

TITLE:

How do Healthcare 'Customer Service' Employees Construct Meaning in their Job?
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ABSTRACT:

Max. 800 words.

The United Kingdom (UK) government has taken an interest in modernising the National Health Service (NHS) which has led to the creation of customer service functions similar to private sector models (Hyde *et al.*, 2005). Notably, this development includes the burgeoning of healthcare customer services and call centres where agents may respond to and address calls related to patient complaints and concerns – similar to complaints services in the private sector. A prominent example of this new 'business' centred ethos is the implementation of the Patient Advice and Liaison Service (PALS) across healthcare organisations, which is a front line function involving the resolution of patient concerns (Department of Health, 2002).

Research shows that, broadly, customer service employees find it challenging to create professional meaning in the homogenised and routinized environments of call centres (e.g., Cartwright and Holmes, 2002; Mulholland, 2004; Houlihan, 2002). More specifically, in the particular context of healthcare, there may be a conflict between the caring work that the employee performs and the call centre's mass production ethos (e.g., van den Broek, 2003; Wahlberg *et al.*, 2003; Weir and Waddington, 2008). This conflict arises because the narratives surrounding healthcare and call centre environments are contradictory, as the former is based on caring and nurturing (Bolton, 2000) and the latter favours speed and quantity (Batt and Moynihan, 2002).

This article aims to explore how healthcare customer service agents 'sense make' their work (caring and nurturing) when work occurs in a mass production environment (speed and quantity). We explore how these employees create a meaningful

understanding of their professional self in relation to their work by examining the interplay between job and environment. An Interpretative Phenomenological Analysis (IPA) was conducted on a sample of nine healthcare customer service workers employed in the UK. IPA is a rich and idiographic approach to qualitative research (Smith, 2011) with small sample sizes (Langdrige, 2007). The aim is to understand the participants' reality through their *lifeworlds*.

Findings reveal that participants feel erroneously classified as customer service. For example Julie shares: *"My boss is a very interesting lady, she's very process driven...and she loves the idea that people could pick up the phone, I think she sort of thought it was like contacting a company and saying my Hoover doesn't work anymore, saying my mobile phone has a problem"*, however, Pauline explains that *"the 'customers' that we have are not the general customers that they wanna [sic] put under the same umbrella"*. She distinguishes that the term 'customer' more appropriately captures the relationship between customers in a shop, whereas the individuals they interact with are patients – a difference that participants believed was salient.

To construct meaning in their work, participants opted to focus on the positive impact of their role. For instance, Lynne perceives that she *"helped make the world go around [...] make the world a better place"* while Alicia considers her work as a *"sort of vocation"*. For Laura the *"biggest buzz"* comes from making an actual change to the system and for Patrick helping the organization *"legitimatises my existence"*.

The data show that in order to counter the effects of working in a mass production environment, participants instead focus on the significance of their task to experience meaning. There appears to be a separation between participants' perceptions of the working environment that is process driven and the actual job that they perform, which

is about emotional interactions. This contradiction appears consistent with Taylor's (2013) research which shows that individuals with high levels of public service motivation are likely to see government work as a vocation.

This article contributes to extant literature by showing that when there is conflict between the environment and the job, participants choose to construct meaning in their work by focusing on the job. While the influence of Taylorism has streamlined customer service functions, this linear and process based understanding of customer service in healthcare is not an accurate reflection of participant experiences. Although participants feel misclassified in their work they, nevertheless, remain committed to their job and source motivation to carry out their role by focusing on the help they are providing to vulnerable people. In essence, the participants are creating their own meaning for work, rather than relying on the bureaucratic designated meaning – with which they do not identify.

In view of these findings, we propose that the NHS conducts a job analysis on the role of healthcare customer service workers to re-conceptualise the job role more accurately, reflecting the participants' own realities. In addition, we advise that hospitals and clinics provide appropriate levels of support and resources, and that training programs are tailored to reflect the required skills.

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