015/2016).

In addition to marriage and relationships being transformed, gender roles also have been redefined in the home and in labor markets (Pessin, 2017) with female participation in the workplace seen as ubiquitous and often expected (Goldscheider et al., 2015). In many advanced countries, young women are more highly educated than young men and have the capacity to compete in the job market (McDonald, 2013). This can translate into women having children later (Powell et al., 2016) or deciding not to have them (Esping-Andersen and Billari, 2015). In those families with children, stay-at-home fathers and “breadwinner” mothers are still rare. However, demographic patterns are shifting (Chesley, 2011). This changes the service landscape; for example, men need to have access to baby changing facilities (Jackson-Edwards, 2016).

Returning to the demographic reality of working mothers, access to childcare and more flexible working opportunities are required but not always available, differing vastly from country to country (Steiber and Haas, 2012). Further, despite having similar professional and sometimes family goals, both women and men of Generation Y expect women to be more present in the home than men (Melancon et al., 2015). This gives rise to a dilemma as family-oriented institutions in society constrain women’s ability to fulfill their professional aspirations, and parental status shapes a range of disparities between men and women in terms of wages and career progression (Chesley, 2011). For example, when will integrated marketing campaigns, such as for financial services, commonly feature women making major family buying decisions?

Global migration
A further demographic reality that service organizations need to address is global migration (Nasr and Fisk, 2018). Recently, the world has experienced an unprecedented movement of people (UNHCR, 2017). This extraordinary human displacement has occurred as people have sought to escape war, violence, persecution, human rights violations and other life-threatening events.

The UNHCR (2016) reported there are 65.6m people around the globe who have been forced from their homes; 22.5m people are refugees and with half under the age of 18 years (UNHCR, 2017). As refugees move from low- to high-income countries (IOM, 2005), they are confronted by substantial discrimination, negative stereotyping and prejudice (Petaloza, 1995; Australian Human Rights Commission, 2010). Refugees experience further marketplace vulnerabilities because they are often forced to settle into new social and cultural environments not of their choosing. This often requires them to make involuntary changes to their food consumption and lifestyle (Dharod et al., 2013). Other studies on specific marketplace vulnerabilities of migrant groups detail problems with language proficiency and linguistic isolation (Adkins and Jae, 2010), issues in advertising comprehension (Korgaonkar et al., 2000) and consequences (positive and negative) of representing ethnic minorities and immigrants in print advertising (Taylor et al., 2005). Here, again the likelihood of intersectionality must be noted, whereby migrant women face multiple and complex vulnerabilities and are likely to be victims of exclusion.

Migrants exhibit different service expectations compared to mainstream, native consumers (Stevenson and Plath, 2006) primarily because they have little experience with the host country’s service systems and culture. This lack of experience creates further vulnerabilities for the migrant population. Migrant consumers, particularly those from developing countries, may lack marketplace knowledge, which reduces their service expectations and utilization of services. Critically, migrants’ lack of customer service experience negatively affects their access to services, most notably, in health
services (Davis et al., 2017). Additionally, migrants are often vulnerable due to the intersectionality of a lack of insurance and education, lower health literacy, lack of transportation, and conflicting cultural, religious, and language preferences (Holmqvist and Van Vaerenbergh, 2013).

These challenges are heightened among the least acculturated migrants in host countries, with research indicating that acculturation levels directly influence migrant use of healthcare services (Davis et al., 2017). This means refugees will encounter substantially greater challenges than voluntary migrants in accessing health services. As refugees, they are likely to have escaped war, poverty and human rights abuses and may be psychologically distressed or physically injured. Such circumstances will influence their ability to access services and thus achieve a better quality of life. Addressing migration-related health inequalities is a critical pathway to avoiding service exclusion. Refugees represent a distinct group of vulnerable consumers because they lack access to social, cultural and economic resources, which further compounds vulnerability (Lee et al., 1999; Shultz and Holbrook, 2009).

