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Co-creating value by matching elderly care in a Swedish municipality.

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Introduction

A socially sustainable welfare system strengthens social solidarity and counteracts rising poverty and widening inequalities (Coote 2022). Social sustainable societies are associated with equal access to welfare services with high quality and equal distribution of common resources, regardless of income or employment (Dempsey at.al 2011; Blomqvist & Palme 2020). The Scandinavian welfare system is known for its universal role and that a progressive tax-funded public sector plays an important role in providing welfare to the citizens (Esping-Andersen 1990; Vamstad & Karlsson 2022; Korpi & Palme 1998). Since the late 1980s, the public sector in Sweden has allowed a significant portion of its welfare services to be offered by private providers, resulting in a quasi-market where private and public providers of health care services compete (Le Grand, 2007). The allowing of market mechanisms has been particularly notable in elderly care, starting in the late 1980s when the market discourses were introduced in Swedish welfare (Montin & Elander 1995, Nordgren 2003). The idea was that free choice of care will lead to higher quality and to increased efficiency.

An essential principle underlying the welfare state is the egalitarian provision of equal access to high-quality services for all members of the population (Blomqvist & Palme 2020). The generation of value in welfare services are connected to the experienced quality and to which extent expectations are met, but it is also constrained by the limitation of available resources or capacities (Leifland & Nordgren 2023).
The aim of this paper is to investigate co-creation of value in the Scandinavian welfare system. To achieve this, the paper examines how the employees at a municipality reason and what strategies they use to match the applicants´ expectations (in a survey) regarding nursing homes. The aim is fulfilled through answering the following research questions:
1. How do individual expectations differ among the applicants?
2. How do the employees at the municipality negotiate with the applicants' expectations in the allocation of available resources such as nursing homes?

Firstly, we present a literature review on co-creation in welfare services with a focus on value creation in the Scandinavian welfare system and the contradiction between different value forms. We then present the case and how it is studied using a mixed-methods design and analyzing it as an extended ethnographic case study.

Literature review

The current service research in health care and care for the elderly is focused on aspects of value creation and user involvement. This body of research explores the co-creation of value by a service dominant logic where both public and private actors are involved in the value creating

process, ultimately with active involvement of patients or users (Hardyman et.al 2022). Co-creation has been discussed extensively in research on service-dominated logic in health care (Vargo & Lusch 2004; Vargo et.al 2008; Gallan 2013; Barros 2016; Hardyman et.al 2022). The service-dominated logic implies that both the service provider and the individual user create value by integrating available resources (Joiner & Lusch 2016). In the literature on public management, the term 'co-creation' is often used to refer to the participation of the end users of services in the design and delivery of services (Von Heimburg & Ness 2021). It also refers to the shift of responsibility from providers to users (Hardyman et.al 2022). Active participation in health care services is limited for the more vulnerable part of the patients (Black & Gallan 2015).

Co-creation emphasizes the individual's own ability to participate in the process and that the service should facilitate this creation (Normann 2001). This user-centered perspective is commonly applied in mainstream service research (Jakkola & Alexander 2014). However, scholars argue that when it comes to welfare services in general and care for the elderly in particular, the political framework for the co-creation process is more important than the user-centered perspective (Moberg 2017; Szebehely & Meagher 2018). The policy framework determines how value is created, and which type of value is prioritized. The service-dominant logic revolves around an individualization of resource integration (Skålén et.al 2016) but often neglects the fact that social policy and welfare systems focus on social class and recognize a stratification of social solidarity (Rounpakis 2020). In this context Antony Giddens (1998) is an important contributor when he set up the goals for a third way in UK between the individualization of neo-liberal market innovations and the normative ideals of social democracy. In this version, service users were invited to participate in the creation of public value propositions. However, an inherent asymmetry in power balance is inevitably entwined in this process (Sevenhuijsen, 2000). Additionally, criticism is directed towards the "third way" politics, suggesting that it tends to overly align with communitarian ideals, thereby individualizing the responsibility for welfare and social cohesion (Rose, 2000).

