A systematic literature review on transformative practices and well-being outcomes in healthcare service

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Abstract

Purpose – The paper aims to investigate the practices facilitating the transformation of healthcare services, understanding the resulting outcomes in terms of well-being and uplifting changes. a systematic literature review (SLR) focusing on analyzing the healthcare sector under the transformative service research (TSR) theoretical domain is conducted to achieve this goal.

Design/methodology/approach – Employing a structured SLR developed based on the PRISMA protocol (Pickering and Byrne, 2014; Pickering *et al.*, 2015) and using Scopus and WoS databases, the study identifies and analyzes 49 papers published between 2021 and 2022. Content analysis is used to classify and analyze the papers.

Findings – The SLR reveals four transformative practices (how) within the healthcare sector under the TSR domain, each linked to specific well-being outcomes (what). The analysis shows that both practices and outcomes are mainly patient-related. An integrative framework for transformative healthcare service is presented and critically examined to identify research gaps and define the trajectory for the future development of TSR in healthcare. In addition, managerial implications are provided to guide practitioners.

Originality/value – This research is among the first to analyze TSR literature in the context of healthcare. The study critically examines the TSR's impact on the sector's transformation, providing insights for future research and offering a roadmap for healthcare practitioners to facilitate uplifting changes.

Keywords Transformative service research, TSR, Healthcare services, Systematic literature review, Transformative practices, Wellbeing

Paper type Research paper

1. Introduction

Healthcare is, "after all, a service" (Manary *et al.*, 2013), and due to its multi-actor nature and emphasis on the welfare of the individual, family, community and society, it is one of the most complicated examples of conceptual development in a service system (Chen *et al.*, 2020). Patients are increasingly viewed as service consumers rather than just as patients (Anderson *et al.*, 2018). They assume this role from their initial interaction with healthcare service providers and continue throughout the treatment process.

Humanity's centrality in healthcare sets it apart from other service industries. Patients and healthcare professionals are both humans and their humanity is crucial during the care process (JW, 2011; Oben, 2020). Taking care of the patient's physical, psychological (emotional/mental), social and spiritual health needs is the primary reason for the healthcare

industry's existence (Oben, 2020). In the transformative service research (TSR) field, healthcare services are defined transformative by design since they have a clear mission directly related to the well-being of people (Rosenbaum *et al.*, 2011).

In this context, the present study aims to analyze the practices facilitating the transformation of healthcare services, understanding the resulting outcomes in terms of individual (i.e. patients, families, healthcare professionals) and collective well-being.

In recent years, the service community has shown increasing interest in TSR (Anderson and Ostrom, 2015), which has been identified as a key service research priority (Ostrom *et al.*, 2015). It aims to analyze "*the integration of consumer and service research that centers on creating uplifting changes and improvements in the well-being of consumer entities: individuals (consumers and employees), communities and the ecosystem*" (Anderson *et al.*, 2013, p. 2) and how to "*reduce suffering*" (Nasr and Fisk, 2019). Despite the growing interest of the scientific community in this topic, many critical questions about the link between services and well-being remain unanswered (Anderson and Ostrom, 2015).

Patient-centered care (PCC) has recently emerged as an attempt to enhance the quality of care by putting the customer (and their family) at the center of decisions impacting their health (Anderson *et al.*, 2018). It involves treating the patient as a person and not as a collection of diseases and in addressing his/her needs, redefining the relationship between the user and the doctor/provider (Epstein, 2000; Pelzang, 2010). The objectives of this type of approach are related to those of TSR (Anderson *et al.*, 2013, 2018). According to the TSR research paradigm, healthcare interactions can create uncertainty, vulnerability, powerlessness and guilt in users (Galarza-Winton *et al.*, 2013; Tallandini and Scalembra, 2006). Healthcare providers are important in improving the well-being of individuals and communities by helping bridge gaps and limitations in users' skills and resources (Rahman *et al.*, 2020; Anderson *et al.*, 2013). Indeed, healthcare represents a fertile field for TSR (Berry and Bendapudi, 2007) and in-depth studies and further investigation are needed (Rai, 2018). Although healthcare services are certainly among the most studied fields within the TSR domain (Sweeney *et al.*, 2015), the fragmented literature calls for synthesizing the knowledge to provide useful implications for practitioners and future research directions for scholars. This is supported by Alkire *et al.* (2020) who noted that TSR has high potential for practical implications in response to the growing need for managerial guidance (Fisk and Alkire, 2021), especially in the healthcare sector. Therefore, exploring how the TSR can contribute to interpreting and understanding the ongoing transformation is crucial (Anderson *et al.*, 2018; Rosenbaum *et al.*, 2011).

A systematic literature review (SLR) was carried out to fulfill the study's purpose. While numerous SLRs have explored various aspect of TSR (i.e. Rahman, 2021; Islam *et al.*, 2022; Previte and Robertson, 2019; McCall-Kennedy *et al.*, 2017) none have investigated the transformative practices (TPs) leading to uplifting changes through the healthcare service provision and the related well-being outcomes.

This study contributes to the existing literature by identifying four TPs and the connected well-being outcomes. Moreover, an integrative framework for transformative healthcare service is presented and critically examined. The analysis enabled highlighting that both TPs and uplifting changes are mainly patient-related and allows defining the trajectory for the future development of TSR in healthcare. Furthermore, the study provides a rich stream of managerial implications that may inspire healthcare systems actors to catalyze positive change in society.

The paper begins with an overview of TSR and its contextualization within healthcare services. Subsequently, a description of the SLR methodological approach is provided, followed by a discussion of the bibliometric characteristics of publications and SLR findings. Finally, the paper concludes with a discussion of the SLR outcomes, and proposes implications for service providers and policymakers, along with a research agenda.

2. Theoretical background

2.1 Transformative service research

The theoretical foundations of the current study are inextricably intertwined with the field of TSR and its approach to addressing and analyzing healthcare services. The analysis of how services can enhance individual and collective well-being has received increasing attention in recent years due to the possible impact of service delivery strategies on society (La Placa *et al.*, 2013; Anderson *et al.*, 2013) and thanks to the emergence of TSR, which has contributed to the increase and improvement of the quality of these studies (Tang *et al.*, 2016). The TSR has been identified as one of the most important research priorities (Ostrom *et al.*, 2010, 2015), and it analyzes with an innovative point of view the field of services stressing the importance of indicators to measure well-being, such as physical and mental health, financial well-being and inclusion (Anderson and Ostrom, 2015; Anderson *et al.*, 2013). Looking beyond the commercial intent of many services reveals their transformative potential (Rosenbaum *et al.*, 2011).

TSR is based on the notion of a transformative service economy that improves relations between social, economic and environmental systems through respectful, collaborative and sustainable interactions (Rosenbaum *et al.*, 2011). Services are defined as transformative when they are structured, long-term, sustainable and connected within an ecosystem, include the final beneficiaries in the management and planning processes, and co-create value (Letaifa *et al.*, 2016). Therefore, the TSR aims to reduce human suffering and improve well-being by studying aspects of service that affect individuals and communities. It aims to develop strategies and innovations and redesign services to build a better future for all (Fisk *et al.*, 2020). As Rosenbaum *et al.* (2011, p. 5) argued, TSR represents a "new area" of consumer and service research and must involve individual and collective issues, including micro and macro-level analysis. Different components of service design may result in positive improvements for consumer entities, especially vulnerable customers who face obstacles (Reynoso *et al.*, 2015; Nasr and Fisk, 2019; Rahman, 2021). Services, such as healthcare and education, are called transformative by design because they have a clear transformative mission, while others, such as retail, hospitality and entertainment, are potentially transformative by impacting the well-being of individuals in unforeseen ways (Rosenbaum *et al.*, 2011).

