



Service system well-being: Conceptualising a holistic concept

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Service system well-being: Conceptualising a holistic concept

Abstract

Purpose: This study develops a concept of service system well-being by presenting its collective conceptualisation and ten key domains.

Design/methodology/approach: Service system well-being domains were established using multi-level theory and a qualitative case study research design. To validate the domains initially developed from the literature, 19 in-depth interviews were conducted across two case studies that represented the service systems of a hospital and a multi-store retail franchise chain. A multi-stakeholder approach was used to explore the actor's perspectives about service system well-being. Key domains of service system well-being were identified using deductive categorisation analysis.

Findings: The findings found evidence of ten key domains of well-being, namely, strategic, governance, leadership, resource, community, social, collaborative, cultural, existential and transformational, among service system stakeholders.

Research limitations/implications: Service system well-being is a collective concept comprising ten domains that emerged at different levels of the service system. The propositions outlined the classification of, and inter-linkages between the domains. This exploratory study was conducted in a limited service context and focused on ten key domains.

Practical implications: Service managers in commercial and social organisations are able to apply the notion of service system well-being to identify gaps and nurture well-being deficiencies within different domains of service-system well-being.

Originality/value: Based on multi-level theory, the study is the first to conceptualise and explore the concept of service system well-being across multiple actors.

Keywords: service system, collective, well-being, multi-stakeholder

Introduction

Improving individual well-being has recently gained traction as a key tenet in service research (e.g., Ostrom *et al.*, 2015). Service scholars are particularly interested in understanding how different actors in a service system co-create or co-destroy value and its link to the improvement in their well-being. As a result, an emerging stream of research (e.g., Mende and Van Doorn, 2015; Sweeney *et al.*, 2015) has focused on developing knowledge of individual-level processes (behaviours, attitudes and perceptions of customers/service providers) that facilitate manifestations of well-being among individuals in a service system. Despite this knowledge, the approach centered on individual level processes is narrow. The socio-structural and system characteristics that may influence the co-creation/destruction of individual well-being are rarely considered. There is a need to acknowledge the broader context; a service system in which individuals are nested is interrelated, interdependent and is inter-subjective in nature.

In other words, service systems need to be viewed as a composition of employees, communities, and customers nested at different levels (i.e. macro-meso and micro) in the system, and it is argued that by virtue of their interrelationships, they share a common destiny (Subramony, 2017). This recognition is important for the development of insights into how an entire system performs and supports embedded actors in achieving a collective well-being that in turn influences outcomes that relate to individual well-being. Specifically, the inter-linkages between macro, meso and micro levels of well-being manifestations, and how they contribute to a holistic notion of well-being has rarely been explored (Gallan *et al.*, 2019). Future research needs to support an understanding that well-being is a collective phenomenon rather than an individual pursuit (e.g., Kuppelwieser and Finsterwalder, 2016). Against this background, the aim of this study is to develop a better understanding of the collective notion of service system well-being.

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3 A service system which has also been called a value-creating system, is an arrangement
4 of resources including people, technology and information (Spohrer *et al.*, 2008). The
5 function of a service system is to use its own resources and the resources of others to nest
6 together in a system to improve its collective well-being. Thus, individuals, groups,
7 organisations, firms and governments can all form parts of a service system and jointly create
8 value if they act, bring resources to bear and work with others in mutually beneficial ways.
9 The well-being literature (e.g., Diener *et al.*, 1999) has suggested that individuals assess their
10 personal well-being by evaluating their level of satisfaction with the present conditions in
11 different areas of their life, such as work, and social and personal spheres. These evaluations
12 partly assess the availability of resources to fulfil the need to achieve desired levels of well-
13 being in particular spheres (Diener *et al.*, 1999; Headey and Wearing, 1991). The present
14 study complements this individualistic view by conceptualising service system well-being as
15 the extent to which a system (including all nested actors) evaluates its present conditions in
16 terms of fulfilling its needs and contributing to the betterment of itself and others in the
17 system. This conceptualisation represents actors' assessments of the capabilities of a system
18 to fulfil their needs.

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40 A service system represents a microcosm of larger societal contexts and serves as a unit
41 of analysis for the assessment of collective well-being of nested actors. It characterizes a
42 value-creating constellation of resources that allows the investigation of socio-cultural
43 contexts. It reflects the interdependence of multiple actors nested at different levels of the
44 system and the interrelationships between institutional processes and logics that can serve as
45 resources to achieve the actualisation of collective and individual well-being. Thus, a service
46 system is a kind of holding environment, in which collective well-being emerges as an
47 organic whole, where all actors create together for each other's benefit (Martela, 2014). An
48 overall holistic focus on the collective embodies a more transformational approach towards
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3 cultivating well-being through the acknowledgment of interactions between multiple actors
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5 (Subramony, 2017). Adopting a holistic approach on well-being is critical to gain an
6
7 understanding of the status-quo between individuals and the collective well-being. This helps
8
9 to design service value propositions that improves the quality of life for individuals or
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11 collectives, or develops well-being intervention initiatives to activate behaviour change that
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13 contributes to societal well-being. In doing so, this paper contributes to emerging research
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15 related to transformative services and social marketing that focuses on improving the quality
16
17 of life for individuals and societies (Russell-Bennett *et al.*, 2019).
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21 Very few marketing studies have developed insights into well-being. Service scholars
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23 have generally focussed on individual well-being, adopting subjective and objective
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25 measurements of well-being which have originated from the literature on positive psychology
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27 (e.g., Diener *et al.*, 1999). Previous studies have associated well-being at various levels that
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29 may include the community or individuals. However, when examined individually, these
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31 models do not incorporate the elements of a system, and are unable to highlight the nuances
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33 of well-being (Anderson *et al.*, 2013). This research considers contextual and individual
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35 elements that have been previously investigated in silos, so as to conceptualise a more
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37 comprehensive suite of system well-being domains that are based on organisational research
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39 and the well-being literature. To address this knowledge gap, this study posits the following
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41 research questions: What are the different domains of service system well-being? (RQ1) and
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43 How does service system well-being manifest itself for different actors at different levels in
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45 the system (RQ2)?
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51 This study contributes to service research in the following ways. First, the notion of
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53 collective well-being is conceptualised through the application of a multi-level theory
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55 approach to the emergence of service system well-being. Second, through an extensive
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57 review of the literature that has been validated by empirical findings, this study develops ten
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3 service system-specific domains and highlights the emergence processes at each service
4 system level. Third, this paper presents a richer theorisation through the development of four
5 propositions that classify service system well-being domains across the macro, meso and
6 micro levels. This helps to establish linkages using bottom-up and top-down influences
7 between the levels and domains, thereby helping to address several research calls within the
8 service literature (Anderson and Ostrom, 2015). Fourth, a multiple-stakeholder (or multiple-
9 actor) perspective is adopted to identify how different stakeholders perceive service system
10 well-being.
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21 The remainder of this paper is organised as follows. First, individual and collective
22 perspectives in the literature on well-being and their use to advance contemporary discourses
23 on service are discussed. Second, the conceptualisation of service system well-being and its
24 domains are discussed using the examples of two case studies from the healthcare and retail
25 service sectors. Third, the paper summarises key findings and offers four propositions that
26 reflect the classification and inter-linkages of the key domains across the three levels
27 considered: macro (institutional), meso (service network) and micro (actor). The paper
28 concludes by presenting implications for service research and practice.
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43 **Literature review**

