

Modeling Stakeholder Experience and Emotions to Inform Business Reengineering Designs

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ABSTRACT

Business Process reengineering is a complex process that is difficult to implement and which has historically demonstrated a low success rate. In standard reengineering methodologies, analysts investigate processes embedded in value chains to identify strategic, tactical, and operational opportunities.

Process analysts then create standard business process models that identify sequences of business activities, flow and stakeholder roles that reflect current processes. Analysts note problems and breakdowns in the current processes and then pass their analysis onto designers. Process designers then creatively propose reengineering solutions as they sketch and brainstorm to create reengineering designs that specify new process architectures, introduce technology, or improve transparency across value chains.

Several researchers have criticized designers for inadequately considering stakeholder concerns in proposed reengineering designs. Resulting designs inadequately engage participants and ignore motivations of managers and operational personnel. Providing designers with supplemental models of stakeholder's emotions, motivations, and relationships could help produce reengineering designs that better meet the needs of both individual stakeholders and the organization.

One of the characteristics that distinguish a "Service" from a "Product" is "Intangibility". When consumers evaluate the quality of services, two elements play important roles. They are "Experience Quality" and Credence Quality. Experience quality is assessed only after the consumptions of the service, and the Credence quality becomes one of the more difficult elements to assess due to the lack of necessary consumer knowledge or experience. Medical services area is a primary example where Credence quality is germane when consumers evaluate the quality of service. Another important service characteristic that sets a "Service" apart from "Product" is "Inseparability". This refers to the aspect that relates to fact that "service" is often produced, sold and consumed at the same time. Research in the "Services Marketing" area often focuses on "Quality" evaluation of services from the consumers' perspectives and not so much on the skills of provider, thus paying less attention to the "inseparability" characteristics of the service itself. Therefore, a more balanced approach between the roles of physicians in shaping patients' service expectations and doctor-patient relationships may build a better bridge between service quality and health-care approaches. The RATER Model created by Zeithaml et al. (1990) highlights five attributes customers generally consider important in evaluating a service quality. Swartz and Brown (1989) tied these five attributes to medical services as follows: Reliability (Ability to perform the expected service dependably and accurately), Assurance (Courtesy displayed by physicians, nurses, or office staff and their abilities to inspire patient trust and confidence), Tangibles (physical facilities, equipment and appearance of contact personnel), Empathy (Caring, individualized attention provided to patients by physicians and their staff members) and Responsiveness (Willingness

to provide prompt service). Swartz and Brown also included two additional service quality attributes. These are Core Medical Service (The central medical aspects of the service: appropriateness, effectiveness and benefits to the patient) and Professionalism/Skill (Knowledge, technical expertise, amount of training and experience). This research defines a Stakeholder Experience and Engagement (SEE) model and investigates its application with the goal of supplementing reengineering analysis. The model is intended to provide support to help reengineering designers to better account for stakeholder concerns. The model is used to answer questions such as: Who are my stakeholders? How are they related by tasks, environments and motivations? What the relationships among their emotional engagements? While current business process models are activity focused, SEE is stakeholder focused in order to help identify motivations, emotions, and influence and relationships among stakeholder roles. The outputs of the model are produced from interviews and observations of stakeholders, analysis of resulting stakeholder documents to better capture stakeholder concerns. The following is an abbreviated case study concerning a large physician provider organization that is investigating opportunities for physicians to be alerted to patient conditions from smartphone medical monitoring software. Current monitoring processes are inefficient and threaten patient safety where patients phone caregivers to report medical results and where miscommunication and errors are common. The stakeholders in this investigation include the role of executive level managers, physicians charged with patient care, the patients, and medical technologists. The first step was to interview each stakeholder with the goal of discussing their concerns, and consider opportunities for using smartphone devices for patient monitoring. The interviews primarily on focused on user needs and goals. The transcripts provided raw material for contextual analysis where each role comments were systematically analyzed and categorized to develop a composite persona associated with each stakeholder role. A persona is a descriptive model of a stakeholder that describes how they behave, think and what they want to accomplish and why. A persona is a composite archetype based on the motivations of multiple stakeholders acting in similar roles. Personas capture goals, skill attitudes and environments of stakeholders. Personas are common in user interface design and software engineering and improve communication and build consensus between stakeholder and designers. Analysis and synthesis of interviews and observations enabled us to develop four personas for our New South Physicians Provider Organization case study. The stakeholders in this case study included executive level managers (CEO Persona), Physicians charged with (Physician Persona), Patients (Patient Persona) and the Medical Technologists (Medical Device Engineer Persona). The personas are used to develop further classifications by locating personas across categorizing dimensions of motivation, task and environmental similarities.

REFERENCES

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