In the past, care-giving primarily focused on aligning patients with the existing system of services, often necessitating adjustments of their needs to fit within the available resources (Lydahl & Hansen Löfstrand, 2020). However, contemporary health care practices have evolved to be more flexible and attuned to meeting individual preferences in service provision (Eriksson & Andersson 2023). This perspective perceives the patient as an active participant in the process, with a primary emphasis on aspects of value borrowed from management literature, such as customer satisfaction (Joiner & Lusch 2023), resource integration (Hardyman 2022) and efficient resource utilization (Connell et.al 2008).

In health services management literature, patients are often referred to as customers or end consumers (Nordgren 2003; McColl-Kennedy et al., 2012; Jakkola & Alexander, 2014; McColl-Kennedy et al., 2017). Viewing patients as customers inevitably leads to contradictions with the primary aim of welfare systems, that welfare should not depend on a market position (Bambra 2005). An approach that treats health care from a consumer perspective assumes the existence of a market, which prioritize profit (Stolt et.al 2011). However, this approach has demonstrated an increase in polarization, crowding out and cream skimming (Werbeck et.al. 2021; Lapidus 2022), resulting in reduced accessibility of health care services for the more vulnerable segments of the population. Health care also tend to be rooted in the more affective aspects of care as it is hard to make rational choices (Fotaki 2014). There has also been a scholarly discourse highlighting the commodification of patients and health care services, resulting in the deprivation of agency and empowerment (Christiansen 2017). This critique raises ethical inquiries for health care management that is often neglected in conventional management studies.

The relational approach, proposed by Vargo and Lusch, can be found in research about health care matching; the matching process between available resources and what is demanded is a central aspect of creating value in a health care setting (e.g. Nordgren et.al, 2009; Leifland & Nordgren 2023; Hall 2011). In line with this reasoning health care matching is employed to elucidate the mechanisms by which value is derived from the position of individuals who assess various options for their well-being (Nordgren et al 2020). However, the value creating process takes place on the individual, group, and organizational level and cannot be isolated to a single managerial or organizational process (Mintzberg 2017; Beckfield et.al. 2013).

In the context of elderly care it is difficult to argue that value is solely created by the patient when consuming care services. In these settings, the notion that the client can actively integrate resources for the patient arises, if the client possesses resources to enhance their own contribution to value (Lydahl & Hansen Löfstrand 2020; Skålén, 2016). However, there is an evident risk in assuming that all individuals can effectively integrate resources and make well-informed, rational choices regarding services (Nordgren 2010). In classical business economics it is more appropriate for the service provider to integrate resources on behalf of the user or patient, rather than the other way around (Nordgren & Ahgren 2011). The work to improve efficiency and coordination has resulted in an administrative superstructure and centralized management through measured results in relation to predefined targets (Newman and Lawler 2011).

The empirical case

A larger municipality in southern Sweden that we call Seatown is currently implementing freedom of choice in elderly care, which encompass health and social care, home health care services, and specialized accommodations for elderly. This model allows individuals to make more independent decisions regarding who should provide their care services, but it is ultimately regulated by 'The Act on the System of Choice in the Public Sector' (2008: 962) that was ratified in 2008 and fully implemented in Sweden 2009 for health care and social services. In the municipalities where this act has been implemented, citizens can choose between private and public providers. The services are still, however, financed by public spending.

To access elderly care in Seatown, an official decision for assistance from the social services is required. Then, an investigation takes on to determine the specific types of services that are relevant to the individual's needs. Based on this assessment, the applicant is then given the opportunity to select their preferred service providers, if they want their services to be provided by private or public actors. Regardless of the chosen service provider, the cost remains the same for the individual, who is only paying a fee. The rest of the cost is covered by the redistribution of tax revenues. The applicant can actively participate in both the planning of their future primary and specialized care, as well as the arrangement of their accommodation. Before being placed in an appropriate facility, the applicant's specific needs and preferences are coordinated with the available services, necessitating a thorough consideration of various options.

Method and research design.