44 *Individual well-being*

45 Well-being has been approached in various ways across different cultural, regional, historical
46 and philosophical landscapes. Aristotle described the pursuit of well-being as the attempt to
47 seek some good through every line of enquiry, action and decision. Other concepts of well-
48 being include 'welfare', 'quality of life' (QOL), 'flourishing' and 'thriving' (Diener *et al.*,
49 2010; Liang and Wang, 2014). Discussions of what is, or is not in someone's interest, and
50 what benefits that person is common to the idea of well-being. The concept consists of both
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3 hedonic and eudemonic dimensions (Ryan and Deci, 2001). The hedonic dimension
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5 represents the attainment of happiness through the achievement of desired life conditions and
6
7 gaining material pleasures, while the eudemonic dimension signifies the achievement of
8
9 meaning in life, personal growth, belonging and autonomy and becoming one's best self in
10
11 one or in all of the life domains (Ryan and Deci, 2001). These dimensions are interconnected
12
13 and important for one's well-being.
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17 The literature offers various measures for capturing both types of well-being, but the life
18
19 domain approach is predominant. Quality of life (QOL) scholars identify a list of five
20
21 common domains (emotional, health, social, material and work) for assessing individual-level
22
23 well-being (e.g., Cohen *et al.*, 2016; Cummins *et al.*, 1994). In the marketing literature,
24
25 consumer well-being is defined as satisfaction stemming from the acquisition, possession,
26
27 consumption, maintenance and disposition of consumer goods (Lee *et al.*, 2002). An
28
29 alternative perspective from the anti-consumption literature posits that material possessions
30
31 diminish consumers' well-being since consumers face an incongruent identity and lack of
32
33 control (Lee and Ahn, 2016). In the service-dominant logic discourse, well-being is assessed
34
35 based on the adaptability and survivability of a system through the service of others (Vargo *et al.*
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37 *al.*, 2008). While individuals in a service system co-create well-being, they can also
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39 intentionally or unintentionally co-destroy it. Overall, at the individual level, the notion of
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41 well-being lacks an acknowledgement of the individual's experience of the broader
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43 contextual interrelations that influence well-being.
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50 51 *Collective well-being*

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53 Disciplines such as education, sociology and youth studies conduct well-being research
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55 focusing on the collective level. Appendix I illustrates interdisciplinary conceptualisations of
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57 collective well-being. According to Suh and Sung (2009), collective well-being refers to the
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3 sense of satisfaction or happiness that is derived from or is related to the collective dimension
4 of the self. Studies have argued for collective self-efficacy, social inclusion and social capital
5 to assess holistic well-being (e.g., Schalock *et al.*, 2016). Liu *et al.* (2018) suggested that
6 collective well-being among teachers is a consequence of their own societal contributions and
7 their externally recognised value. Practitioners conducting policy development and national
8 happiness studies also covered different perspectives on collective well-being. Governments
9 and practitioners evaluate nations' well-being with indices such as citizens' perceptions of
10 their health, access to community services and mortality statistics (Beaumont, 2011).
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21 Likewise, research that advocates for an understanding of relationality in an
22 organisational system suggests that shared well-being within an organisation is characterised
23 by relationships among individuals. It emerges from and is co-constructed by two or more
24 participants (Martela, 2014). A systems approach means that organisational phenomena are
25 not reducible to individual causes but must emerge from iterative interactions among
26 different parts. This can lead to nonlinear dynamics and can appear in systemic patterns (e.g.,
27 Jackson, 2003). Baccarani and Cassia (2017) described how customers' simultaneous
28 participation in multiple service ecosystems can impact on their well-being. Thus, customers'
29 accumulated well-being experiences contribute to system well-being by means of their
30 connections within multiple service systems as part of a broader ecosystem.
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44 Specifically, within service marketing, system-based conceptualisations have gained
45 attention among scholars. Coverage of these studies include parts to the whole, from objects
46 to relationships, from structures to processes and from measuring to mapping thereby
47 creating holistic perspectives (Vargo *et al.*, 2017). A systems view offers deeper insights into
48 the complexity of phenomena. Barile *et al.* (2016) suggested that it is necessary to determine
49 how actors and resources interact within a system setting to gain a better understanding of an
50 emergent market's properties. There is a need to shift from a dyadic perspective characterised
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3 by customer engagement (van Doorn *et al.*, 2010), to one that focuses on complex
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5 interrelated systems of services (Maglio *et al.*, 2009), or a system seen as communities and
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7 organisations that are jointly creating value (Subramony, 2017), and is being widely
8
9 recognised in the service research and practice.
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12 Taking a holistic approach makes it possible to bridge the gap between micro and macro
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14 views regarding well-being, and entails gaining an understanding of the interrelationships
15
16 between actors and processes at each level (e.g., micro). This potentially leads to subsequent
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18 (e.g., meso and macro) level effects that enables collective well-being. Such an approach is
19
20 unique within the service literature. Therefore, it is necessary to facilitate and develop
21
22 effective well-being interventions at the service system level, and to adopt a holistic view on
23
24 well-being (Gallan *et al.*, 2019; Ostrom *et al.*, 2015). Nonetheless, little research has
25
26 considered whether service providers that adopt consumer well-being initiatives yield similar
27
28 positive impacts for each system level. For instance, the facilitation of well-being at one
29
30 system level may cause unintended negative effects at another level (Kuppelwieser and
31
32 Finsterwalder, 2016), leading to value co-destruction. Furthermore, actors may assess their
33
34 personal well-being as being distinct from the collective well-being. Currently, empirical
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36 studies that use a multi-actor perspective to unravel the actor-defined nature of service system
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38 well-being, or to identify unique well-being domains for the assessment of collective well-
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40 being is lacking. To fill this knowledge gap, a multi-level theoretical framework (Kozlowski
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42 and Klein, 2000) can assist in the theoretical conceptualisation of service system well-being
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44 as a collective construct. In doing so, it can complement the individual perspective of well-
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46 being.
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57 **Conceptualising Service System Well-being**

58 *Service system well-being as a collective concept*
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3 Drawing on the management literature (e.g., Hitt *et al.*, 2007), this study applies key
4 principles of multilevel organisational theory building (c.f. Kozlowski and Klein, 2000) to
5 conceptualise service system well-being in the following ways. First, it is assumed that
6 individual actors in a service system are nested within different networks of actors (e.g., in
7 work or social groups), which in turn are nested in larger networks (e.g., organisational units
8 or departments) that are nested in larger networks (e.g., ecosystems). In other words, all
9 entities that are nested within different levels are influenced by each other's actions,
10 behaviors, resource levels, norms, and practices. As a result, service system well-being
11 represents an aggregated perspective of nested actor's assessment of a system's present
12 conditions in terms of fulfilling its needs and contributing to the betterment of itself. The
13 emphasis is on assessing the status quo of actor's perceptions of the system's well-being at
14 each level. Second, different domains of service system well-being are developed. The
15 domains are contextual in nature and identify variances in actor's evaluations of macro-,
16 meso-, and micro-level well-being. Domain-level well-being can be evaluative (Kuykendall
17 *et al.*, 2015) and aggregated to obtain a general score for overall well-being (e.g., Kahneman
18 *et al.*, 2004). However, the well-being domains identified in the literature (e.g., Cohen *et al.*,
19 2016; Cummins *et al.*, 1994) are specific to assessing individual well-being rather than the
20 aggregated well-being of a service system.

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45 In line with organisational behavior and the service and well-being literature, this study
46 proposes that there are ten domains of service system well-being: strategic, governance,
47 leadership, resource, community, social, collaborative, cultural, existential and
48 transformational well-being (see Table I). Each domain carries a shared meaning between
49 actors within a service system, that is, the meaning of each domain remains homogenously
50 similar. For instance, the collaborative domain represents actor's satisfaction with how easy it
51 is to form collaborations with multiple others in a system. Collaborative well-being, whether
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3 positive or negative, emerges from a shared homogenous perception of actors within the
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5 service system. In line with the compositional process of multi-level theory, collective
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7 perception of well-being in a single domain should emerge when the evaluations of the well-
8
9 being of all individual actors converge. A compositional process involves the convergence of
10
11 similar lower-level properties to yield a higher-level property that is essentially the same as
12
13 its constituent elements (Kozlowski and Klein, 2000). Furthermore, each domain represents
14
15 the evaluation of the fundamental characteristic of well-being such as through hedonic and/or
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17 eudemonic perceptions. That is, each well-being domain can be assessed hedonically
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19 according to the material pleasures/pains (Ryan and Deci, 2001) perceived by the actors.
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21 Actors can assess the domains eudemonically, or via their perceptions that represent the
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23 alignment of their true selves, personal values, life purpose, meaning, autonomy and positive
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25 relatedness.
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31 Third, this study theorises that the emergence of these domains originates from one level
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33 of the service system but is relevant to the other levels with varying degrees of strength.
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35 Three different levels namely macro-level (institutional), meso-level (service network) and
36
37 micro level (actor) illustrate the origins of the domains and their significance. In doing so,
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39 this study establishes inter-linkages between the domains through top-down or bottom-up
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41 influences. From the top-down perspective, domains at the macro level influence those at the
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43 meso or micro level, while it is the opposite for the bottom-up perspective. Over time, these
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45 service system well-being domains result in bidirectional influences on each other and help to
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47 sustain overall service system well-being.
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3 The following section presents the method applied in this paper. It illustrates how the ten
4 domains of well-being manifest in service systems, and their level of importance in the
5 evaluation of the collective-level phenomena of service system well-being.
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10 11 12 **Method**