**Calling for service inclusion**

Social exclusion may never be completely eliminated. However, service exclusion can be significantly reduced by designing service solutions that respond to human diversity and by making resources available to consumers that facilitate access to services. The result will be improved individual well-being and quality of life across the population. The historical evolution of social exclusion, coupled with the fragmented nature of studies on service exclusion and the challenges associated with the current demographic trends, requires rethinking current service research priorities. The models and frameworks that represent the bedrock of service research (e.g. service quality, service failure and recovery and servicescape) were not built on a foundation of human fairness. The service field has not addressed how service organizations can extend service quality to all consumers, including those who enter service establishments or systems with disabilities, vulnerabilities, non-traditional roles, or refugee and migrant status.

In service research, terms such as consumers and customers represent a universal consumption entity that responds to corporate initiatives. Further, themes such as reasonable accommodations, impairments, access or fairness are largely absent from the service literature. Consequently, the conventional logic regarding services is often inapplicable when considering the needs of excluded customers.

More importantly, given the TSR priority of improving well-being through service (Ostrom et al., 2015), eliminating service exclusion and its detrimental impact on individuals’ and societies’ well-being (Poku et al., 2017) is long overdue. For example, research shows that a person’s appearance or name can result in a recruiter consciously or unconsciously failing to shortlist a candidate for university admission (Wolff, 2017). Indigenous women often refuse to give birth in hospitals because they are poorly treated, sometimes resulting in needless deaths of women during childbirth (World Bank, 2013). Many consumers have multiple identity axes (such as gender, sexual orientation, race and class), which may intersect and influence the well-being of individuals. This multidimensional nature is often overlooked in the study of transformative services (Corus and Saatcioglu, 2015). Further, consumers may lack relevant knowledge, resources and social networks when they interact with service providers, exacerbating disadvantages and resulting in stereotyping and discrimination that can result in unproductive, stressful and harmful service encounters (Corus and Saatcioglu, 2015). These examples highlight the need for developing new service priorities and inclusive practices that would help elevate people’s well-being. Fundamentally, service inclusion needs to be an overarching moral norm for service provision by 2050.
Defining service inclusion

The concept of service inclusion is built on social inclusion. Humans live within multiple social systems, which are all service systems (Fisk, 2009). This means that services are always embedded within “socio-cultural ecosystems,” which are a “critical and under-researched area of well-being” (Anderson and Ostrom, 2015, p. 244). Thus, to define service inclusion, the authors draw from studies on social inclusion within several different domains, including education (Sosu and Rydzewska, 2017), health (Davey and Gordon, 2017) and management (Folguera, 2014; Reis et al., 2017), among others. Since social inclusion is “people driven” as is service inclusion, surveying the definitions of social inclusion is helpful in defining service inclusion. Table I presents selected definitions of social inclusion within these different areas.

Table I shows that when the perspective of inclusion is adopted, the emergent themes are consistent with the goals of TSR, that is, to improve consumer well-being and societal welfare through service. These themes include the ability to participate fully in society and the existence of options or choices. Individuals are respected, barriers and burdens are removed or reduced, opportunities are available, dignity is respected and identity is retained. Drawing on these definitions of social inclusion and taking a customer experience perspective (Lemon and Verhoef, 2016), service inclusion is defined as an egalitarian system that provides customers with fair access to a service, fair treatment during a service and fair opportunity to exit a service.

Two elements of the definition of service inclusion are particularly noteworthy. First, referring to service inclusion as “an egalitarian system” presumes sustained and systematic efforts toward service inclusion by 2050 and beyond. Thus, service inclusion should evolve and embrace societal trends and problems as they arise. Second, in using the