2.2 Healthcare services in the light of TSR

In the healthcare industry, the rise in expenditures is exerting pressure on national budgets in all developed nations due to aging populations, the development of novel medicines, technological advancements and increased customer expectations (McColl-Kennedy *et al.*, 2017). In addition, Western countries are facing a growing number of chronic diseases, which determines the need to identify new business models to provide healthcare services (Institute of Medicine, 2001; McColl-Kennedy *et al.*, 2017). Inadequate health systems have become a major global problem that many countries are experiencing (Sawang *et al.*, 2019). The imperative is for healthcare to become more effective, efficient and equitable for all. The transition to more resilient health systems is delicate and complex, it requires radical changes in how patients are viewed and a systemic and multidisciplinary approach (Pereno and Eriksson, 2020). Health is not only integral to economic prosperity, but also to a socially productive life and personal comfort (United Nations, 2018).

Health systems strive to meet the population needs by providing healthcare services to ensure people's right to health and enable independent living by providing social care services (Pereno and Eriksson, 2020). Healthcare services are defined as "*Any service which can contribute to improved health or the diagnosis, treatment and rehabilitation of sick people and is not necessarily limited to medical services. Health services are often formally organized as*

a system of established institutions and organizations to supply services to respond to the needs and demands of the population within a defined financial and regulatory framework. Health services can include health education, health promotion, and environmental services such as housing, sanitation, etc., which have a known health benefit" (Roberts and World Health Organization, 1998).

Recently, a new approach, the PCC, has gained popularity, aiming to improve the quality of care by putting patients and their families at the center of decisions that impact their health (Anderson *et al.*, 2018). Going far beyond goal-setting with patients, PCC is highly focused on considering their perspective and circumstances during the decision-making process (Ponte *et al.*, 2003; Pelzang, 2010).

For these reasons, PCC is aligned with the purposes of TSR (Anderson *et al.*, 2018). TSR researchers identify well-being and quality of life as the ultimate outcomes of a service, and healthcare is a very appropriate context for studying the relationships, dynamics and potential of TSR (Ostrom *et al.*, 2015). In addition, health services have been identified by users as one of the most important services related to individual well-being (Ungaro *et al.*, 2022) and have received increasing attention from researchers as they have been included among research priorities (Berry and Bendapudi, 2007; Ostrom *et al.*, 2015).

Every human being, at some point in their lives, interacts with healthcare services which can directly impact their daily and long-term quality of life (Berry and Bendapudi, 2007; Danaher and Gallan, 2016; Anderson *et al.*, 2018). Healthcare is considered an expert service system with a high level of expertise asymmetries between consumers and providers that extend beyond mere information asymmetry (Anderson *et al.*, 2016). These services influence the lives of patients and families and personal experiences (Anderson *et al.*, 2013). In this regard, healthcare providers can help create value for individuals and improve their well-being by helping them overcome physiological and psychological challenges (Anderson *et al.*, 2013). The ability of a service to achieve well-being goals depends on how it is designed, particularly in the healthcare setting (Anderson *et al.*, 2018). Consequently, many researchers emphasize the need to analyze healthcare systems to stimulate transformative changes at the individual and community levels (Ostrom *et al.*, 2015).

3. Methodology
3.1 Systematic literature review objective
The present study applies a SLR methodology to fulfill its research aim and to respond to the call for studies from authors such as Alkire *et al.* (2020) and Fisk *et al.* (2020) to define guidelines and trajectories for service providers and policymakers. The SLR serves as a valuable tool to establish connections between studies and to comprehend how each one contributes to the specific domain (Rahman *et al.*, 2020; Booth *et al.*, 2012). Furthermore, this methodology enables the development of critical discussions by integrating extant literature, knowledge gaps and new theoretical frameworks (Paul and Criado, 2020; Marabelli and Newell, 2014). The SLR facilitates the identification of areas that warrant further investigation (Snyder, 2019) and the definition of trajectories for future research (Pasca *et al.*, 2021). Moreover, it provides a more comprehensive overview of transformative practices and well-being outcomes compared to what could be achieved with a single empirical study.

The present SLR specifically aims to achieve three sequential purposes: (1) synthesize TSR literature focused on healthcare services and identify the main transformative practices and well-being outcomes; (2) critically examine the current level of knowledge generated under the TSR domain in the healthcare sector; (3) identify managerial implications and outline future research trajectories.

A systematic quantitative approach was used in the analysis (Pickering and Byrne, 2014; Pickering *et al.*, 2015) to map, synthesize and review the currently available studies. This approach is used to identify what is known and define what is yet to be known (MacInnis, 2011), determine research gaps (Pickering *et al.*, 2015) and identify critical elements of a phenomenon (Pasca *et al.*, 2021). It allows summarizing existing literature by analyzing emerging findings (Snyder, 2019). It is "systematic" because the process used to select and identify papers is reproducible (Pickering and Byrne, 2014), robust and transparent (Tranfield *et al.*, 2003; Mariani *et al.*, 2018) and allows to summarize existing literature by investigating the emerged findings (Snyder, 2019).

3.2 Database, search query and inclusion criteria
The analysis used Scopus and ISI Web of Science (WoS) databases. Scopus, widely used in academic research (Macke and Genari, 2019), is particularly focused on social science content (Yang *et al.*, 2017; Tarantino, 2006) and provides access to "reliable, robust and cross-checked data" (Wang *et al.*, 2019, p. 166). WoS, one of the most widely used databases in socio-economic disciplines' (Di Vaio *et al.*, 2020; Fink, 2019) has content comparable to Scopus (Hicks and Wang, 2011) but with a standard format that requires little or no data cleaning (Zupic and Čater, 2015).

The search queries for Scopus and WoS were structured as follows:

Scopus (TITLE-ABS-KEY ("transformative service research") AND TITLE-ABS-KEY (healthcare) OR TITLE-ABS-KEY (health*) OR TITLE-ABS-KEY ("health care")

WoS (((TS=(Healthcare)) OR TS=("health care")) OR TS=(Health*)) AND TS=("Transformative service research")

To prevent the search from being overly restrictive and provide a comprehensive view, terms such as healthcare, health care, and health* were incorporated with "Transformative Service Research." The search was addressed to the identified publications' titles, abstracts and keywords. A total of 220 studies emerged (92 from Scopus and 128 from WoS).

The following criteria regarding publication characteristics were set referring to the guidelines of Pickering and Byrne (2014) and Moher *et al.* (2009):
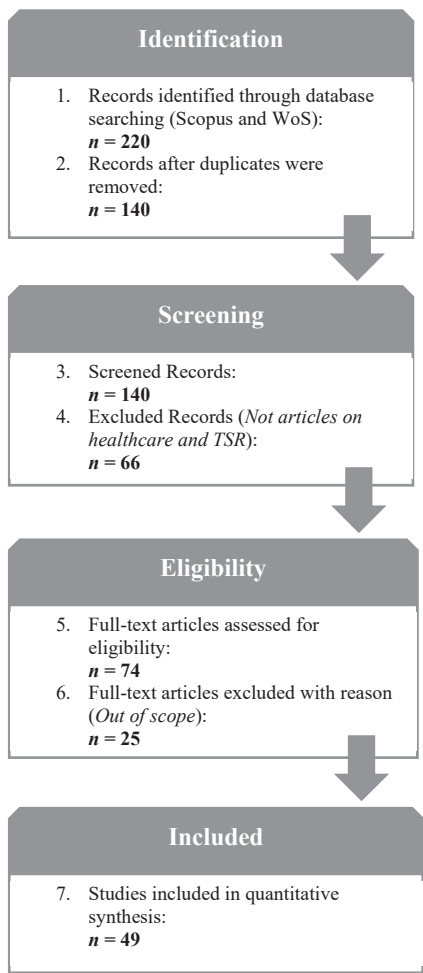
(1) Conference papers, book chapters, reviews and articles published in journals.