13 14 *Data collection*

15 The study utilized a qualitative, exploratory case study approach, which allows for the
16 development of an understanding of a complex phenomenon in a real-life context (Yin, 2014).
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20 The use of multiple cases allows for cross-case comparisons to refine and build evidence for
21 the constructs (Eisenhardt, 1989), and the use of in-depth interviews helped to explicate the
22 theoretical concepts drawn from the literature. Qualitative in-depth interview data were
23 collected from two of the representative service systems. The first sample was from a
24 Taiwanese public regional hospital with approximately 1000 employees that consisted of
25 medical divisions that ranged from general medicine to general surgery. The hospital had
26 been granted a certificate for taking quality care of patients with intensive and difficult
27 medical needs, and its aim is to become a regional medical research centre in the future.
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39 The second service system that was examined was a convenience store chain that offers
40 food, drinks and a variety of services (including automated teller machines, postal services,
41 dry cleaning and utility and credit card bill payments). This company has 3000 locations in
42 Taiwan. This company has introduced many new and innovative services to the market. For
43 example, it offers a rewards program for its customers via online membership registration.
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The amount customers spend in stores accumulates using points that can be used toward
redeeming vouchers, discounts or other benefits. Taiwan is a suitable country context to
examine for two reasons. First, the country is classified as a developed country given its
economic and QOL metrics (Ministry of Economic Affairs, 2018). Second, Taiwan is a

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3 worldwide leader in several areas, including high technology and innovation industries
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5 (Investopedia, 2019) and has a world-class national medical insurance system (Rosenberg,
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7 2019).
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10 The healthcare and retail industries are seen as suitable case contexts for this study. They
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12 share similarities in terms of the complexity of their organisational structure (e.g., both have
13
14 frontline and backstage employees), service administration (e.g., require collaboration
15
16 between frontline and backstage employees'), customer orientation and fierce market demand
17
18 and competition to allow for their generalisability across the conceptual domains. However,
19
20 they are also unique in terms of their involvement in the nature of care for patients in
21
22 hospitals, and their low involvement in retail, which allows for the exploration of a diverse
23
24 range of issues in this research study (Mays and Pope, 1995).
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27
28 A multi-actor approach was taken to interpret the domains of well-being within each
29
30 service system. This approach helps to map interrelations and interdependences between
31
32 actors, shared meanings and processes, resources and logistics in a service system (Letaifa
33
34 and Reynoso, 2015). The conceptual examination of different stakeholders aligns with a
35
36 system perspective of value co-creation that recognises the involvement of multiple actors
37
38 (Vargo and Lusch, 2016). Purposeful and snowball sampling were used to recruit five key
39
40 groups of stakeholder participants for each case: higher management, middle management,
41
42 frontline employees, external stakeholders (i.e., government or volunteers) and external
43
44 service customers.
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49 The researchers first approached potential participants through personal networks of
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51 employees who fitted the criteria for stakeholders pertaining to each level. The purposive
52
53 sampling strategy ensured that there was logical generalisation and maximum application of
54
55 information (Patton, 2002). Subsequently, the application of snowball sampling enabled
56
57 access to different social groupings required for each level. The participants were asked to
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3 identify individuals within each level whom the researchers might approach to participate in
4
5 their study (Berg, 1988). Ultimately, ten in-depth interviews were undertaken with
6
7 participants from the hospital, and nine were completed with participants from the
8
9 convenience store retailer. The list of participants is provided in Table 2. Some examples of
10
11 the questions used to guide the semi-structured interview included: Tell me about your
12
13 overall experience in this organisation? This can include positive and negative experiences.
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15 What does a well-functioning organisation mean to you? Do you believe you are working in a
16
17 well-functioning organisation?
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28 *Data analysis*

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30 Audio-recorded interviews were transcribed verbatim by a professional transcriber who was
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32 fluent in Mandarin Chinese. Two bilingual researchers then translated the findings from
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34 Mandarin Chinese to English and verified the translations. The interview transcripts were
35
36 analysed via content analysis using NVivo software. The software helped to organise and
37
38 structure the categorisations, as well as indicating the relationships between the predefined
39
40 domains. The data were coded using an a priori thematic focus of the ten domains developed
41
42 in the previous theoretical research. Two researchers and a research assistant undertook the
43
44 independent coding and individual analysis. A third researcher organised the findings relative
45
46 to the key categories. The data analysis included reviewing the transcripts and categorising
47
48 the quotations to be used in reference to the predefined categories (Elo and Kyngäs, 2008).
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50 Deductive analysis was used to assess how the quotations related to the categories (Schreier,
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52 2014). Further, inductive reasoning allowed the deductive codes and definitions to be revised
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54 and refined to account for concepts that were not accounted for (Damschroder and Forman,
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3 2007). Following an iterative negotiated process, the researchers compared their
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5 interpretations and discussed the discrepancies in their analyses to reach consensus
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7 (Damschroder and Forman, 2007). The constant comparison method sharpened the
8
9 conceptualisations through refined definitions and established the evidence for each domain
10
11 (Eisenhardt, 1989). After the categories were coded, patterns of linkages were explored
12
13 across levels for each of the categories (Miles and Huberman, 1994). Cross comparisons
14
15 enabled richer insights to be made into how each of the categories manifested (Eisenhardt,
16
17 1989).
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20 21 22 23 24 **Findings**

25
26 The following section presents findings related to the ten domains of system well-being. The
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28 section first presents excerpts from interviews with hospital personnel, followed by
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30 statements from actors of the convenience store to illustrate each of the domains. While the
31
32 analysis attempts to provide well-categorised domains, potential spill-overs may exist
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34 between domains and not all domains may weight equally across actors. Following the
35
36 findings, this study offers four key propositions about the classification of the domains across
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38 the three levels and their inter-linkages.
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45 **1. Strategic well-being** exists when a system supports its actors to pursue new
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47 opportunities and goals that benefit them and the system. Strategic well-being was clearly
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49 articulated by actors at the senior levels, that is, by service leaders. This suggests that
50
51 different actors at different levels perceive the existence or significance of strategic well-
52
53 being differently. For instance, in the hospital service system, Respondent B (Medical, Senior
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55 management) outlined a clear vision for the hospital and pathways to achieve this vision. The
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3 establishment of an academic medical centre reflected a long-term opportunity that the
4
5 system was seizing to bring forward.
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8 “We are currently a well-developed regional hospital. Our aim is to upgrade to an
9
10 academic medical centre. To pursue this aim, we must not only care about patients’
11
12 health, but we also need to fulfil the requirements of local and central governments...