<table>
<thead>
<tr>
<th>Source</th>
<th>Domain</th>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licsandru and Cui (2018)</td>
<td>Ethnic marketing</td>
<td>Subjective social inclusion</td>
<td>“The individual’s feelings of belongingness to a host society in which he/she feels accepted, empowered, respected and fully recognized as an equal member” (p. 332)</td>
</tr>
<tr>
<td>Davey and Gordon (2017)</td>
<td>Mental health</td>
<td>Social inclusion</td>
<td>Giving all people the opportunity to participate in society</td>
</tr>
<tr>
<td>Sosu and Rydzewska (2017)</td>
<td>Education</td>
<td>Educational inclusion</td>
<td>To remove barriers to learning for all students</td>
</tr>
<tr>
<td>Andrade and Doolin (2016)</td>
<td>Information and communication technology</td>
<td>Social inclusion</td>
<td>People’s right to the capabilities that they value in constructing meaningful lives</td>
</tr>
<tr>
<td>Folguera (2014)</td>
<td>Organizational behavior</td>
<td>Social inclusion (at work)</td>
<td>“How organizations, groups, their leaders and their members provide ways that allow everyone, across multiple types of differences, to participate, contribute, have a voice, and feel that they are connected and belong, all without losing individual uniqueness or having to give up valuable identities or aspects of themselves” (p. 12)</td>
</tr>
<tr>
<td>World Bank (2013)</td>
<td>Sustainable development</td>
<td>Social inclusion</td>
<td>Improving the ability, opportunity, and dignity of people, disadvantaged on the basis of their identity, to take part in society</td>
</tr>
<tr>
<td>Sayce (2001)</td>
<td>Mental health</td>
<td>Social inclusion</td>
<td>“A virtuous cycle of improved rights of access to the social and economic world, new opportunities, recovery of status and meaning and reduced impact of disability” (p. 122)</td>
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Table I. Selected definitions of social inclusion
word “fair,” it must be acknowledged that “fair” is perceived and interpreted individually by consumers. Inclusion assumes acceptance (Reis et al., 2017), but the actual experience of inclusion is based on people’s perceptions that they are accepted and respected regardless of their group and/or individual identity (e.g., social status, ethnicity, gender, sexual orientation and disability). Inclusion means that the person actually feels included (Reis et al., 2017) as determined by the individual from within their own frame of reference and based on their specific life experiences.

As noted above, the social inclusion concept is consistent with TSR philosophy, which emphasizes the effects of service on people’s lives, most particularly on their emergent and subjective sense of well-being (Anderson et al., 2013; Rosenbaum et al., 2011). However, it is rare for definitions of social inclusion to explicitly consider the perception of inclusion as experienced by an individual (Licsandru and Cui, 2018). Perceiving fairness is a cornerstone of effective inclusion (Reis et al., 2017), but evidence that people do not perceive “fair value” occurs across many service settings; for example, in health, education, information, water and sanitation (Poku et al., 2017). Such contexts include ethnic minorities (Gebauer and Reynoso, 2013) and many billions of impoverished (Fisk et al., 2016).

Therefore, in conceptualizing service inclusion, the focus is on an individual’s perceptions of service inclusion because fair value has to be determined by an individual (Vargo and Lusch, 2016). However, social and organizational contexts affect power relationships and, therefore, experiences in service interactions (Corus and Saatcioglu, 2015), so service design has to take account of these levels. Additionally, an intersectionality paradigm – which conceptualizes social identity, not as independent axes of demographic classification but as interlocking structures of privilege and oppression – will have important implications for service inclusion as it is germane to service research that matters and for scholars who choose to investigate systemic inequality.

Finally, the questions arise as to who determines “fairness,” and are fairness and inclusion related or mutually exclusive? It can be argued that inclusion will reflect fairness if the objective criteria to determine fairness are acceptable at all levels. For example, women having lower wages or fewer employment and promotion opportunities mean that they will have lower pension savings or eligibility. At the base level of wage comparability to pension entitlement, this may seem “fair,” but at the higher level of societal welfare, it is unfair. Similarly, disadvantaged and vulnerable customers who are accustomed to low levels of service quality and have low expectations may consider that they are being treated “fairly” when, in fact, societal-level objective criteria suggest that they are not. Thus, the argument is presented that fairness and inclusion are intertwined. Inclusion provides an element of “fairness,” but for true fairness to be realized service design needs to be inclusive at every level – individual, community and state. Such multilevel service systems can play a vital role in human well-being.