(2) Articles in the English language.

(3) No time limits were set.

3.3 PRISMA diagram, research outcomes and interpretation
A PRISMA flow chart, based on Moher *et al.* (2009), was created to depict the SLR process: *identification, screening, eligibility and inclusion* (Figure 1).

The initial 220 records i*dentifi*ed dropped to 140 after the duplicate elimination. The studies were collected within an Excel spreadsheet (Følstad and Kvale, 2018), gathering the following information for each paper: title, authors, affiliation, abstract, keywords, year of publication, source, type of work (journal articles, conference proceedings, literature reviews or book chapters) and research approach. During the article screening, an additional restrictive inclusion criterion was set to consider only records focusing on health services, aligning with the definition provided by the WHO (Roberts and World Health Organization, 1998) and TSR. As a result, 74 full text were accepted for *Eligibility* and reviewed to identify the primary studies (Moher *et al.*, 2009). The spreadsheet was supplemented with additional information: *study approach (conceptual or empirical), data collection method, objective, results, conclusions, practices related to health services, actors involved, benefits, managerial*

Figure 1.
Literature search
procedure based on the
steps of the PRISMA
diagram

Identification

1. Records identified through database searching (Scopus and WoS): *n* = **220**
2. Records after duplicates were removed: *n* = **140**

Screening

3. Screened Records: *n* = **140**
4. Excluded Records (*Not articles on healthcare and TSR*): *n* = **66**

Eligibility

5. Full-text articles assessed for eligibility: *n* = **74**
6. Full-text articles excluded with reason (*Out of scope*): *n* = **25**

Included

7. Studies included in quantitative synthesis: *n* = **49**

Source(s): Created by authors

and policy maker implications. Subsequently, 25 studies were excluded due to misalignment with the research focus. The final body of literature comprised 49 articles (Appendix).

Consistent with the research aim, the records were coded through content analysis (Pasca *et al.*, 2021; Rahman, 2021; Eloranta and Turunen, 2015) to identify the healthcare sector's main practices and outcomes recognized by the TSR literature. This process lead to the identification of four primary TPs and well-being outcomes for each actor category. Following Webster and Watson (2002), this step required first an author-centered analysis of the articles, then a concept-centred review and interpretation (Pasca *et al.*, 2021).

4. Results

4.1 Bibliometric characteristics of publications

In this section, a description of the main characteristics of the reviewed publication is provided. The final 49 articles included in the analysis were published between 2011 and 2022,

denoting a growing research community interest in the transformative role of healthcare services. As shown in Figure 2, the initial two studies were published in 2011. However, a more pronounced interest in exploring TSR in healthcare became evident from 2017 onwards.

The majority of the papers employed an empirical methodology (43, 86%), with a relatively equal distribution between qualitative (21, 41%) and quantitative (17, 35%) studies and a small number of mixed-method approaches (5, 10%), and only 14% are conceptual works (Figure 3). This demonstrates the efforts made by researchers to meet the demand for conducting empirical investigations, as Alkire *et al.* (2020) recommended.

By examining Table 1, it is clear that most of the studies (about 67%) were published in journals directly associated with service research; 24% in general management/marketing journals, and 8% in healthcare-specific journals. Although there are a few publications in the healthcare journals, it should be noted that the papers were published in recent years (2016–2019) indicating a growing interest in the TSR domain within the healthcare setting.
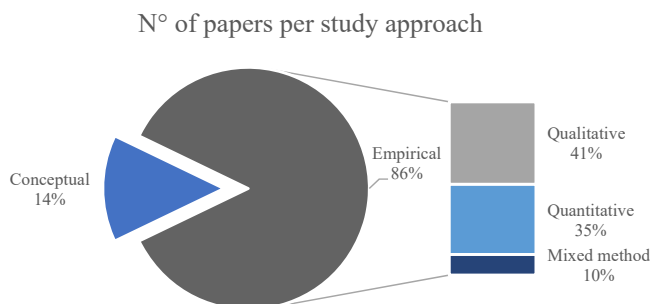
4.2 SLR findings

From the analysis and interpretation of the reviewed papers, the study coded and grouped "*how*" the TSR domain has contributed to supporting the transformation of healthcare
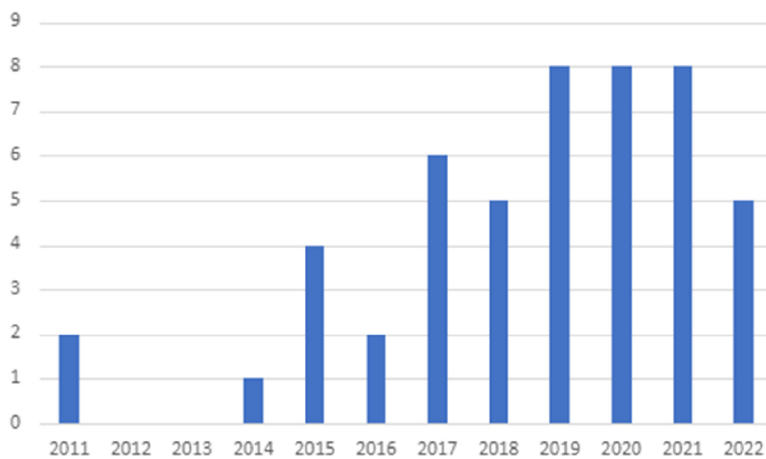
Source(s): Created by authors

Figure 2.
Number of articles published per year

N° of papers per study approach

Source(s): Created by authors

Figure 3.
Distribution of publications per study approach

Journals type and name	N° articles
Service Journals	*33 (67%)*
Journal of Services Marketing	13
Service Industries Journal	6
Journal of Service Research	4
Journal of Business Research	3
Journal of Service Management	2
Journal of Service Theory and Practice	2
Managing Service Quality	2
Services Marketing Quarterly	1
Management/Marketing Journal	*12 (24%)*
Annals of Tourism Research	1
Cogent Business and Management	1
European Journal of Marketing	1
International Journal of Hospitality Management	1
International Journal of Physical Distribution and Logistics Management	1
International Review on Public and Nonprofit Marketing	1
Journal of Cleaner Production	1
Journal of Consumer Marketing	1
Journal of Marketing Management	1
Journal of Public Policy and Marketing	1
Sage Open	1
Technology in Society	1
Healthcare Journals	*4 (8%)*
International Journal of Pharmaceutical and Healthcare Marketing	2
Health Marketing Quarterly	1
Journal of Health Organization and Management	1
Total articles	*49 (100%)*
Source(s): Created by authors	

Table 1.
Number of publications per journal

services and "*what*" types of uplifting changes have been produced. Specifically, four primary TPs were identified, which outline how individual and collective well-being in healthcare service can be enhanced: *Actors' empowerment and collaboration (TP1); Reorganization of service provision (TP2); Integration of non-medical supportive activities (TP3); and Development of technology-based healthcare solutions* (Table 2). Furthermore, TPs were analyzed to identify the outcomes produced (*what*) and for which actor category.