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14 This way, we are able to achieve the aim from a broad perspective. We aim to become a
15
16 medical centre in three years” (Respondent B).
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21 With the retailer, Respondent R (Retail, Customer) assessed strategic well-being based
22
23 on the disaggregated observations of actions undertaken by the system. A sense of the
24
25 evolution and growth of the system was evident.
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28 “I think that the company’s main competitor, with their products and services, they used
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30 to always come first. The store used to lag behind. Now it seems to have caught up, they
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32 are always developing different products and they have different capabilities. I feel the
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34 company is improving” (Respondent R).
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40 **2. Governance well-being** exists when a system provides well-functioning central
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42 regulatory and administrative policies and procedures that enable smooth operations for its
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44 actors. Respondent B (Medical, Senior management) described the internal human resource
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46 and financial processes that enable the organisation to function well. The discourse involved
47
48 an assessment of governance well-being for the whole system of internal structures and
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50 control (i.e., employment, recruitment and financial status).
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54 “Our current system is not at all bad. In our process of employment and recruitment and
55
56 based on our financial status, the system is quite healthy and well established”
57
58 (Respondent B).
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6 At the convenience store, Respondent M (Retail, Middle management) elaborated on the
7
8 sense of safety and security that arises from well-established human resource policies offered
9
10 by his service system. Good governance offers environmental clarity and meets the human
11
12 desire for stability and protection (Pouw, 2018). The discourses highlight an overall sense of
13
14 stability within the system (i.e., following procedures) and actors gaining emotional value,
15
16 such as feelings of security and peace of mind resulting from their positive assessment.
17

18
19 “Working here, I feel stable. Every employee here cares about safety. Do I feel like there
20
21 is job security? I feel like our company is very stable. Human resource conditions have
22
23 made improvements. Actually, this company gives us peace of mind” (Respondent M).
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28 **3. Leadership well-being** exists when a system has leaders who motivate, provide
29
30 support and behave in fair and egalitarian ways with the actors. Leaders offer individuals
31
32 direction, provide a sense of purpose and help guide their behaviors (Thoits, 1983). Within
33
34 the hospital, Respondent D (Medical, Middle management) contrasted two leadership
35
36 approaches undertaken by leaders within the service system. The respondent was appreciative
37
38 of a personal ‘buddy’ relationship with a leader, which enhanced his work efficiency, and
39
40 another leader who was more autocratic and demanding that potentially influenced his
41
42 negative evaluation of strategic well-being (i.e., strategic goals).
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46 “One of our leaders, he treats me as his ‘buddy’. Things that he asks me to do, I will do it
47
48 very quickly. In return, he generally satisfies my requests....As for another leader, he
49
50 follows the requirement and sets many standards to meet the goals of a research
51
52 centre...We want to satisfy his demands, but he does not tell us about the carrots
53
54 [benefits]. He tells us there is a mission and we have to follow it. I feel it is harmful...to
55
56 me it seems quite commercial”. (Respondent D)
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5 The quote suggests that Respondent D receives social value and has a full range of needs
6 fulfilled (e.g., leadership and social well-being domains from one of the leaders), which
7
8 appears to have helped him maintain an equilibrium in his well-being and continue to
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10 participation (Sirgy and Wu, 2009).
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17 In regards to the convenience store, Respondent R (Retail, Customer) positively evaluated the
18 store managers because of their approachability. Overall, when actors perceive leadership
19
20 well-being within a system, they feel positive and optimistic.
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23

24 “I think the store managers I meet these days are quite good [assessment of
25 managers] ...my classmate is also working for the company. I think the store managers
26 are quite young; it feels that way. When I visit, my classmate is standing and chatting
27 next to the manager, or the manager will tell us, ‘He is inside restocking goods’, and he
28 will tell him, ‘Your classmate is here’ and go get him” (Respondent R).
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38 **4. Resource well-being** exists when a service system provides actors with access to
39 resources to fulfil their roles and to perform their day-to-day activities. A continued resource
40 flow grants a sense of control over resources and provides autonomy. At the hospital,
41
42 Respondent F (Medical, Frontline employee) discussed the frustrations she encountered in an
43 embarrassing situation where resources (e.g., computers) failed to operate effectively,
44
45 affecting her job. The nurse provided a negative evaluation of resource well-being, as poor-
46
47 quality resources impede operational efficiency and resulted in embarrassment, thus also
48
49 suggesting the potential for the destruction of value.
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3 “In terms of resources, it may be that the computer sometimes does not work... When I
4
5 log in, and the system is not working, it leads me to an embarrassing situation where I
6
7 cannot retrieve a patient’s blood testing report” (Respondent F)
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11
12 At the convenience store, contrasting views were provided by Respondent P (Retail,
13
14 Frontline employee) who stated that the availability of resources endowed by their service
15
16 system, such as communication tools (e.g., mobile phones) and technological platforms for
17
18 sales operations, enabled a well-functioning communication system and service processes.
19
20 Hence, job resources offered by the service system that are specific to technology appear to
21
22 be critical, and assists in well-being by reducing job demands that are functional in achieving
23
24 the work goals (Bakker and Demerouti, 2007).
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28 “We have a lot of resources, for example, our company’s technological system is good.
29
30 Our system includes instant sales, ordering and reminder ordering” (Respondent P).
31
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35 **5. Community well-being** exists when systems provide actors with wider networks and
36
37 a sense of belonging to the community. At the hospital, Respondent G (Medical, Frontline
38
39 employee) illustrated how past patients such as obstetrics patients often return to give cakes
40
41 to their former nurses as tokens of appreciation for assisting at the birth of their children,
42
43 resulting in positive emotional value with positive affect (‘feeling good’). Such events
44
45 actualise community well-being in the form of reciprocity, informal support and affection
46
47 from others.
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51 “Sometimes, we receive baby full moon ceremony gifts from mothers who remember us.
52
53 You don’t have to take it, but you feel good” (Respondent G).
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3 At the convenience store, Respondent O (Retail, Lower management) recognised the
4 importance of maintaining good external relationships with government officials to allow the
5 system to function effectively. The comments suggest that wider networks improve service
6 systems by achieving complementarities in resource integration and reciprocal benefits
7 (Gummesson and Mele, 2010). Thus, community well-being creates value by elevating
8 interactions within the network and enabling resource transfer and matching.
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17 “Since we are a large organisation, we need to maintain a good relationship with the
18 government. If government officials often come to you, it can get problematic. So, we
19 will need to maintain these relationships” (Respondent O).
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28 **6. Social well-being** exists when a service system provides actors with social
29 connections and a sense of connectedness within the system. This facilitates social
30 connections, affection and mutual bonding (Keyes, 1998). At the hospital, Respondent G
31 (Medical, Frontline employee) discussed empathy that was extended to her from a colleague
32 who knew her from her previous work division as she had experienced stress and
33 unhappiness in her new role.
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41 “I was assigned to this division (Health Check) without my consultation. I don’t know
42 why they [leaders] did that. At that point, I only knew half the work content....I don’t
43 like the work....I had no working partners....I tried to learn the work myself; I consulted
44 colleagues from other divisions, asked for help from government officials, read relevant
45 regulations.... So far, patients who were thankful comforted me. My colleague from my
46 previous division chats with me occasionally. Whenever she sees me getting too busy,
47 she makes me a cup of tea. That warms my heart” (Respondent G).
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3 Her narrative suggests that there was a deficit in leadership well-being, while social well-
4 being and other domains (e.g., community and transformational well-being) played
5 compensatory roles that circumvented value co-destruction. Thus, it seems that high saliency
6 was perceived across multiple domains that helped balance the overall system well-being
7 (Sirgy and Wu, 2009).
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16 At the convenience store, Respondent R (Retail, Customer) commented that she had
17 experienced camaraderie and kindness in her social interaction with service employees at the
18 store. Social connections provide meaning and support and prevent personal isolation (Keyes,
19 1998). In this situation, the retail service system fulfils her social needs that offer actors value
20 through feelings of comfort as well as promoting resource integration.
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28 “I think we are friends. I feel that they are kind to me. I sometimes go into the stores just
29 to see what they are doing. When I meet someone I am more familiar with I observe
30 what they are doing and talk about trivial matters, making jokes like, ‘Hey, work
31 harder!’....Sometimes I visit them to socialise, I sometimes feel lonely, and I go in just to
32 chit-chat with them” (Respondent R).
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43 **7. Collaborative well-being** exists when actors experience well-functioning
44 relationships in a service system. At the hospital, Respondent A (Medical, Senior
45 Management) reflected on the general difficulties associating with communicating and
46 integrating knowledge with physicians (i.e., other actors). The patriarchal relationships within
47 clinical contexts (across levels) makes it difficult to foster a collaborative approach (Carter,
48 1994), resulting in a perceived lack of collaborative well-being.
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3 “I personally feel that the training of physicians tends to be more romantic [idealistic].
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5 Sometimes, when we try to communicate with them, they tend to have their own
6
7 opinions, and they are unlikely to take our advice 100%” (Respondent A).
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12 At the convenience store, Respondent Q who is an external government stakeholder,
13
14 (Retail, Government employee) commented that collaborative well-being involves the
15
16 effective participation of multiple actors across different departments, and this contributes to
17
18 a sense of collaborative well-being. There appears to be positive emotions of strong
19
20 admiration for others and pleasure from those who are working in this service system, which
21
22 indicates a spill-over between community and collaborative well-being. These thriving
23
24 interrelationships signify effective resource integration and enhance positive well-being.
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28 “The department that undertook our project is the planning division; however, to
29
30 implement the project, they need to work with their procurement, legal, finance and
31
32 marketing departments. So this is a cross-department project. I feel good working with
33
34 the company because I know it will meet our project’s KPIs. I feel that their internal
35
36 collaboration is not bad...at least they always deliver on their promises. (Respondent Q)
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42 **8. Cultural well-being** occurs when a service system provides actors with a strongly
43
44 shared understanding of the rules, norms of exchange, practices, beliefs and values that offer
45
46 a guiding framework for resource exchange. Within the hospital context, Respondent E
47
48 (Medical, Middle management) discussed how staff joined forums to exchange and share
49
50 resources, and spoke of how meaningful such service delivery experiences were. This
51
52 suggests that cultural well-being has emotional benefits and strengthens the interconnections
53
54 that enable the service system to flourish (Spreitzer *et al.*, 2005).
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3 “We host new staff forums once every month. The meeting forum enables staff to put
4 forward their views. We also try our best to help them resolve their concerns. In these
5 seminars, nurses are able to share life moments. For example, we buy birthday cakes for
6 our colleagues, and we post the photos on Facebook to show off” (Respondent E).
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15 Interestingly, the convenience store service system highlights the role of human resource
16 practices in creating the system’s cultural climate, and as a result, it affects cultural well-
17 being. For example, Respondent O (Retail: Lower management) mentioned that sports
18 meetings, family days and travel subsidies were included as part of the employee’s
19 employment benefits. Evidently, human resource conditions influence employee experiences
20 and functioning at work (Guest, 2017). The following comments support the belief that
21 cultural well-being can boost social well-being,
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31 “The company will arrange...we have an annual company sports meet, we have family
32 days, which are more like the company’s corporate retreat. We also have departmental
33 travel benefits...When you attend, it is easier to get to know people and it at least
34 provides you with an opportunity to get to know others” (Respondent O)
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45 **9. Existential well-being** exists when a service system provides actors with a strong
46 sense of purpose that is congruent with their own values and aspirations and can help them
47 realise their true potential. At the hospital, Respondent G (Medical, Frontline employee)
48 expressed that there was a lack of purpose and meaning in her service role: she felt her role to
49 be mechanical, mainly consisting of pressing buttons for patients. This diminished her sense
50 of self-accomplishment and suggested that the service system was unable to help realise her
51 potential as a professional.
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3 “I feel nothing close to a professional. I merely press a button that shows a number for
4 patients to be called into the examination room. I feel very little sense of accomplishment
5 or that I am a professional” (Respondent G).
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12 In the convenience store, Respondent S (Retail, Customer) expressed that there was a
13 sense of the value of social impact that the organisation had orchestrated through a donation
14 app scheme, in which the company encouraged their customers to donate points towards
15 social causes that they could not exchange for rewards.
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22 “Now they are promoting their app to encourage us to collect shopping points [reward
23 points]. Then they encourage us to donate any odd points [insufficient points to exchange
24 for rewards] back, and they will in turn donate food and necessities to charity groups. I
25 feel I am driven to do something good by donating my odd points” (Respondent S).
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33 Where the service system provides a clear purpose, such as in creating a social impact,
34 actors are prepared to contribute to the betterment of the overall system in ways that express
35 altruism by donating points. In both cases, these excerpts reflect motivation and drive, as well
36 as the sense of purpose (or lack thereof) of the actors.
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45 **10. Transformational well-being** reflects a system that provides actors with
46 opportunities for growth through learning. Learning facilitates personal growth through the
47 satisfaction of the actor’s psychological needs, such as autonomy and competence (Ryan and
48 Deci, 2001). At the hospital, Respondent F (Medical, Frontline employee) described the
49 education and training opportunities that were available to nurses. Her comments suggest that
50 service system can afford learning opportunities for actors.
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3 “We are given some education and training every month. Outside of the hospital, you can
4
5 check for information on external websites if you are interested” (Respondent F).
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10 At the convenience store, Respondent K (Retail, Senior management) described how the firm,
11
12 as a system, prioritises training through education and affords opportunities at the lower level
13
14 to study retail operations in another country. Overall, the discourses suggest that
15
16 transformational well-being of a service system emphasises learning and personal
17
18 development that results in better well-being outcomes.
19