The project received approval from the regional ethical review authority (Dnr. 2014:631). The study examines a complex issue and therefore uses a mixed methods research design, including both qualitative and quantitative elements (Greene et.al 2005). This approach seeks to provide a comprehensive understanding of the demands and expectations expressed by individuals seeking residency in elderly homes. Furthermore, it aims to gain deeper insights into the processes and mechanisms that govern the coordination between available housing units and the applicants in the co-creation process.

The mixed methodological approach offers a general overview of the attitudes that those who are looking for housing have about their future living conditions. Moreover, the approach gives specific and concrete answers of how the matching process is performed. It can also be a good way to describe the matching process from various types of material to get a holistic view. The disadvantages are that there may be discrepancies between the different empirical sources, that the different methods provide uneven evidence that are difficult or even impossible to compare, that the empirical sources are incommensurable.

Analytical strategy: An institutional case of co-creation

The research focuses on understanding the process of matching applicants with the available supply of elderly homes. While normative guidelines exist prescribing how this process should ideally be conducted, including aspects such as queue management and organizational routines, our chosen methodology adopts a distinct approach. Employing a mixed method, the central aim was to examine the social processes that are constructed between these normative prescriptions and the actual everyday practices that manifest within the system (Burawoy 1998). The narratives shared by the interviewees and the attitudes expressed by the applicants unveil underlying social processes that surpasses the superficial aspects captured solely through interviews or the survey's responses (Smith 2005; Devault & McCoy 2006).

Surveys and interviews

Surveys

The surveys were sent out to all individuals who applied for residence at a service home in Seatown during the period between November and December 2014. This survey was distributed during the first half of 2015. The primary objectives of this survey were to delineate the aspects deemed significant by the applicants and to discern their expectations regarding future care and residence. Additionally, the elderly's background information, encompassing age, gender, education, and family structure, was gathered. The questionnaire was structured into three distinct sections. Part one encompassed background variables (see table1).

1. The presence of an offered place in a home for the respondent.
2. The acceptance status of the offered place by the respondent.
3. The year of birth, serving as an indicator of the respondent's age.
4. The gender (sex) of the respondent.
5. The city of birth.
6. The primary city of residence for the respondent.
7. The main occupation of the respondent.
8. The current family relationships of the respondent.
9. The number of children the respondent has.
10. The frequency with which the respondent is visited by or visits their children.
11. The level of educational attainment.
12. The respondents language.

Part two focused on care and nursing aspects. These questions were presented using Likert scales. Respondents could provide answers on a four-point scale: "Very important," "Quite important," "Quite unimportant," and "Not at all important.". Part two was further divided into three subparts (A, B, and C), wherein section A comprised questions related to staff. (See table 2a.)

How important is it for you that…
1. …you have contact with a small number of staff members.
2. ...staff come at regular times
3. ...staff arrive within 5 minutes when you call
4. ...staff has formal education
5. ...the staff have the personal qualities you require

Section B inquired about care-related matters. (See table 2b.)

How important is it...
1. ...to get help with daily hygiene
2. ...to get help with regular cleaning
3. ... to get help with changing clothes
4. ... having a member of staff with you for a coffee, watching TV, listening to the radio, going for a walk or doing something else that is not directly related to nursing.

Section C specifically addressed health care-related inquiries. (See table 2c.)

How important is it for you that...
1. ... medical staff are available in your home
2. ...that it is easy to get specialized medical care (specialized care is the care that most often requires a hospital visit).
3. ... that it is easy to get a visit from a health care professional at home.

Part three of the questionnaire pertained to the living environment and, akin to part two, was also subdivided into three segments (D, E, and F). Section D consisted of questions concerning food. (See table 2d.)

How important is it for you that…
1. ...the food is nutritious
2. ...the food tastes good
3. ... there is not too much time between the cooked meals
4. ...there is access to snacks
5. ... that the cooked meals are prepared at the accommodation
6. ... that there is always staff at the table to help or eat together with you.

Section E explored inquiries related to activities. (See table 2e.)

