

## **MANAGING CUSTOMER ROLES IN SERVICE ORGANISATIONS: AN AUSTRALIAN PERSPECTIVE**

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### **INTRODUCTION**

The management of customer roles is a topic which attracts considerable discussion (Zeithamel & Bitner, 1996; Baron & Harris, 1995). Some professional and other complex services rely heavily on customer input in the service delivery process (eg. builders, architects, interior decorators, doctors). It could be argued that customer inputs could be optimised by effective management of customer roles.

Prior research (Dean, 1997) has shown that there is a positive correlation between customer participation and customer satisfaction. File et. al (1992) demonstrated a link between customer participation and positive word-of-mouth. Mills et. al. (1983), Bowen (1986), Mills & Morris (1986) have also shown that using customers as partial employees can improve productivity for providers as well as improving both service quality and perceived satisfaction. These important relationships point to a need for further research into how customer participation in service delivery might best be managed.

### **RESEARCH OBJECTIVES**

The primary objective of the research was to determine whether a relationship exists between customer role management, levels of satisfaction, and profitability in the professional/complex service environment. The research explored the incidence of techniques used to communicate customer role and participation expectations, the reasons for their existence, and their perceived impact on satisfaction, repeat business/word-of-mouth, and profitability. Comparisons would be drawn between medical and non-medical providers.

### **INTERIM FINDINGS**

Interim findings indicated that organisations were generally unaware of the concept of role management as a strategy to improve customer satisfaction. Generally, some form of role management did occur, though it was not identified or understood as such. Where role management did occur, the techniques had evolved over time with the experience of conducting many service encounters and from wishing to deliver services more efficiently. Their introduction was generally not motivated by marketing or customer satisfaction ideals. Non-medical organizations seemed more internally focused with prime motivations being to save professional time and minimise organisational frustration. In comparison, some medical practitioners had developed an ethos of caring and providing patients with as much information as possible prior to surgery to alleviate fear, and hence pain and suffering. Role management was not necessarily developed as a result of business practice ideals.

Role management techniques varied and included, for example, verbal briefings, personalised letters, forms for completion, and brochures. The techniques also varied in the sophistication of their delivery. There was little acknowledgment or realisation that these were, in effect, customer role management strategies and that they could be an important part of services marketing activity. This was evidenced, for example, by the lack of general regard paid to the contribution of any documentation to corporate image.

References are available on request.