20
21 “We offer education training and we nurture talent. ... For example, we encourage our
22
23 employees to initiate new projects and for project initiators, we offer rewards. ... Even if
24
25 you are a part-time employee, you get overseas training opportunities to study retail
26
27 operations.” (Respondent K)
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33 Overall, these findings have illustrated that resource exchange, interdependent processes
34
35 and interrelationships among actors facilitate service system well-being. The findings clearly
36
37 support the existence of the ten domains of a service system. It is also evident that each
38
39 domain is important for collective well-being to exist, because these domains are not
40
41 mutually exclusive but rather inter-linked together. Thus, the domains have shared meaning
42
43 among the actors, yet varies in their degree of importance for those at different levels of the
44
45 service system. While some domains are institutional level arrangements, others have
46
47 network and actor-level characteristics, and this implies that the domains can be categorised
48
49 according to their origin in the service system. Consequently, this study proposes four
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51 propositions that reflect the categorisation and inter-linkages of the domains and visually
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53 depicts these in Figure 1.
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----- Insert Figure 1 -----

Proposition 1: A service system's institutional arrangements give rise to institutional domains of strategic, governance, leadership and resource well-being.

It can be inferred from the findings that strategic, governance, leadership, and resource well-being were perceived to be macro-level domains that originated from institutional arrangements. Institutional arrangements form the context that supports and guides both individual and collective decisions (Kleinaltenkamp *et al.*, 2019). These surround the strategic directions, governance structures, institutional architecture and resource planning that occurs at a macro level. In the findings, actors (e.g., the leadership team) were able to evaluate clearly the status quo of institutional-level domains. This helped make the level of well-being within the domains more pronounced at other levels. These domains were also relevant at the meso and micro levels. However, actors may experience their relevance differently at each level. That is, this depends on how leaders may strengthen institutional-level domains and communicate its purpose to other actors nested in the service system. For example, retail customers may experience strategic well-being through the salience of constant changes. Overall, institutional domains seem to originate from institutional arrangements. These domains may support other domains by providing resources and guiding frameworks for resource integration that maintains well-being equilibrium within the service system.

Proposition 2: A service system's network exchanges give rise to service network-domains of community, social, collaborative and cultural well-being.