Transformative practices	N. of papers	Method
Actors' empowerment and collaboration	18	Conceptual: 2 Empirical: 16 (11 qualitative, 2 quantitative, 3 mixed method)
Reorganization of service provision (spaces and performance)	14	Conceptual: 5 Empirical: 9 (1 qualitative, 6 quantitative, 2 mixed method)
Integration of non-medical supportive activities	13	Empirical: 13 (6 qualitative, 7 quantitative)
Development of technology-based healthcare solutions	4	Empirical: 4 (2 qualitative, 2 quantitative)
Source(s): Created by authors		

Table 2.
Transformative practices overview: number of adopted papers and methods

4.2.1 Transformative practice 1: actors' empowerment and collaboration. Patients are recognized as active co-creators, so they participate in designing and developing their care programs (McColl-Kennedy *et al.*, 2017; Pham *et al.*, 2019). Moreover, healthcare services are complex service systems characterized by the interactions between multiple actors (Lam and Bianchi, 2019), such as frontline service employees (i.e. nurses), focal actors (patients), and transformative service mediators (i.e. families, which support the service cocreation) that must be managed to achieve optimal outcomes for all involved.

Healthcare is considered an expert service system, meaning a service with a high expertise asymmetry between the provider and the consumers (Anderson *et al.*, 2016). In this context, patient *responsibilization* and active involvement in management of health outcomes have become crucial (McColl-Kennedy *et al.*, 2017). Responsibilization determines a shift of risks and functions from providers to consumers (Harris and White, 2013). It relates to the consumer's coproduction, namely the consumer's provision of inputs (i.e. time and knowledge) connected with service production and delivery, going beyond the service provider's activities (Azzari *et al.*, 2021).

Studies have highlighted that coproduction and responsibilization determine positive service results (Gallan *et al.*, 2013; Chan *et al.*, 2010). Patients must be empowered and involved in their care program to enable autonomous activities and improve health and well-being. Empowerment and involvement enable autonomous activity leading to improved expertise, health-related outcomes and overall well-being (Azzari *et al.*, 2021).

Interactions with other *actors* (i.e. families, employees and service providers) as well as engaging in value co-creation activities, positively impact patients' ability to fulfill care program tasks and cope with their diseases. Value co-creation also leads to behavioral changes with positive effects on quality of life (Taiminen *et al.*, 2020) and can influence the patient's hedonic and eudaimonic well-being by enhancing autonomy, self-acceptance, purpose in life, positive relationships, environmental mastery, personal growth, happiness, pleasure and satisfaction (i.e. Lam and Bianchi, 2019; Sharma *et al.*, 2017).

Patient's interactions with staff, other patients and families can positively impact the attainment of care program goals, thanks to the support received from the various actors within the service system (Taiminen *et al.*, 2020; Lam and Bianchi, 2019; Davey and Grönroos, 2019; McColl-Kennedy *et al.*, 2017 Chen *et al.*, 2020; Black and Gallan, 2015; Gallan *et al.*, 2019; O'Connor and Cook, 2020). For example, family involvement helps patients achieve their needs and increase their well-being while also improving family's well-being, creating better relationships and fostering empathy and serenity (Groven *et al.*, 2021; Lam and Bianchi, 2019; Kaartemo and Känsäkoski, 2018). An adequate resource integration can also improve the well-being of the entire network through the achievement of balanced centricity (Groven *et al.*, 2021).
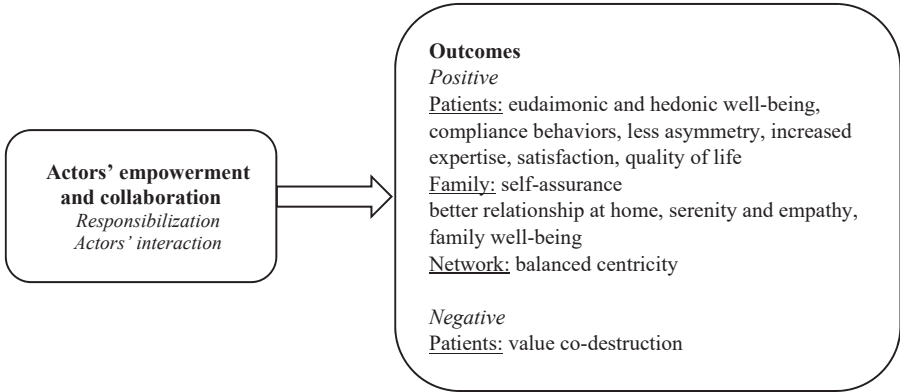
However, it is essential to consider patient involvement as a potential risk as it may lead to value co-destruction affecting the patient's capacity to integrate resources (Azzari *et al.*, 2021; Anderson *et al.*, 2016; Pham *et al.*, 2019; Kaartemo and Känsäkoski, 2018; Jefferies *et al.*, 2019; McColl-Kennedy *et al.*, 2017). Poorly managed patient involvement could negatively impact well-being due to the burden of work deriving from service expectations and potential tensions (Hillebrand *et al.*, 2015; Oertzen *et al.*, 2018; Dean and Indrianti, 2020).

In summary, value co-production and co-creation represent key transformative practices for generating positive outcomes for patients and families. Coproduction refers to the involvement of consumers in the organization's activities (Vargo and Lusch, 2004) and service cocreation refers to the integration of resources between actors, both leading to increased individual and collective well-being (Groven *et al.*, 2021; Sweeney *et al.*, 2015; Engström and Elg, 2015). A description of the TP1 is provided in Table 3, while the outcomes generated are summarized in Figure 4.

Transformative practice elements	Description	References
Responsibilization (value coproduction)	Allowing patients to be involved in their care program development Providing the adequate resources for patients' autonomy	Azzari *et al.* (2021), Anderson *et al.* (2016), Groven *et al.* (2021), Taiminen *et al.* (2020), Pham *et al.* (2019), Lam and Bianchi (2019), Davey and Grönroos (2019), Kaartemo and Känsäkoski (2018), Sharma *et al.* (2017), Sweeney *et al.* (2015), Bieler *et al.* (2022), Chen *et al.* (2020), Black and Gallan (2015), McColl-Kennedy *et al.* (2017), Jefferies *et al.* (2019), O'Connor and Cook (2020), Gallan *et al.* (2019), Pham *et al.* (2019)
Actors' interactions (value co-creation)	Promoting value co-creation practices to encourage interaction between actors Supporting the healthcare actors in their resource integration to avoid tensions	

Source(s): Created by authors

Table 3.
Actors' empowerment and collaboration description

Figure 4.
TP1 outcomes per actor

Source(s): Created by authors

4.2.2 Transformative practice 2: reorganization of service provision (spaces and performance). The importance of service design in determining transformative effects is generally recognized by relevant authors in healthcare services (i.e. Rosenbaum *et al.*, 2011; Ostrom *et al.*, 2014; Rosenbaum, 2015; Ostrom *et al.*, 2015).

Service design encompasses the planning of physical and non-physical elements in a service system, including people management, communication and structure, to improve interactions between service providers and consumers and to help achieve well-being (Goldstein *et al.*, 2002; Teixeira *et al.*, 2017; Anderson *et al.*, 2018).