The four pillars of service inclusion
The authors contend that service inclusion is multifaceted and comprises four key pillars: enabling opportunities, offering choice, relieving suffering and fostering happiness. For service inclusion to be realized by 2050, each of the pillars needs to be solidly constructed and built upon. Table II provides a definition for each of these pillars and an inclusive practice example.

Enabling opportunities
The “enabling opportunity” pillar refers to “empowering people by providing access to services and the ability to receive and co-create valued services.” This concept is derived from the work of Normann (2001) who proposed that service is only effective when it enables customers to think, feel or do things that they could not do before. Hence, the
The concept of “empowerment” is at the core of this pillar. By enabling opportunities, service organizations can reduce the number of disadvantaged and vulnerable consumers. Most importantly, inclusion enables opportunities for vulnerable consumers to become value creators rather than victims of disservice.

**Offering choice**

The “offering choice” pillar refers to “providing people with viable choices between different service offerings, along with giving people the choice to opt out of services should they desire.” As such, the right to choose is at the core of this pillar. Individuals should not be coerced into specific services, nor should they be captive within services (Rayburn, 2015). Rather, they should be given the freedom to choose among competing services and the freedom to leave a service as desired. Therefore, service providers should design persuasive tactics rather than coercive tactics when co-creating services. This will provide customers with the needed control and empowerment to be on equal footing with the service provider during a co-creation process.

**Relieving suffering**

The “relieving suffering” pillar refers to “providing fair access to essential services that fulfill basic human needs (e.g. the need for water, food, and shelter) in diverse service contexts.” Nasr and Fisk (2018) proposed the concept of “relieving suffering” as an overlooked TSR outcome. To date, most of the TSR literature has focused on “improving well-being” as mentioned in the definition of the field. However, there is a fundamental need to focus TSR on including the idea of “relieving suffering” in the definition of TSR and in subsequent TSR research. Nasr and Fisk argued that the sole focus on improving well-being is shortsighted because it assumes a level of well-being already established via basic service systems.
Service exclusion prevents people from meeting their essential human service (food, water and shelter) needs by prohibiting them from access to education, healthcare and legal services, stopping them from securing employment and housing, forcing them into discrimination and inequitable treatment within service experiences, offering poor integration into new service systems and exhibiting discrimination in service delivery.

Fostering happiness

The “fostering happiness” pillar refers to “encouraging people to experience the pleasure that services can provide (hedonic well-being). This includes co-creating ‘happy’ service interactions by welcoming and accommodating all consumers within a positive environment.” The extensive research conducted on dysfunctional behavior in sociology, psychology and other behavioral science fields has largely ignored or disregarded the role of human strengths, optimal functioning and flourishing (Youssef-Morgan and Luthans, 2015). However, the emergence of positive psychology (Seligman, 2002) has shifted the focus of many academic disciplines from “negativity” toward “positivity.” People are inherently attracted to what is inspiring, positive and uplifting (Cameron et al., 2003). In this respect, all human systems desire to experience the good and the positive. As services are designed to deliver value, an inherent part of this value should be fostering positivity and happiness. By encouraging an environment of happiness, services will contribute to enhancing the positive subjective experiences (e.g. satisfaction, hope and optimism), positive individual experience (e.g. positive individual traits such as interpersonal skills, wisdom and originality), and positive institutions and communities (service systems and concepts) (Seligman, 2002).

Each pillar is necessary, but insufficient, for the achievement of service inclusion. The service inclusion pillars are necessarily broad concepts, yet they are interrelated. This interrelationship can be captured through a “bridge” metaphor (Figure 1). All four pillars of a bridge, connecting service providers and customers, are necessary for it to achieve its purpose of “service inclusion.” For example, refugees can suffer due to a lack of full access to services that provide for their basic human needs (Nasr and Fisk, 2018), which can be addressed by enabling opportunity. Moreover, these opportunities should be delivered in a positive environment that fosters their happiness and dignity. Subsequently, they should be enabled to make a choice as to which service to enter and exit accordingly. It is only by nurturing and cultivating all four pillars that true service inclusion can occur.