Similarly, it appears that the meso level of the service system facilitates the domains of collaborative, cultural, community and social well-being. Exchange networks may emerge

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3 between actors, cross-functional teams, and departments that facilitate and shape domains at
4 the service network level. These domains have network characteristics, and offer social
5 structures for actors to participate in ongoing resource exchange (Laud *et al.*, 2015). Its
6 effective functioning depends on relational exchanges between individuals and groups across
7 different levels of the service system. Service network-level domains offer opportunities to
8 create social capital for an individual or collective in a system. Institutional-level domains
9 support network level domains and provide a guiding framework for resources and
10 governance structures to draw on when creating social capital for their effective functioning.
11 Likewise, network level domains support the micro level by offering a relational context in
12 which actors embed themselves and contribute to the well-being of a system. In this way, any
13 service system represents a social organisation in which culture, community, the social
14 environment and collaboration are fundamental features that contribute to actor's well-being.
15 Therefore, evaluating its status quo is imperative when assessing the service system well-
16 being. The service network level domains may emerge when actors contribute by
17 participating in networks of exchange. This can have a significant impact on enabling
18 resource integration processes that facilitates well-being at both individual and collective
19 levels.
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45 **Proposition 3: A service system facilitates personal enrichment that gives rise to actor-**
46 **centric domains of existential well-being and transformational well-being.**

47 A sense of purpose and self-realisation help guide actors within a service system to live
48 enriched lives (Ownsworth and Nash, 2015). One's need for a sense of purpose, and to learn
49 and grow are beyond material or hedonic needs that might not been fulfilled by domains at
50 institutional or service network levels. Individuals align themselves with a service system that
51 offers them a congruent sense of purpose, as well as learning opportunities to enable them to
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3 grow. Therefore, existential and transformational well-being domains are important as actor
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5 centric domains. The effectiveness of these domains depends on the close alignment between
6
7 an actor and the overall sense of purpose and meaning that the service system facilitates.
8
9 Within these domains, actors evaluate whether the system supports them to achieve their
10
11 personal aspirations and consequently, attain existential well-being. Similarly, service
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13 systems that offer learning opportunities that are consistent with personal learning goals help
14
15 individuals perceive transformational well-being. In addition, other domains at institutional
16
17 and network level domains support the manifestation of existential and transformational well-
18
19 being. In summary, actor centric domains assist actors to extend themselves as part of the
20
21 collective identity within a service system. Consequently, this assists in the contribution
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23 toward the betterment of the overall service system well-being.
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31 **Proposition 4: Bi-directional (top-down and bottom-up) and interlinked influences exist**
32 **among well-being domains, contributing to overall service system well-being.**
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35 Collectively, service system well-being reflects the manifestation of inter-linkages between
36
37 the ten domains. The inter-linkages are a result of bi-directional influences that the domains
38
39 have toward each other. For example, institutional-level domains enable processes that create
40
41 a top-down effect on the domains of other levels while both the micro/actor-level and service
42
43 network-level domains may influence institutional-level ones. Thus, a perceived lack of
44
45 resource well-being at the institutional-level domain may influence service network patterns
46
47 (e.g., cultural well-being) or learning opportunities (e.g., transformational well-being).
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51 Similarly, an ineffective collaborative or cultural well-being could affect the institutional-
52
53 level domains when actors do not follow rules or policies, or engage in extreme forms of
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55 value co-destruction such as strikes. Hence, the influences are bi-directional, where one level
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57 contributes towards and supports other levels, ultimately resulting in the whole-system well-
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3 being. In addition, it is possible for these domains to exert impacts within different levels. For
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5 example, transformational well-being may entail learning opportunities that are offered to
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7 actors to help them grow personally and may help them to achieve a sense of purpose, which
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9 in turn may have spill-over effects that induce a sense of existential well-being. Therefore,
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11 the ten domains have spill-over effects and bi-directional influences that ultimately shapes the
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13 collective well-being of the service system.
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20 21 **Theoretical implications**

22 This study adopts a systems perspective to account for collective well-being as a cumulative
23
24 evaluation of whether life is going well for all actors who are nested in a service system.
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26 Service system well-being represents the aggregate perception of actor assessments of the
27
28 system in terms of the fulfilment of their collective, and by implication, the satisfaction of
29
30 their individual needs. Thus, the system-based conceptualisation contributes to the knowledge
31
32 about how collective well-being emerges in a service system. The multi-stakeholder
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34 evaluation undertaken in this study departs from the current research that typically focuses on
35
36 an individual actor's assessment of personal well-being. The findings demonstrate that
37
38 diverse actors in a service system may assign different levels of importance to the ten
39
40 domains. Despite variance in the experiences of service system well-being, findings about the
41
42 shared meanings of domains that manifest among actors suggest there are implications for the
43
44 ten domains that have significance for overall well-being.
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49 This paper draws on multi-level theory (Kozlowski and Klein, 2000) to theorise a
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51 compositional process in which well-being in each domain emerges and can converge to
52
53 contribute to collective well-being. This research proposes that there are four propositions to
54
55 conceptualise the inter-linkages between the macro (institutional), meso (service network)
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57 and micro (actor centric) levels of domains. This systems perspective integrates these cross-
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3 level effects and is theoretically richer and more useful for the actualisation of the domains
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5 than individual-level perspectives, which have been previously applied in the literature (e.g.,
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7 Mende and Van Doorn, 2015; Sweeney *et al.*, 2015). The application of top-down and
8
9 bottom-up approaches to understanding a service system well-being clarifies the complexity
10
11 and emergence of collective well-being and responds to calls to examine establishment-unit-
12
13 and individual-level influences by using a multidisciplinary approach (Subramony and Pugh,
14
15 2015).
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19 The findings have highlighted how the existence of, or there is a deficit in service system
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21 well-being domains that can result in co-creation or co-destruction of value (e.g., functional
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23 value in efficiency or emotional value of the positive affect). The value co-destruction
24
25 literature reinforces that value can be destroyed through interactional processes between
26
27 service systems that potentially decrease the well-being of one of the systems (Laud *et al.*,
28
29 2019; Plé and Cáceres, 2010). Similarly, this research demonstrates that a deficit in system
30
31 well-being domain(s) has potential negative outcomes for other actors in the system. In this
32
33 situation, Smith (2013) reported that customers attempt to restore resource loss to prevent
34
35 value co-destruction. This research complements this perspective to provide evidence to show
36
37 that system well-being domains play compensatory roles that help actors to achieve balance
38
39 in system well-being by meeting their needs across multiple domains (Sirgy and Wu, 2009).
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42 The implication of this is that actors seek to compensate for deficits in the domains when
43
44 there is potential for value destruction.
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49 In line with the individual well-being literature (e.g., Ryan and Deci, 2001), the findings
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51 highlight that hedonic and eudemonic interpretations of well-being can both exist at the
52
53 system level. The two types of well-being interpretations at a collective level are essential to
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55 recognise that in addition to the resource exchange that occurs for the creation of value to
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57 gain hedonic well-being, a collective purpose, as well as a shared sense of control is also
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3 valued in the service system to achieve eudemonic well-being. In addition, the findings
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5 emphasise the importance of context (such as system structures and policies) and processes
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7 (such as within-system socialisation and interactions). Increasingly, service organisations are
8
9 moving toward technology-infused service work environments using artificial intelligence
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11 and robotics (De Keyser *et al.*, 2019). This research presents a cautionary note to not
12
13 overlook domains or levels and highlights the importance of undertaking a holistic
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15 perspective that takes into consideration a combination of resources (e.g., hardware and
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17 software), as well as the effects across multiple levels such as institutional directives and
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19 service networks to facilitate system well-being.
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27 **Managerial implications**

28 The study has important implications for service management. First, it provides an alternative
29
30 perspective for managers to understand how actors view well-being at the collective level.
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32 Service organisations that provide workplace well-being programs tend to place greater
33
34 emphasis on physical and psychological health, through increasing physical activity,
35
36 providing health risk assessments and education. A shift away from economics and the
37
38 individual domain towards a more holistic approach can facilitate this transformation and
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40 enable service managers to identify deficiencies in well-being and to nurture collective
41
42 practices of well-being.
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46 Second, the study provides implications by clarifying the potential for value co-creation
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48 or co-destruction, and the compensatory effects of these domains. For example, managers in
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50 healthcare organisations and social agencies (e.g., public health or behavioural change
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52 agencies) that work on complex issues or intervention programs can possibly balance the
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54 neglected domains. This could include advancing transformational or community well-being
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56 to improve an organisation's relevance to meet the well-being needs of unique populations,
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3 such as vulnerable consumers. By contrast, sectors that seek profit maximisation (e.g., the
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5 financial sector) may achieve long-term sustainable goals through recognising system well-
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7 being needs through a holistic emphasis, as opposed to overemphasising macro-level domains
8
9 (e.g., strategic well-being) that may result in value destruction. These implications are
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11 consequential to improving quality of life and is particularly relevant to achieving social
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13 change (Russell-Bennett *et al.*, 2019), since a systems perspective allows for a more strategic
14
15 approach (French and Gordon, 2019).
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19 Finally, this study offers implications about how various actors across different levels
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21 established well-being domains differently. Service managers will be able to recognise how
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23 actors across different levels experience system well-being domains and manage challenges
24
25 associated with the well-being of each of these domains. For example, actors at senior levels
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27 clearly sensed strategic well-being. This suggests the importance of engaging in strategic
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29 planning, resource allocation and communication to ensure distinct actors strongly perceive
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31 certain domains.
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34 35 36 37 **Research limitations and future directions**