Tangible aspects of the *servicescape* can positively affect patients' and communities' outcomes and the organization of the physical environment can help reduce stress and negative symptoms such as anxiety. Elements like greenery, exposure to natural light, decent safety, satisfactory rooms, suitable hygiene, art, visual music and adequate signage systems can generate positive effects on health and well-being (Hamed *et al.*, 2016, 2017). Additionally, intangible features of the servicescape, designed to enhance socialization and interaction, are also key elements to be considered in the healthcare service design. Through restorative servicescapes, individuals experiment internal mechanisms which lead to the mitigation of negative feelings like stress, and fatigue with the development of better mood and attitude (Rosenbaum and Smallwood, 2013; El-Manstrly and Rosenbaum, 2018; Rosenbaum *et al.*,

2014). Healthcare services planned to consider social interactions and consumer engagement can have psychological benefits and trigger in patients and families more energy, personal productivity and better quality of life (Anderson *et al.*, 2018; Rosenbaum *et al.*, 2011; Rosenbaum and Smallawood, 2013).

Moreover, it is important to determine how to provide *quality* healthcare (Kumbani *et al.*, 2012; Adomah-Afari *et al.*, 2019). Quality improvement of healthcare services (i.e. waiting time, professional skills, employees' behaviors) and a better service experience can increase patients' satisfaction and determine the patients' will to maintain a long-term relationship with the service providers with positive effects on their health and well-being outcomes (Adomah-Afari *et al.*, 2019; Otalora *et al.*, 2018; Sawang *et al.*, 2019; Davis *et al.*, 2017). It is demonstrated that the lack of service provision quality negatively impacts actors' perception of their well-being (Sawang *et al.*, 2019). Patients and other actors struggle to evaluate healthcare services; hence, they usually use tangible items (i.e. staff, equipment, etc.) to assess the intangible service aspects (Severt *et al.*, 2008; Zeithaml *et al.*, 2009; Hamed *et al.*, 2016). Hence, the environmental elements are key in evaluating healthcare facilities, which can directly impact the perception of service quality (Hamed *et al.*, 2016; Berry *et al.*, 2004). Patients and relatives also use attributes of interpersonal relations (such as effective listening, trust and respect) to assess healthcare services (Mosadeghrad, 2013). Davis *et al.* (2017) found that certain kinds of patients can evaluate the quality of healthcare services by considering two other variables besides the traditional SERVQUAL dimensions: the quality of the patient-provider relationship and fair processes.

Therefore, the design of healthcare services, meaning the coordination of the servicescape, service operations, management and social aspects with a human-centered view to improve customer and employee experience (Anderson *et al.*, 2018), is essential for achieving transformative changes in the healthcare system. Table 4 and Figure 5 depicts the elements of TP2 and the related outcomes.

4.2.3 Transformative practice 3: integration of non-medical supportive activities. Several societal and service provider activities contribute to creating a supportive environment for patients and families in healthcare services. The analysis allows the authors to highlight that the *social support* that can be provided in different forms (i.e. adaptive reuse of public/private buildings, complementary care and online and face-to-face groups) can help patients in many ways. Indeed, it creates a sense of belonging and community, reducing the feeling of

Transformative practice elements	Description	References
Servicescape	Using the tangible aspects of the servicescape (i.e. greenery, natural light) to reduce stress and negative feelings Supporting socialization and interaction through the intangible aspects of the servicescape to determine restorative outcomes	Adomah-Afari *et al.* (2019), Rosenbaum and Smallwood (2013), Otalora *et al.* (2018), Sawang *et al.* (2019), Hamed *et al.* (2017), Hamed *et al.* (2016), El-Manstrly and Rosenbaum (2018), Rosenbaum *et al.* (2014), Islam *et al.* (2022), Anderson *et al.* (2018), Sawyerr and Harrison (2023), Rosenbaum *et al.* (2021), Davis *et al.* (2017), Rosenbaum *et al.* (2011)
Service quality	Paying attention to healthcare service quality (i.e. waiting time, professional skills, employees' behaviors, equipment, listening, and respect) influences the willingness of patients to maintain long-term relationships with the service provider	

Source(s): Created by authors

Table 4.
Reorganization of service provision (spaces and performance) description

loneliness and fear, improves self-efficacy, mitigates inequalities and enhances the quality of life and service satisfaction, leading to better health-related outcomes and emotional and psychological well-being (i.e. Rosenbaum *et al.*, 2021; Hunter-Jones *et al.*, 2020; Lin and Chou, 2022). For example, in social support groups, patients can exchange their experiences in a safe environment, receiving and giving support, contributing to achieving positive individual and community results (Rosenbaum *et al.*, 2021; Parkinson *et al.*, 2017; Lin and Chou, 2022; Akareem *et al.*, 2021). The development of physical and online spaces and ways in which patients and families can interact, exchanging information about the disease and sharing the emotional stress, may enable them to improve their well-being.

Moreover, healthcare service providers assist patients by performing different organizational efforts that help them overcome limitations and physiological and psychological challenges. Indeed, *service providers support* and socialization and transformative service approaches (such as service conversations) positively influence patient's self-efficacy perception, agency, self-transformation, psychological freedom and outcome expectations and reduce stress and negative feelings determining improvements in individuals' well-being (Rahman *et al.*, 2020; Gopaldas *et al.*, 2021; Hunter-Jones *et al.*, 2020). These practices can also influence the well-being of healthcare employees (Rahman *et al.*, 2020). In addition, when patients experience transitions and situations requiring great effort to achieve their goals, they can face unintended negative consequences such as stress, sacrifice and failure that can reduce their well-being and increase their vulnerability. Other elements may be cultural models and patients' coping strategies (Mayer *et al.*, 2019; Zayer *et al.*, 2015) and, in this picture, healthcare service provider behavior can mitigate vulnerability by helping patients and families feel in control with positive benefits on their well-being (Robertson *et al.*, 2021).

Providing additional resources for actors during the service experience can generate beneficial results (Parkinson *et al.*, 2017; Rosenbaum *et al.*, 2021). Emotional help and companionship provided by employees, patients and other actors are critical supportive resources that can impact health and quality of life by protecting people and mitigating negative feelings. In Table 5 and Figure 6, the description of the TP3 elements and outcomes are provided.

4.2.4 Transformative practice 4: development of technology-based healthcare solutions. Technologies have a pivotal role in healthcare as they facilitate the shift of patient behavior from passive to active (Rai, 2018). In recent years, the number of technologies dedicated to healthcare has increased, helping service providers monitor disease evolution, collect data and promote healthy behavior.

When appropriately applied, technologies can be used to improve patient's experience, well-being and health outcomes. *Innovative devices* such as self-service technologies (i.e. pill dispensers) can be adopted to increase individual independence and performativity and allow patients to carry out previously restricted activities with favorable effects on health (Rai,
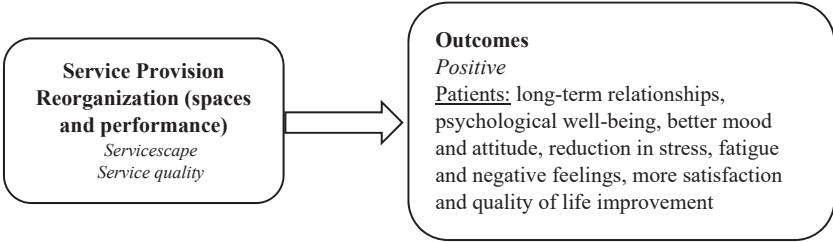
Figure 5.
TP2 outcomes
per actor

Source(s): Created by authors

2018). In addition, applying innovative *mechanics* (i.e. gamification) in the care processes can help improve patient and family engagement. Gamified care practices can influence patients' cognitive, emotional, utilitarian and experiential outcomes (Hammedi *et al.*, 2017). Moreover, *Online health services* allowing remote monitoring of patients, prove beneficial for health and can be used to reach people who live in rural and remote areas (Islam *et al.*, 2020).