Moving to socially inclusive service systems

To achieve true service inclusion via the four pillars of service inclusion, there is a need for developing inclusive multilevel service systems that contribute positively to people’s well-being. The ultimate focus on improving well-being is nested in TSR. Drawing on the work of Ryan and Deci (2001), Anderson et al. (2013) categorized well-being as either eudaimonic (the realization of potential harmony) or hedonic (involving pleasure and happiness, and pain avoidance). In this categorization, one’s judgments of well-being depend on a person’s own particular social context, frame of reference and available social structures (Edvardsson et al., 2011). In addition to being socially bound, well-being judgments can be made at multiple levels. Scholars often use macro indicators (e.g. access to

![Figure 1. The four pillars of service inclusion](image-url)
resources, literacy, health or quality of life), but well-being also concerns subjective assessments of the meso and micro levels of the environment.

The meso level concerns how one perceives his or her place in society (Hall et al., 2014). Such perceptions include more objective measurements like social hierarchy and minority status, as well as less standard measures like “life chances” or the general prestige of their life circumstances. Hall et al. (2014) suggested that the micro-level of consumer–service interaction is built on personal reference points and the psychology of individuals. As individuals subjectively interpret service experiences in their own context, their future practice is influenced, which may promote or hinder participation and fair access in an ongoing cycle of sensemaking (Ellway and Dean, 2016).

When the well-being of individuals is enhanced, the well-being (or general welfare) of their communities and societies is improved (Anderson et al., 2013). That is, “individual wellbeing contributes to societal wellbeing, while societal wellbeing enables individual wellbeing” (Kuppelwieser and Finsterwalder, 2016, p. 96).

Discussing multiple levels of value creation, Chandler and Vargo (2011) argued that service provision at the micro-level needs to be understood in the context of service provision and service exchange relationships at the macro level, with the outcome of increased well-being for all beneficiaries. Thus, service inclusion seeks to integrate excluded or potentially excluded members of society at all levels and contexts. Indeed, Fisk et al. (2016, p. 44) stated that “service research will be more robust when it applies to the entire human species.”

Design for service inclusion
Moving to socially inclusive service systems requires tools and methods for fostering service inclusion, which is why design for service inclusion is proposed. Service design is a multidisciplinary field with a wide range of tools and methods for creating and improving service systems. The design science approach is adopted (Van Aken, 2004, p. 224): “The mission of a design science is to develop knowledge for the design and realization of artefacts, i.e. to solve construction problems, or to be used in the improvement of the performance of existing entities, i.e. to solve improvement problems.” The construction problems of service inclusion are to design new service systems that are fully inclusive. The improvement problems of service inclusion are to redesign service systems to enable them to become fully inclusive.

This paper recommends the holistic, complex service design approach for service systems advanced by Patrício et al. (2011) and recently extended to the Service Design for Value Networks approach (Patrício, de Pinho, Teixeira and Fisk, 2018). Patrício et al. (2011) created the MSD method, a tool for service design at three system levels: service concept, service system and service encounter. The MSD method provides a paradigm shift to higher levels of understanding of service systems, relationships and interactions. MSD is superior to prior approaches because it is not driven solely by resource efficiencies or by specific service encounter needs. Next, the three hierarchical levels of the MSD method are considered.