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39 This study is not without its limitations, which present avenues for future research. For
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41 instance, it used only two case studies for data collection, where a larger sample size might
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43 have supplied a richer data set. Although this study provides deeper insights into the domains
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45 of system well-being, future research should validate these findings in different service
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47 contexts. The service systems used in the study were both from the single cultural context of
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49 country of Taiwan. Hence, cultural biases, such as the bias toward conformity may have
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51 influenced these findings.
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55 Future research might be able to confirm these domains in a Western context. The
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57 qualitative nature of this study also restricts its generalisability and presents a relatively static
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3 interpretation of system well-being. While this method promotes an understanding of the
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5 complexity of the phenomena, future research can empirically validate the ten domains of
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7 service system well-being and map the dynamic evolution or weighting of the domains across
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9 time and actors. The collective conceptualisation of this study offers a basis on which to
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11 develop an inventory of system well-being. Such an inventory could be used to investigate
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13 whether different actors at different levels provide distinct assessments of their importance
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15 across various contexts given the contextual nature of co-creation of value, thereby reflecting
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17 contextual improvements in the system well-being (Vargo *et al.*, 2008).
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21 Finally, future research might empirically test the outcomes of the ten unique domains of
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23 service system well-being that may include personal well-being. In addition, given the critical
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25 role of technology in ensuring resource well-being, one potential avenue for research includes
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27 assessing outcomes such as psychological empowerment or ownership associated with
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29 technological usage.
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33 In conclusion, this study introduced the idea of service system well-being and its ten
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35 domains. The qualitative findings into these domains and presentation of the key propositions
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37 provided insights into their nature and provides the foundation for further research on
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39 collective well-being for transformative services.
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Table I. Rationale for proposing ten unique service system well-being domains.

Service system well-being domains	Definition	Rationale
Strategic well-being	<i>Extent to which a service system supports its actors to function well in seeking and seizing new opportunities and goals in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • A system's ability and intention to consider the future and develop strategies for dynamic market conditions to ensure long-term sustainability. • Strategically oriented service system proactively senses customer needs and competitor strategies, responds to them and invests in new technology for superior market performance (Narver and Slater, 1990). • Strategic orientation requires acceptance and support of a firm's employees (Kohli and Jaworski, 1990), and it affects the system's willingness to innovate and implement strategic initiatives. • Actors gain meaning and purpose as they plan for the future.
Governance well-being	<i>Extent to which a service system is able to offer well-functioning policies and procedures to its actors in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • Systematic co-ordination among actors allows the flow of resources across the system and is essential for resource exchange (Edvardsson et al., 2014). • Such collaboration is influenced by policies and procedures for co-ordination that offer interpersonal governance which impacts on actors' actions and behaviour (Edvardsson et al., 2014). • Service system provides clear rules, empowering its actors to take responsibility for their own performance (Auh et al., 2014).
Leadership well-being	<i>Extent to which a service system's leaders function well in motivating its actors to create fulfilment in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • Leaders are responsible for making decisions that can assist teams in adapting to and succeeding in competitive environments (Munir et al., 2012). • Leadership stimulates personal growth self-development and self-efficacy to achieve tasks (Ilies et al., 2005). • Actors assess their leaders on their ability to support them, be receptive towards feedback, be egalitarian in offering opportunities and provide directions and to mobilise resources when needed.
Resource well-being	<i>Extent to which a service system functions well in providing resource access to fulfil the needs of its</i>	<ul style="list-style-type: none"> • Resources are important units of exchange among actors in service systems. They provide value and

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	<i>actors nested in a way that contributes to the betterment of the service system.</i>	<p>establish well-being.</p> <ul style="list-style-type: none"> Resources form a service system’s competitive advantage (Kleinaltenkamp et al., 2012). Ability to offer access to both types of resources helps to actualise the desired outcomes and well-being in a service system.
Community well-being	<i>Extent to which a service system functions well in providing a sense of belonging, inclusion, and support within a broader external network in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> Community well-being indicates member’s satisfaction with their living conditions (e.g., community services) and sense of belonging within broader informal and formal social networks that provide access to resources and moral support in dealing with issues (Sirgy et al., 2010). Actors’ perceptions of community well-being reflects their satisfaction with the broader community to feel included and committed within the service system.
Social well-being	<i>Extent to which a service system functions well in providing social connections to fulfil actors’ needs for social integration, closeness and bonding in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> Social well-being is characterised by the quality of the actor’s social relationships due to their ability to integrate in the service system. This makes them feel that they have something in common with others (Keyes, 1998). Socially accepting actors hold favourable views of others within the service system and feel comfortable with others (Wrightman, 1991) . Assesses how actors believe in a service system’s coherence in the quality of its relationships and social structures that either enable or hinder its self-sustaining potential. A service system facilitates personal social connections, closeness, affection and bonding among actors.

Collaborative well-being	<i>Extent to which a service system builds and maintains well-functioning relationships with its actors in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • Enables the assessment of the nature of the relational constellations within a service system. • Occurs due to functional and thriving relationships via multiple actors' participation and nurtures trust and mutual recognition. • Across hierarchical levels, it manifests when relationships among people show mutual recognition and respect and the execution of appropriate power, bridging opportunities for resource integration.
Cultural well-being	<i>Extent to which a service system functions well in offering a climate that provides recognition and nurtures shared practices and values among its actors in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • Reflects actors' shared understanding of practices within a team or of organisational norms for recognising good work by fellow actors. • Cultures include normative beliefs and shared behavioural expectations in a service system (Akaka et al., 2014) . • Shared expectations give purpose and autonomy to service system actors to guide resource exchange. • Actors have shared behavioural expectations and nurture shared practices.
Existential well-being	<i>Extent to which a service system functions well in providing the actors with a sense of purpose and self-realisation to achieve their potential in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • Having a strong purpose or meaning in life that allows self-realisation (Ownsworth and Nash, 2015). • Actors perform activity that are more congruent with their deeply held values and aspirations (Waterman, 1992). • The ability of a service system to offer a strong purpose to its actors, gives meaning to their daily activity and life experiences, and the sense that their own purpose matters.
Transformational well-being	<i>Extent to which a service system functions well in offering its actors opportunities to learn and apply new (i.e., external to the service system) resources in a way that contributes to the betterment of the service system.</i>	<ul style="list-style-type: none"> • Organisational effectiveness depends on stakeholders' motivations and their ability to develop skills and knowledge that facilitates participation.(Bitner et al., 1997). • The learning opportunities offered by the environment (service system) influences self-directed learning and develops competence among actors (Hibbert et al., 2012). • Seizing learning opportunities offers a sense of purpose

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and autonomy to realise actors' personal goals.