Despite these benefits, providing adequate information to patients and allowing them to build the needed skills to deal with these innovations is crucial because inappropriate use can determine value co-destruction (Rai, 2018; Hammedi *et al.*, 2017).

Therefore, new tools and digital platforms can improve service quality, clinical outcomes and actors' satisfaction, reduce costs and narrow the gap between actors (SPs, medical staff and patients). This confirms the importance of technology in contributing to make a service transformative. Online and interactive platforms and digital tools facilitate engagement and interaction between the service providers and patients, and the co-creation processes. Technological innovations promote adopting a collaborative care model where patients actively manage healthcare processes and their diseases. Table 6 and Figure 7 summarize the elements and outcomes of the TP4.

5. Discussion and critical analysis of the SLR outcomes

The comprehensive analysis of the literature has resulted in the development of an integrative framework (Figure 8) that outlines the identified TPs, and their corresponding outcomes in terms of uplifting changes. These TPs serve as the means (how) to trigger and achieve transformation in the healthcare sector encompassing four key elements: *actors' empowerment and collaboration, 2. reorganization of service provision, 3. Integration of*

Transformative practice elements	Description	References
Social support	Making patients and families feel supported and part of a group/community reduces the negative feelings associated with the disease	Rosenbaum *et al.* (2021), Hunter-Jones *et al.* (2020), Rahman *et al.* (2020), Gopaldas *et al.*, 2021, Parkinson *et al.* (2017), Rahman *et al.* (2020), Akareem
Service provider support	Helping patients and families cope with the disease by enabling them to feel in control improves their well-being and reduces vulnerability	*et al.* (2021), Peng *et al.* (2022), Robertson *et al.* (2021), Mayer *et al.* (2019), Zayer *et al.* (2015), Amine *et al.* (2021)

Source(s): Created by authors

Table 5.
Integration of non-medical supportive activities description
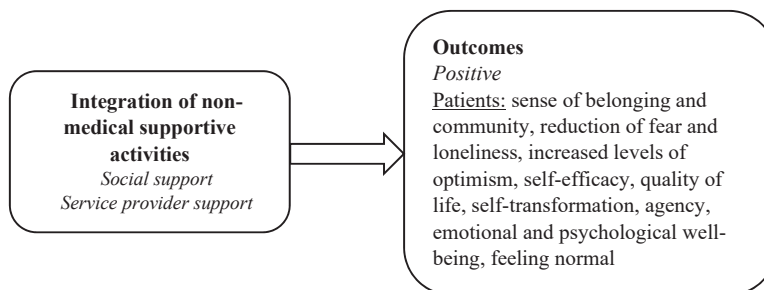
Source(s): Created by authors

Figure 6.
TP3 outcomes per actor

non-medical supportive activities and 4. Development of technology-based healthcare solutions. However, the analysis reveals that the literature produced under the TSR domain in the healthcare context primarily concentrates on the transformative analysis of a single actor, namely the patient and his/her well-being. The implementation and combination of the TPs -as shown in Figures 4–7 through the generation of a wide range of patients well-being outcomes (what), can lead to the development of a transformative healthcare service.

It has become evident that (TP1) involving the patient's responsibilization and engagement in service coproduction and the facilitation of resources integration and cocreation between actors at the micro level (mainly between the service provider and patient) determines an increase in the actors' and network' well-being (i.e. patients' hedonic and eudaimonic well-being). Furthermore, TP2 highlights that the tangible and intangible aspects of the servicescape designed to address patients' and actors' needs and the service quality improvement contribute to reducing negative feelings and enhancing health-related outcomes, ultimately resulting in a higher quality of life. Thirdly, TP3 underscores the positive outcomes for well-being (i.e. sense of belonging, self-efficacy, agency) by incorporating supportive practices from society and service providers into healthcare services and promoting patients' social interactions. Finally, TP4 reveals that the integration of cutting-edge technologies and digital solutions into healthcare service provision generates positive results in terms of health and well-being for the patient including aspects such as. Independence, engagement and accessibility. However, it is crucial to note that this may also pose the risk of value co-destruction.

From a theoretical perspective, the SLR results reveal the challenges of critically analyzing the findings to identify potential limitations in the approaches adopted so far.

Transformative practice elements	Description	
Innovative devices and mechanics	Turning patients from passive to active, promoting healthy behaviors, increasing engagement and independence for an improved patient experience	Rai (2018), Hammedi *et al.* (2017), Schuster *et al.* (2015), Islam *et al.* (2022)
Online services	Allowing to monitor disease evolution continuously, collecting data and following patients remotely to achieve better health outcomes	
Source(s): Created by authors		

Table 6.
Development of technology-based healthcare solutions description

Figure 7.
TP4 outcomes per actor
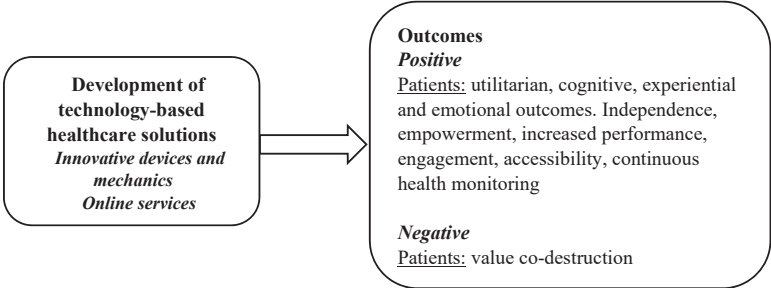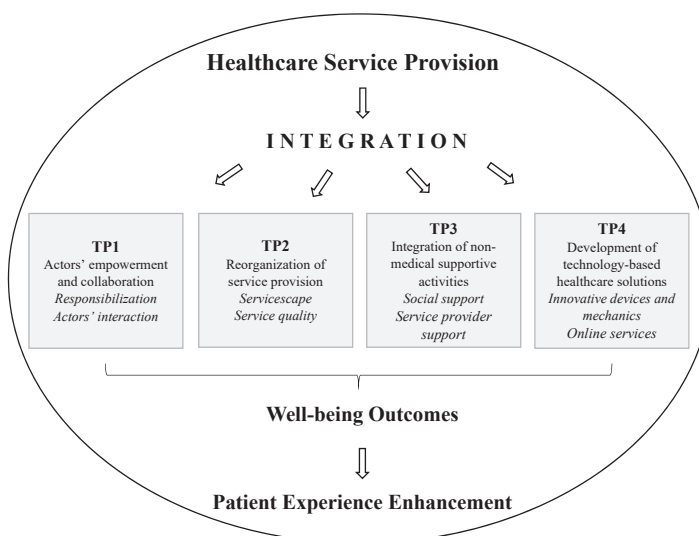
Source(s): Created by authors

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Those critical issues may represent valuable opportunities for detecting new trajectories of TSR development to facilitate the transition to a more pervasive transformative healthcare sector.

The analysis showed that most research conducted under the TSR domain had utilized a patient-centered approach. This aligns with the imperative to prioritize the patients and their experience (Pelzang, 2010), but it also underscores the absence of a comprehensive vision that aims to extend the transformative impacts to encompass every actor involved in the changing process. The literature reveals that most of the research concentrates on the individual (micro) level, specifically focusing on patients (and rarely on their families), without considering the engagement and potential benefits for other ecosystem actors.