Service concept
The service concept level is the highest level of MSD. The service concept emphasizes context and recognizes that “value is co-created with a network of organizations beyond the firm’s boundaries” (Patrício et al., 2011, p. 185). The value constellation recognizes that everyone exists within a network (or, more accurately, many interconnected networks) and opportunities for value creation are influenced by the positioning of the service offering within that constellation. By understanding and using these networks, firms can design or redesign their service concept.
Returning to the trend of an aging population, many seniors may seek gym services. However, a gym is simply a means to maintain physical health; and its place in the service concept may well be determined by both its facilities and more importantly by other organizations in the customer’s value constellation. Examples might include access to trainers, physiotherapists, medical clinics, health information or group activities. Thus, the service concept of the gym is embedded in a design space that will differ based on the varying needs of consumers. Service inclusion requires recognition of those individual and collective socio-cultural situations (Edvardsson et al., 2011) and the fact that “value is always uniquely and phenomenologically determined by the beneficiary” (Vargo and Lusch, 2016, p. 18).

Service system
Once the service concept is designed, the firm develops the service system: the configuration of people, technologies and other resources (Patrício et al., 2011). Designing these areas requires structural and resourcing decisions by firms, which affect consumers’ opportunities and choices. While design of the service system is firm oriented, design science emphasizes the social context as well as technical aspects of design, and the need to cultivate a deep understanding of problems.

As previously discussed, many service organizations fail designing service settings for inclusion. For example, visually impaired customers often experience challenges with self-service technologies in contexts such as hospitality and tourism. Additionally, hotels may fail to consider how visually impaired customers, such as elderly consumers with macular degeneration, will navigate in either a physical or virtual domain.

Service encounter
The third and lowest level of MSD is the service encounter. Service encounters are moments of interaction, or touchpoints, between the customer and the firm. As such, it requires details of the interaction setting, the interaction process and the role of each participant. Many service organizations fail to design service encounters that are inclusive from start to finish. For example, the biases of frontline employees in handling a particular service encounter with a minority representative portray exclusion at the service encounter level. A recent Starbucks scandal involving two African-American customers in Philadelphia, USA is an unfortunate example of service exclusion of a minority at the service encounter level.

Overall, MSD involves defining the service concept, followed by design of system levels, and then design for each encounter. Its three levels represent: value offerings in the customer’s context, options that the firm can offer and how they are combined, and what happens in practice at the individual interaction level.

While MSD and other service design methodologies have been published (Patricio et al., 2011; Patricio, de Pinho, Teixeira and Fisk, 2018; Teixeira et al., 2017), very few prior methodologies specifically target service inclusion. Thus, numerous opportunities exist for researchers to tailor one or more existing methodologies to address the unique challenges of service inclusion. Inclusiveness needs to be built into each of the three levels of the MSD approach – the service concept, service system and service encounter – so that service design becomes human centered, holistic and creative (Blomkvist et al., 2010). Developing methods for including diverse customers in the design process is essential to such efforts. The complexity of designing solutions to service inclusion problems should be of interest to many social science disciplines. An interdisciplinary design method (MINDS) (Teixeira et al., 2017) built on the foundations of the MSD method may be one tool for interdisciplinary service inclusion design.
Most service design literature has focused on smaller scale service systems, such as organizations and their customers. While this research is valid, many of the most serious problems of exclusionary service systems can only be addressed if service design researchers investigate nation-state service systems. These systems exercise a profound influence on the birth, life and death of their citizens. On a broad level, nation-state service systems constitute the basis of any consumer’s value constellation (the networks, relationships and resources), which determine the extent to which the four pillars of service inclusion can be realized.

Acemoglu and Robinson (2012) argued that nations prosper or fail based on two institutional forms: inclusive and extractive. Inclusive economic institutions foster economic activity and prosperity, while extractive economic institutions are designed to extract income and wealth, which impoverishes portions of society to enrich other portions of society. The fundamental reason that nations fail is because their economic and political systems are designed for extraction. Government interventions and services are required to overcome this bias, to establish norms whereby all people have access to basic services such as healthcare and education, and to develop more inclusive welfare states. Earlier discussion suggested the possibility of worsening exclusion for consumers worldwide. Governments have a responsibility to develop new service systems or transform existing service systems to reverse these trends.