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Table II. Participant information

Participant ID	Title	Tenure	Participant ID	Title	Tenure
Hospital			Retail		
A	Senior management	19 years	K	Senior management	23 years
B	Senior management	3 months	L	Senior management	15 years
C	Middle management	23 years	M	Middle management	12 years
D	Middle management	7 years	N	Middle management	17 years
E	Middle management	26 years	O	Lower management	5 years
F	Frontline employee	6 years	P	Frontline employee	18 years
G	Frontline employee	3.5 years	Q	External - Government employee	n/a
H	External - Volunteer	1.5 years	R	External - Customer	n/a
I	External - Volunteer	17 years	S	External - Customer	n/a
J	External – Patient	n/a			

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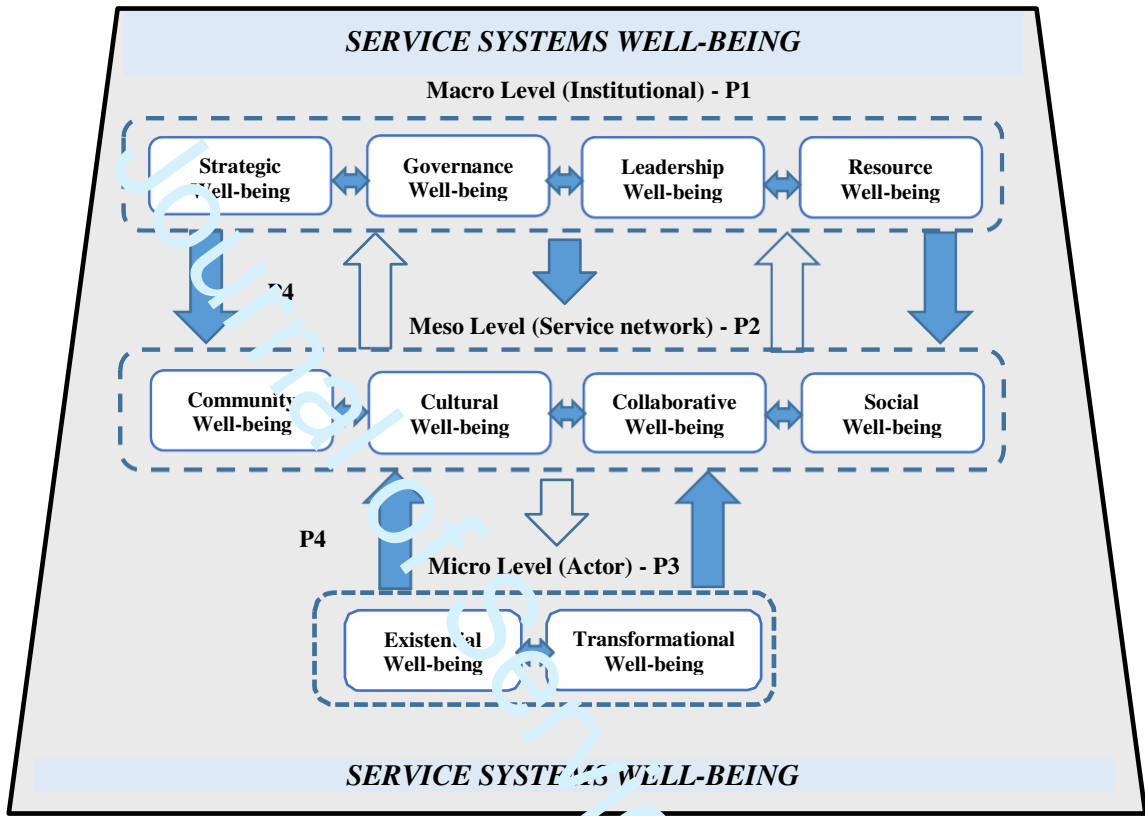


Figure 1 Service system well-being domains levels and inter-linkages

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Appendix I. Varied interpretations of the collective well-being concept in different disciplines.

Authors	Collective Well-being Conceptualisations	Collective Well-being Definitions	Collective Well-being Dimensions	Discipline
Smith (1992)	Collective well-being referred to as societal well-being	Societal well-being refers to as assessment of the question ‘how are we doing?’	Using the life events approach societal well-being is measured using distressful life events that occurs within a household in eight life domains: Health, Work, Finances, Material, Family, Law and crime, Housing and Miscellaneous	<i>Sociology</i>
Stokols (1992)			Social cohesion Sense of community Optimal states of wellness (e.g., strong feelings of personal commitment to one’s social and physical milieu, that is, a sense of rootedness)	<i>Psychology</i>
Seligman and Csikszentmihalyi (2000)	Collective well-being	At the group level of well-being, it is about the civic virtues and the institutions that move individuals toward better citizenship: such as responsibility, nurturance, altruism, civility, moderation, tolerance and work ethic.	Not applicable	<i>Positive Psychology</i>
Evans and Prilleltensky (2007)	Collective well-being	Well-being reflects a positive state of affairs in which the personal, relational and collective needs and aspirations of individuals and communities are fulfilled.	Well-being refers to a satisfactory state of affairs for individual youth and communities that encompasses more than the absence of risk	<i>Youth Studies</i>

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and is assessed by a fair and equitable allocation of bargaining powers, resources and obligations in society. Sex and race equality; universal access to high-quality educational, health and recreational facilities; affordable housing; employment opportunities; access to nutritious foods at reasonable prices; safety; public transportation; a clean environment; and peace.

Chaskin (2008)	Collective well-being described as Resilient Community Well-being	Communities can 'act' in response to adversity to protect and promote their well-being.	Not applicable	<i>Community Studies</i>
Vargo et al. (2008)	Collective well-being as system well-being	System well-being is viewed as improvement in well-being as the system adapts or the ability to fit into its environment.	Not applicable	<i>Services Research</i>
Suh and Sung (2009)	Collective well-being	Collective well-being refers to a sense of satisfaction or happiness derived from or is related to the collective dimension of the self.	The collective self refers to self-conceptions that are based on one's membership in groups or social categories. It contains psychological and physical features that characterise one's groups (e.g., ethnic group, sex, nationality and social class). This collective aspect of the self coexists and, theoretically, is	<i>Philosophy</i>

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			characteristics, such as abilities, skills, and preferences (personal self) or the self-definitions derived from experiences with an emotionally invested significant other (relational self).	
Sirgy et al. (2010)	Collective well-being conceptualised as community well-being	The community well-being index reflects the degree of impact of resident’s perceptions of community services and conditions.	The perceptions assess the impact of community services on residents’ social well-being, leisure well-being, health well-being, safety well-being, family and home well-being, political well-being, spiritual well-being, neighbourhood well-being, environmental well-being, transportation well-being, education well-being, work well-being, financial well-being and consumer well-being.	<i>Psychology</i>
Mick et al. (2012)	Collective well-being described as social welfare	Well-being is a state of flourishing that involves health, happiness and prosperity.	Well-being that allows maximisation of social justice and fair allocation of opportunities and resources.	<i>Transformative Consumer Research</i>
Anderson et al. (2013)	Collective well-being conceived as macro-level well-being		Not applicable	<i>Transformative Service Research</i>
Martela (2014)	Sharing well-being	Sharing well-being among employees is conceived by using a relational paradigm wherein well-being is ‘not a product of isolated intrapsychic mechanisms,	Practical dimension - Asking and giving advice - Helping each other - Trusting each other Emotional dimensions	<i>Organisational Studies</i>

		but is formed at the interface of reciprocally interacting subjectivities’.	<ul style="list-style-type: none"> - Respecting each other - Sharing emotional burden - Encouraging each other - Caring for each other System effects <ul style="list-style-type: none"> - Stabilizing systems - Blockages (conflicts) and holding back systems - Downward spiral when the holding capacity of the system is exceeded - Customers as part of the well-being generating system 	
Baccarani and Cassia (2017)	Collective well-being as <i>ecosystem well-being</i>	Actors in a tourism ecosystem interact, share, exchange and integrate and reintegrate resources to co-create mutual value and foster the well-being of the whole ecosystem.	Evaluation of tourist experiences is formed drawing together individual’s perceptions of quality of their experiences across all stages of holidays and their interactions with everyone they encounter. Actors perceive themselves as forming part of the ecosystem.	<i>Quality Management</i>
Ribas et al. (2017)	Collective well-being conceived as national well-being	Countries assess changes to their capital stocks of three key assets (human capital, produced capital and natural capital) deemed critical to ensure long-term sustainability.	Measures the social value of capital assets of nations	<i>Infrastructure</i>
Lie et al. (2018)	Teacher’s collective well-being	Collective well-being refers to one’s sense of societal value, based on one’s interpersonal relationships, and sense of being in	Societal contribution, professional development and supportive networks, healthy relational interchange,	<i>Education</i>

harmony with, and contributing to emotional, social and

		one's society.	environmental harmony, avoid individual prominence	
Gallan et al. (2018)	Community well-being is referred to as a collective measure	Community well-being is viewed as connections between expanded ecosystems.	Community wellbeing is a multidimensional construct, which includes a subjective, a relational, and a material dimension.	<i>Transformative Service Research</i>

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