How important is it for you to
1. ...get access to physical activity (e.**g.** wellness, exercise**,** and sports).)
2. ... Access to cultural activities (such as movies, music, art or shows)
3. ... Access to spiritual activities (e.g. space for religious practice, contact with religious organizations, meetings with religious people).
4. ...that there are social activities
5. ... that there are sports activities and games to play with
6. ...that there are outdoor activities
7. ... to spend time outdoors whenever you like

Section F delved into housing-related questions. (See table 2f.

How important is it for you to
1. ... largely have your own furniture
2. ... to decorate as you wish, for example with flowers and paintings.
3. ...to have the possibility to have pets and animals
4. ...to have visits whenever you like
5. ... that there are no staff coming in when you want to be left alone.

After each group of questions, the respondents had the opportunity to answer an open question, the survey responses were subsequently subjected to analysis employing IBM's SPSS software, version 24.

Interviews

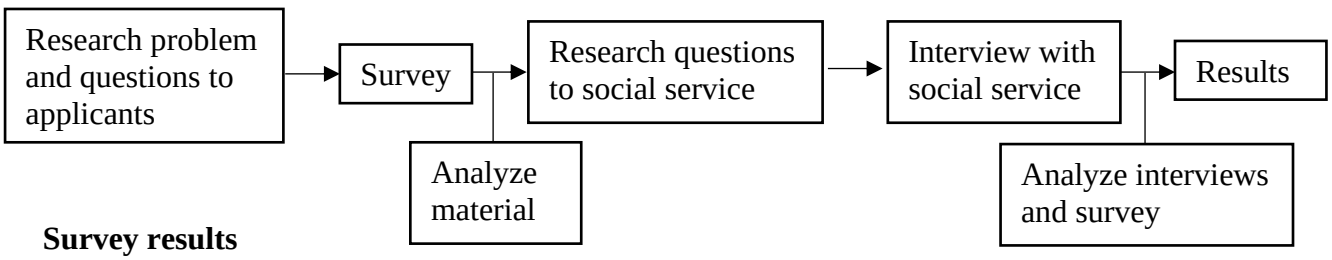
To look more closely at the processes in matching of homes to applicants, three interviews were done with administrators. These were assistant officers, who worked with making decisions on the applications, and house coordinators responsible for coordinating the queuing system for the homes. The interviews were conducted in group settings with two coordinators and their respective manager. In contrast, the interviews with the assistant officers were carried out both in group (two individuals), and in an individual setting. Each session lasted for an average duration of one hour and were conducted in a dedicated meeting room at the social service office.

The interviews were informed by the empirical data acquired through the questionnaires administered in the survey step. The objective was to gain insight into the preferences and interests of the elderly applicants during the interviews with the housing coordinators. (Table 3.)

Interview	Date	Place	Participators	Time of interview
1	2016-04-18 at 13.30	Floor 1	XXX, YYY, 3 Coordinators	65 min
2	2016-06-21 at 1 p.m.	Floor 2	XXX, YYY, 1 Assistance	65 min
3	2016-10-17 at 13.00	Floor 1	XXX, YYY, 2 Assistance	70 min

Research process

The research process for the project can now be summarized in this model:



Survey results

Sampling Procedures and Dropout Analysis

This study is a complete survey of the people who applied for a care home in Seatown. The questionnaire was sent to a total of 161 people, of whom 35 responded. The response rate is

relatively low. However, our aim is not to generalize, but to show the prerequisites for value creation in a larger Swedish municipality.