Acemoglu and Robinson (2012) also showed that extractive institutions are inherently unsustainable because of inevitable power struggles, whereas inclusive institutions are sustainable because inclusion creates a level playing field that encourages technological innovation. Patrício, Gustafsson and Fisk (2018, p. 11) argued that “To achieve the aspirational goals of transformative service research, service design and innovation scholars need to learn to design and innovate at larger scales.” Patrício, de Pinho, Teixeira and Fisk (2018) further emphasized the importance of actor participation at multiple levels to understand the goals of different actors and potential conflicts between those goals, such as efficiency vs well-being outcomes. This approach should serve to foster inclusion by heightening the needs and concerns of different actors and highlighting the issues and tensions between inclusion and exclusion. Clearly, at the macro level, nation-states have overpowering influence over patterns of inclusion or exclusion in their economies. Thus, the topic of how nation-states should design or redesign their service systems to improve service inclusion in the future deserves considerable research by the service research community.

A research agenda for service inclusion
The challenge of meeting the service needs of all humanity requires new approaches to designing the service concepts, systems and encounters. Given the diversity of the theories and methods used in service research (Benoit et al., 2017), the service field is well equipped to tackle the overlooked issue of service inclusion. In this section, the authors propose a transdisciplinary research agenda for achieving service inclusion by 2050. Every service should use MSD to strengthen its ability to serve the broadest spectrum of human beings and to enhance the well-being of those that they serve. Since well-being is individual, this approach requires directly including consumers in the design or redesign of service systems.

Given that little research has been conducted on inclusive services (an exception is Dickson et al., 2016), there are many important research topics that need to be pursued to make service inclusion a reality in the future. “Promising areas for future research on service inclusion” presents potential research questions specific to the four pillars of service inclusion and offers several overarching research questions on MSD and public policy research for service inclusion.
Pillar-specific research questions:

(1) Pillar 1 – enabling opportunity:
- How can technology (e.g. artificial intelligence) facilitate the design of services to enable opportunity in various service contexts (e.g. for the vulnerable, consumer with disabilities or refugee consumers)?
- What are the barriers for organizations to implement governmental legislation that enables fairer opportunities (such as the ADA)? How might services be designed to eliminate these barriers?
- How can market segmentation that includes the intersectionality paradigm inform and improve service design by better serving the needs of consumers with vulnerabilities arising through age, gender, race, religion or literacy, which might reduce their capacity to use service systems (e.g. aging issues combined with sensory and physical deterioration)?
- How will making a service organization more inclusive affect the existing customers? Under what circumstances could it cause a more heterogeneous customer mix and/or cause some existing customers to exit?
- What services need to be designed to facilitate transition points in the lives of disadvantaged people, when they do not usually have access and or the ability to use “conventional” services (e.g. leaving prison, young people leaving care)?

(2) Pillar 2 – offering choice:
- How can services be designed to offer and extend consumer choice, particularly in contexts where there is excess demand (e.g. the homeless) and intersectionality (e.g. homeless women)?
- How can we facilitate co-creative service design, where those being served also participate in the systems planned to offer a variety of service solutions to their problems? How can service users become co-designers of a range of services to meet their needs?
- How can the challenges of accommodating increasingly diverse human characteristics and needs be met (e.g. mobility issues, hearing difficulties when in public spaces)?
- How can technology facilitate the availability of choices (rather than exacerbate exclusion) (e.g. provide consumers with trustworthy knowledge of service offerings)?
- How can intergenerational exclusion based on gender, sexuality or race be prevented to ensure future generations are empowered and included? How can this occur within and across micro-meso-macro structural levels to enhance individual well-being and wider societal transformations toward inclusivity?
- How can service research draw on the intersectionality paradigm to design services, particularly technology-based services – to offer access and flexibility – based on the multiple dimensions of women’s needs and interests?
- How can service researchers work with consumers to co-create optimal service choices in both brick-and-mortar services and in internet services?

(3) Pillar 3 – relieving suffering:
- How can service systems be designed to ensure that all human beings have all their basic needs met? What role can new technologies play in relieving suffering?
Are there any values and beliefs of those experiencing service exclusion that prevent recognizing opportunity and embracing change?