The first critical issue is the lack of research adopting an ecosystem approach to investigate the possible impacts of TPs on all involved actors (negative or positive). By adopting an ecosystem perspective in healthcare services researchers can go beyond the dyadic relationship between service provider-patient (customer), considering a constellation of actor-to-actor interactions characterized by great interdependence (Mele and Russo-Spena, 2019). The service ecosystem lens offers valuable insights into how actors might affect value cocreation within the service ecosystems they belong to (Vink *et al.*, 2021). Previte and Robertson (2019) noted that transformation is not synonymous with well-being, but rather represents the development of a functional change to achieve a higher level of individual and collective well-being (Blocker and Barrios, 2015). Therefore, adopting the service ecosystem theoretical lens is essential for investigating how the service transformation takes place considering a multiple actors perspective. This approach enables the understanding of how the interaction and collaborative efforts of a plurality of actors, along with the integration of their resources, leads to changes in the value (co)creation processes (Letaifa, 2014), ultimately influencing well-being outcomes (Rahman, 2021).

Furthermore, the lack of an ecosystem perspective is also evident when considering the analyzed outcomes. The reviewed literature predominantly examines the effects of TPs on patient well-being while neglecting the consideration of how these practices impact other actors and the ecosystem as a whole. Only one article goes beyond the individual perspective

to identify potential advantages for the healthcare network (Groven *et al.*, 2021). An analysis of the scientific production considered in the SLR and the resulting TPs, however, reveals the existence of collaborative mechanisms involving multiple actors that, although not explicitly studied, allow (or could contribute) to generate further uplifting changes. For example, in the TP3 "Integration of non-medical supportive activities", the delivery of patient support services implies that the HSP has to keep up relationships with the volunteering associations and the listening groups. In this context, family members or friends are also frequently involved because they may help patients participate in and manage these activities. At the same time, the family members can also benefit from the engagement (Lam and Bianchi, 2019). Their emotional and psychological well-being can be enhanced through exchanging information with peers, which helps release tensions associated with handling the patient's illness. Similarly, volunteers involved in the supportive provision not only enhance patient well-being through their activities, but also provide favorable outcomes for themselves (Mulder *et al.*, 2015), families and the HSP (Di Pietro *et al.*, 2022). Likewise, the policymaker can play a significant role throughout a normative institutionalization of the TP at the national level, the allocation of additional funds and resources and facilitating the establishment of relationships among the involved actors (i.e. associations and service providers). This example underscores the significance of adopting an ecosystem perspective when examining the transformative impact of services.

Secondly, the absence of a multilevel vision is also evident in the examined publications. As suggested by relevant authors (e.g. Beirão *et al.*, 2017; Brodie *et al.*, 2021), the investigation of the healthcare ecosystem and the methods through which transformative value is co-created must consider the analysis of multiple levels of aggregation. This implies conducting an analysis capable of moving within and between the ecosystem's micro-, meso- and macro-levels (Vargo and Lusch, 2016, 2017; Chandler and Vargo, 2011). It aligns with the request for a deeper understanding of how resources are integrated to co-create value within and among the healthcare ecosystem levels (Beirão *et al.*, 2017). The ecosystem can contain a wide range of actors at various levels, and it is possible to illustrate how these actors interact to produce benefits for the patient and the community (Brodie *et al.*, 2021). Furthermore, it is acknowledged that the concept of well-being also has a multidimensional form (Chen *et al.*, 2023; Gallan *et al.*, 2021), and addressing individual and collective issues while taking micro-, meso- and macro-level analysis into consideration is one of TSR's main goals. Despite this, it is noteworthy that in the SLR, only one paper focuses on investigating well-being considering the micro (patient) to meso (community) level linkage (Gallan *et al.*, 2019).

Thirdly, another significant aspect that arises directly concerns the main purpose of the TSR. By definition, TSR strives to achieve uplifting changes on both individual and collective levels (Anderson *et al.*, 2013). However, as highlighted by Gallan *et al.* (2019), the connections between different levels of well-being have not been fully analyzed. Indeed, this element does not appear in the literature published so far. Most examined papers concentrate on enhancing the individual's well-being while omitting the collective dimension. In this respect, collaborative partnerships, which signify higher-order connections between individuals and organizations, may represent a lever for enhancing community well-being (Goldberg *et al.*, 2016; Roussos and Fawcett, 2000; Gallan *et al.*, 2013). Achieving collective well-being affects outcomes related to individuals because all actors in a service ecosystem are interdependent (Leo *et al.*, 2019; Gallan *et al.*, 2021).

6. Conclusion and implications

The current research addresses the growing demand for studies aimed at elevating the purpose of service, with a specific focus on the potential positive transformations in society brought about by changes in the healthcare sector (Bowen *et al.*, 2023).

The study delves into the literature within the TSR domain in healthcare, providing an integrative framework that may inspire scholars and practitioners. This framework identifies four transformative practices (TPs) that, when integrated into healthcare service delivery, not only enhance the patient experience but also contribute to overall individual well-being. The research yields practical implications for HSP and policymakers, addressing the call of Alkire *et al.* (2020). These implications hold relevance at micro-levels (medical and non-medical staff), meso-levels (hospitals, healthcare organizations, health clinics) and macro-levels (governments, society/community).

Simultaneously, the paper critically evaluates the contribution of TSR literature to healthcare services transformation. While the identified TPs enhance the patient experience, the analysis indicates that their implementation can extend beyond individual well-being to contribute to collective well-being. The patient-centered approach observed in the literature review only partially captures the transformative potential of the practices. Consequently, the paper highlights a research gap in studies adopting an ecosystem and multi-actor perspective to analyze the transformative impact of the healthcare service. It underscores the necessity for further investigation into how the integration of resources and collaborative efforts among actors can lead to positive changes for the ecosystem and the community. In doing so, this paper contributes to the advancement of TSR and healthcare literature, presenting an agenda with research trajectories for the future.

In the following paragraphs, the authors present the practical implications for healthcare management and the agenda for future research.

6.1 Managerial implication

As highlighted, healthcare services inherently contribute to the improvement of users' well-being. Consequently, HSP are encouraged to integrate activities that promote well-being (Rahman *et al.*, 2020). Enhancing patients' well-being not only fosters positive outcomes for the individual such as increased health-related outcomes, but also yields benefits for the community, including the potential reduction of care-associated costs and shorter durations of stay in medical facilities.

The findings show that HSP should go beyond the dyadic view (patient-provider) and the traditional PCC to include and engage more actors that, through their resources, can support patients, enhancing their health and the ecosystem's well-being. As suggested by Gallan *et al.* (2019), PCC has to be expanded to acknowledge an ecosystem view considering the interactions between the multiple actors that characterize the HSE (i.e. non-medical professionals, volunteering associations and social support groups).

Thus, it became crucial to understand how to engage patients, families, employees and all the other relevant stakeholders. Creating multidisciplinary teams can be beneficial because they can better support the patient in facing the disease while helping the staff address the unique situations of each patient/family. For instance, the collaboration between medical staff and non-healthcare actors (i.e. volunteering associations) can assist physicians in reducing the stress related to providing emotional support to patients, reducing the pressure on the ecosystem and contribute to enhancing the well-being (Di Pietro *et al.*, 2022). Providers must comprehend how to form partnerships and incorporate these stakeholders into the ecosystem. In addition, policymakers play a part since they can help actors connect and provide funds and resources that can be utilized to create new services and promote the availability and benefits of these services in public spaces.