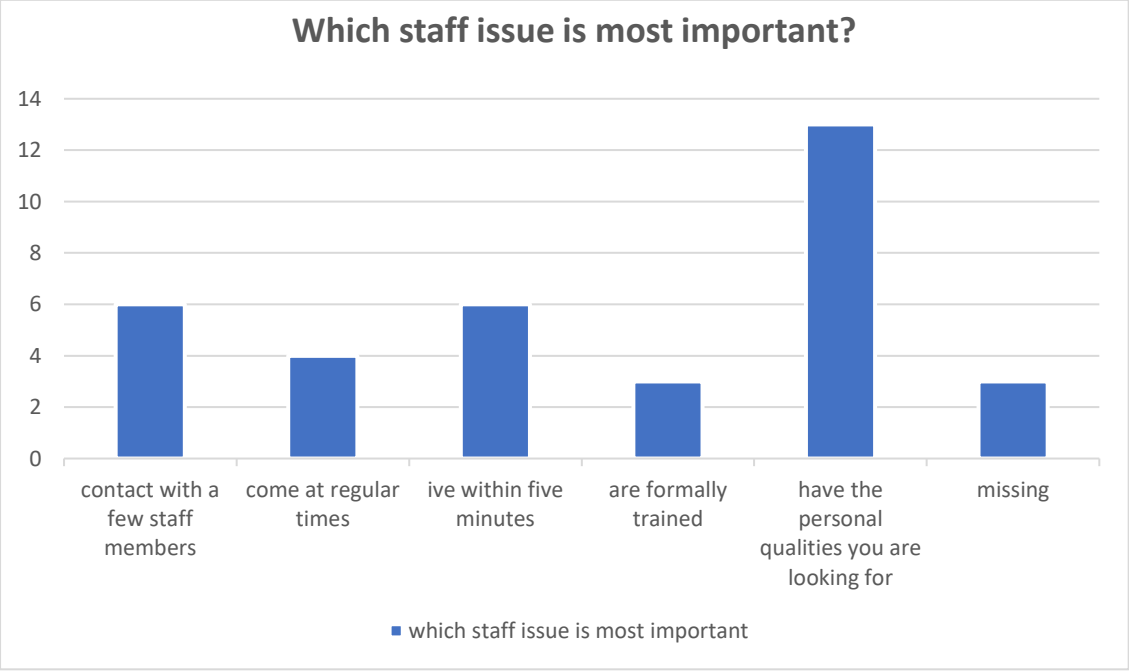
A total of 161 who applied for a nursing home were 98 (61%) women and 63 (39%) were male. 133 lived in Seatown; the rest were spread out in the smaller communities in the nearby area. The respond rate was 36 (23%); one with only valid answers on the first three questions so we decided to delete this respondent. Among those who responded, 22 (63%) were women and 13 were men (37%). However, the proportion of the responses received is somewhat like that of the total population in terms of gender. The same applies to place of residence.

In a total survey design, it is often irrelevant to perform significance tests because the values observed are the true values (Lantz, 2013). However, when the dropout rate is large, the conclusions should be tested for its inference strength (Streiner & Norman, 2008). This procedure can be misleading because the observed values are true even if a significance test shows the opposite. Therefore, the significance tests performed will only be indicative.

Descriptive Analysis

Out of the total amount of respondents, 33 individuals have been offered a place, while 3 have not received any offers. Among those who did receive offers, 4 respondents chose to decline. The respondents' ages range from 62 to 99 years, with a median age of 87. Half of the respondents fall within the age range of 79 to 93 years. Of the respondents, 13 are male, and 22 are female. Regarding marital status, the respondents are predominantly characterized as either single or married, with a higher proportion being single. The majority have either 1 or 2 children. Most respondents report being visited by their children once a week or more frequently or visiting their children themselves with a similar frequency. As for educational background, 36% of the respondents have completed primary school as their highest level of education, while the majority have Swedish as their native language.