What design changes to service concepts, service systems and service encounters can eliminate systemic bias?

How can service organizations best understand the service expectations of excluded consumers?

When service delivery is designed to prioritize standards of service quality informed by the needs of many (over the few), what changes or options can be made to prioritize flexibility and responsiveness for the needs of vulnerable consumers?

(4) Pillar 4 – fostering happiness:

How can we conceptualize and measure the happiness generated by inclusive service interactions at the individual level and at the aggregate level?

How can “happy services” (such as entertainment, hospitality, tourism, event and sports organizations) be designed for service inclusion?

How can service employee training be designed to maximize inclusive and happy interactions?

How can service design foster happiness while ensuring that the many hardships experienced by vulnerable consumers are respected by service providers?

Overarching research questions:

How can scientific methods improve the concept and measurement of fairness in service systems?

How can the degree of service inclusion be measured across service systems?

How can academic–practitioner collaboration to insure service inclusion be fostered?

What are the benefits of inclusion and the repercussions of exclusion on societal, collective and individual well-being? What are the emergent priority areas for service design?

What are the implications of consumers’ membership in multiple and interacting axes of social categories with respect to service access, service encounters and well-being? How can service research and service providers analyze and address such disadvantages?

How do micro-level (e.g. gender) and macro-level (e.g. social stigma) factors impact one another and contribute to vulnerability and service exclusion in different contexts? What new or changed services might reduce such impacts?

Can cross-cultural comparisons be used to highlight best practices in design for service inclusion?

How can technology architecture and navigation (and possibly big data) be used to ensure service inclusion rather than further service exclusion, e.g., the digital divide?

While demographics are the fundamental variety of the human population, they are too often tools of exclusion. How can service design change this to focus on adaptive inclusion across the many varieties of human differences and needs?
• How can exploration of intersectionality at the concept level (consumers’ service ecosystems), structural level (service system) and interpersonal level (service encounters) elucidate public policy needs and management of services?
• How might governments intervene to reverse the possibility of service exclusion worsening worldwide?
• How can service and design research contribute to establishing new societal norms in different contexts?
• Is it possible to design a science of service ethics for nation-states?

Conclusion
This paper presents a transformative, human-centered approach to understanding service exclusion and designing for service inclusion. Service inclusion was defined as an egalitarian system that provides customers with fair access to a service, fair treatment during a service and fair opportunity to exit a service. A history of service exclusion, demographic trends that exacerbate exclusionary practices, a design method for service inclusion and a research agenda for advancing service inclusion were discussed. Design for service inclusion is a necessary concept and method for transforming all service systems into inclusive life-affirming experiences.

Service inclusion means that all customers have the ability to receive the same level of value that is inherent in a marketplace exchange. Thus, inclusive services are built on pillars that enable opportunities, offer choices, relieve suffering and foster happiness for all participants in the service system (customers, employees, communities, etc.). This contributes to enhanced well-being at individual and collective levels.

Service inclusion should be a moral imperative for service organizations, systems and nation-states. If such a moral imperative became a global service norm, services would become as inclusive as possible by 2050. The authors realize that service inclusion may sound like a fantasy to some, especially given today’s prevalence of exclusionary marketplace policies and practices. However, our paper shows practitioners that they can design inclusive services and service systems. By doing so, service organizations (commercial, non-profit and governmental) can contribute to individual, societal and global well-being, even if the moral practice of service inclusion takes until 2050.

By advocating that service norms, policies and practices should be transformed to include the full diversity of the human species by 2050, a new era of service thinking is envisioned where organizations that practice inclusive behaviors are classified as services and any organizations that practice exclusionary behaviors are classified as disservices. Fundamentally, every human being should have full rights to be served. To fail to serve is not only discrimination, it is disservice. As service organizations design the life-affirming practice of service inclusion into every aspect of their service system, our species will steadily benefit from these fundamental improvements in human well-being.

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Design for service inclusion


Further reading


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