In this context, training healthcare staff has become essential to help them understand the importance of resource integration from diverse actors in the ecosystem to achieve health-related goals and well-being outcomes. Staff should receive adequate information and tools, and their sensitivity should be increased as it is crucial to assess knowledge and community

resources (Gallan *et al.*, 2019; Lusch *et al.*, 2010). Policymakers could also create training programs and make them available, perhaps by offering credits similar to those offered in continuing medical education programs in Italy, encouraging individuals to advance their knowledge of multi-stakeholder relationship management.

Simultaneously, the HSP should also support patients and families in developing skills to face the disease and the related phenomenon. One way is to apply strategies to segment the users to comprehend how to provide tailored services and different supportive resources to improve customers agency and independence while avoiding the negative feelings that could arise from the burden of work (Anderson *et al.*, 2016; Pham *et al.*, 2019; Bieler *et al.*, 2022). Knowing the patient's coping strategies can help minimize their vulnerability (Mayer *et al.*, 2019) (TP1).

Healthcare professionals might want to reconsider some traditional methods and arrangements for providing services. For example, it has been demonstrated that tangible and intangible aspects of the servicescape can positively affect actors' well-being and improve service performance (i.e. Rosenbaum *et al.*, 2014; Adomah-Afari *et al.*, 2019). As a result, the HSP should redesign the servicescape with all the components that can help employees and users fight unpleasant feelings and regain a sense of normalcy. For instance, incorporating greenery, creating welcome and safe environments and maximizing natural lights can trigger a positive mood (TP2). It has been demonstrated that horticultural therapy can increase the satisfaction and well-being of patients and their families (Gulielmetti Mugion and Menicucci, 2021). Integrating social groups and complementary care activities into the healthcare setting via a planned program can promote community and belonging while achieving outcomes linked to health and well-being (TP3). Social activities that involve disseminating knowledge and education are essential for aiding illness management (Rahman *et al.*, 2020; Lin and Chou, 2022).

Even technology can play a crucial role and can be used to gather data about the actor's needs, boost engagement (i.e. using gamification mechanics), monitor the patient's health status and facilitate the sharing of information with the medical staff (technologies through continuous monitoring may be able to assess the onset of a medical emergency even before the patient is aware of it, allowing staff to intervene promptly). Even though integrating digital platforms and smart devices into care processes is not always simple, numerous opportunities make the effort worthwhile, such as increasing user agency and independence (TP4).

6.2 Agenda for future research

The findings contribute to the advancement of knowledge in the TSR domain, focusing on healthcare services and generate significant opportunities for future research.

First, general directions are suggested to define TSR trajectories within healthcare services. The SLR showed that the majority of the articles focus on the micro level analysis highlighting a lack of studies adopting an ecosystem approach and a multiple actors' perspective to understand how resource integration take place, influencing value co-creation processes (Letaifa, 2014). In this regard, the following research questions arise: *Which actors interact in the healthcare service ecosystem? What are the drivers (and challenges) that foster the integration of resources in the ecosystem? What kind of transformative value cocreation processes and activities are generated?*

Moreover, the interactions in the healthcare service ecosystem benefit multiple actors (Lam and Bianchi, 2019; Mulder *et al.*, 2015) and a multilevel vision is needed to analyze how transformative value is co-created (Beirão *et al.*, 2017; Brodie *et al.*, 2021). Furthermore, most articles focused only on the individual level, neglecting the investigation of how the collective well-being (Gallan *et al.*, 2019) can be generated. Therefore, more research is needed to answer

the following research questions: *In addition to the patient, which actors derive benefits from the integration of resources within the ecosystem? What types of outcomes (benefits or drawbacks) are produced? How do TPs occur across multiple levels (micro, meso, macro) of the ecosystem? How can uplifting changes be extended from the individual to the collective perspective.*

Second, for each TP, a set of research questions is presented in Table 7. Starting from *TP1*, future studies should examine the factors that promote and/or inhibit coproduction and cocreation activities. The resource integration processes between multiple actors in healthcare settings should be better understood. Another significant point of analysis regards understanding mechanisms leading to value co-destruction, specifically when and how tensions and conflicts arise and how actors manage these adverse circumstances.

Considering *TP2*, more investigations are required to deepen the concept of restorative and transformative servicescape in healthcare. Different health facilities can be analyzed by comparing, for example, public and private settings. It is also worth understanding if cultural models, diseases and other specific aspects can influence the user's perception regarding the servicescape and the service performance considering related differential impacts on well-being.

Regarding *TP3*, future analysis could focus on examining different vulnerability statuses (i.e. chronic disease, hard-to-reach populations, elderly), how individuals cope with their diverse situations. Research should explore strategies that can be developed to mitigate

Transformative practice	Potential research questions
TP1. Actors' empowerment and collaboration	RQ1. How can different characteristics and needs of customers (patients) influence co-creation practices and customer (patient) well-being?
	RQ2. How do the interactions between each actor take place? What metrics should be developed to measure the resulting outcomes?
TP 2. Reorganization of service provision	RQ3. How does each element of the servicescape influence the well-being of the actors? How do they influence the customers' (patients') perceptions?
	RQ4. What are the elements that contribute to a restorative servicescape? How do the specific characteristics of each individual influence the benefits derived from the elements of the servicescape?
TP 3. Integration of non-medical supportive activities	RQ5. How do the different actors take on supporting roles? Moreover, what kind of influence do supportive practices have on actors' well-being?
	RQ6. What supportive resources do the actors bring into the ecosystem? And how do they contribute to the well-being of individuals and the ecosystem?
	RQ7. What enhances or reduces vulnerability status? And how do coping strategies influence individuals' well-being?
TP 4. Development of technology-based healthcare solutions	RQ8. How do the specific characteristics of each individual (type of disease, cultural factors) influence the adoption of technology?
	RQ9. What negative impacts can the adoption of technology generate? And how can the destruction of value and well-being be mitigated?
	RQ10. How does the relationship between actors change due to the introduction of new platforms or devices, and what kind of results does this have on well-being and health?

Table 7.
Future research directions

Source(s): Created by authors

vulnerabilities and improve health and well-being benefits. The supportive role of other actors (such as families and friends) should be investigated to understand how their perspectives influence social participation, interactions and response to the disease and how they can facilitate the relationship with the HSP. Simultaneously, any opportunities or barriers that prevent social interaction and support should be examined.

Concerning *TP4*, additional studies on multiple technology-based transformative services are needed to analyze technology impacts on actors' well-being considering various contexts and settings. Another avenue of research could involve determining which individuals (and types of diseases) benefit most from applying innovative technologies and how their health status improves. The cultural and socio-demographic aspects should be addressed to investigate their influence on the intention to adopt digital platforms or smart devices and their connection with the well-being outcomes. Researchers should also analyze how to improve accessibility to technologies for different categories of individuals (base of the pyramid, elderly). Investigating how technologies transform the roles of medical staff and their interactions with the service providers, as well as how they induce new behaviors and habits in patients, is required.

Although the present work significantly contributes to the existing literature by identifying the integrative framework, it does not explicitly illustrate the interconnections between the detected TPs. It is evident that implementing a transformative healthcare service requires a systemic, integrated and holistic approach. However, there is a need to determine an approach for combining the TPs during the service delivery to maximize the benefits for individuals and communities.

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Table A1.

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