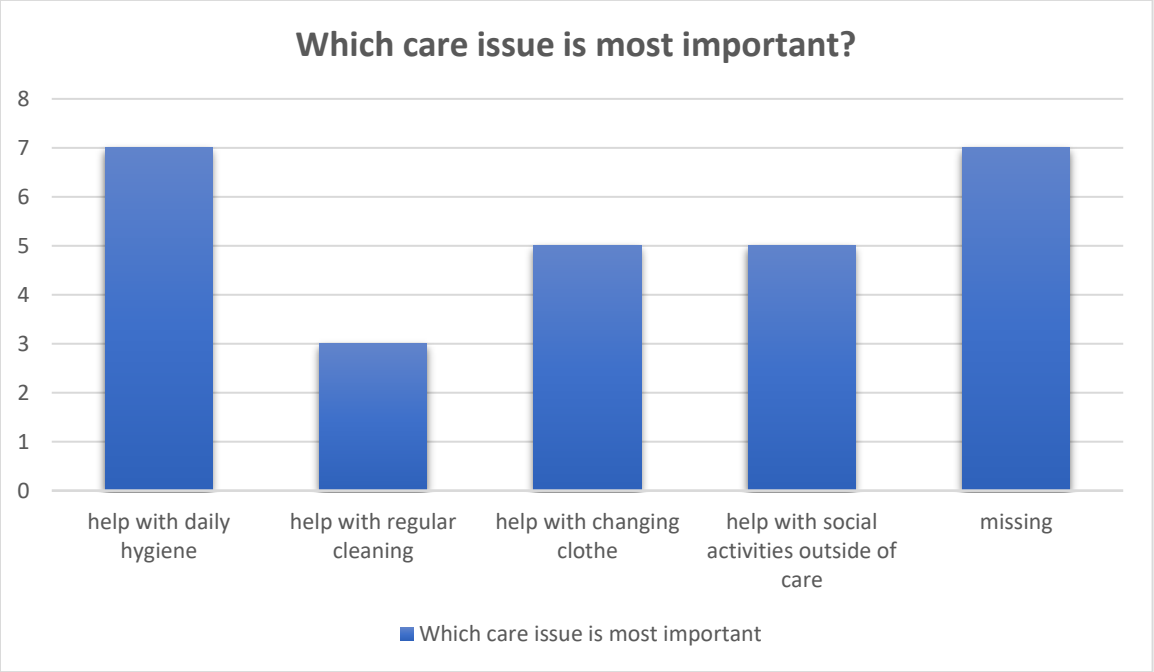
Regarding the aspect of the caring staff considered most salient by the respondents, they expressed a strong desire to witness specific qualities and attributes in the personnel. Notably, the formal education level of the staff ranked as the least important factor. (See diagram 1.)



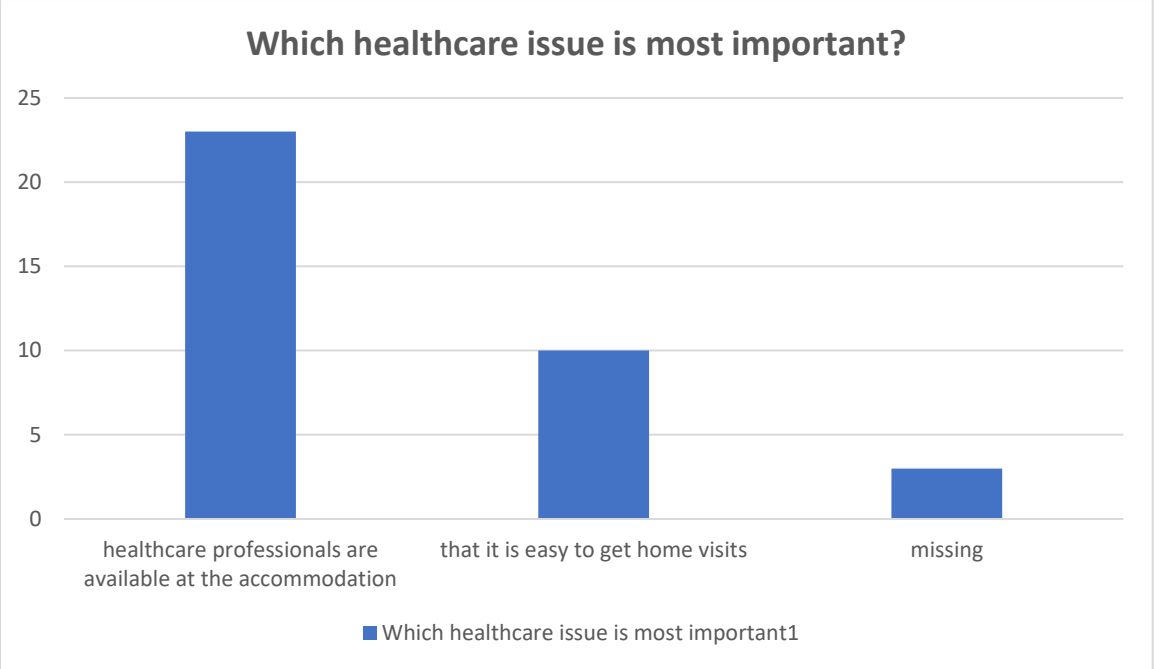
Furthermore, the respondents highlighted aspects related to individual qualities and personal attributes as most important. When given the opportunity to express personal preferences, respondents also emphasized the significance of individual qualities:

"[the services] Should be about: Kindness, for the patient, integrity, able to speak Swedish, be very gentle and careful toward the elderly. Ideally female
"Should be present and not let them sit alone at the table"
"That they have not to be in a hurry, and have no time to talk to the patient"
"Have humor and a happy mood"

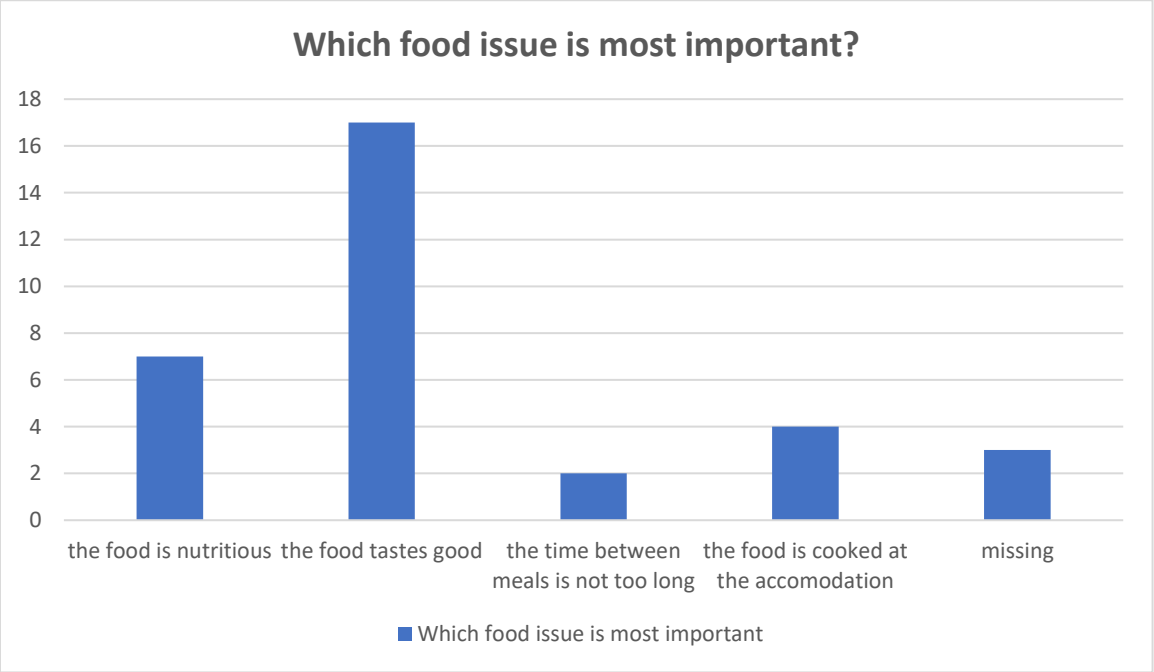
Personal competence and personal qualities are valued more than aspects related to formal education or general competences. The question of what the most important aspect of care was, the most common response was that help with daily hygiene was the most important. (See diagram 2.)



Upon querying the respondents about the most crucial healthcare aspect, accessibility emerged as the greatest concern. None of the participants deemed access to specialist care as the primary priority. (See diagram 3.)



When inquired about their assessment of the most paramount food aspect, a prominent response emphasized that the food should taste good. (See diagram 4.)

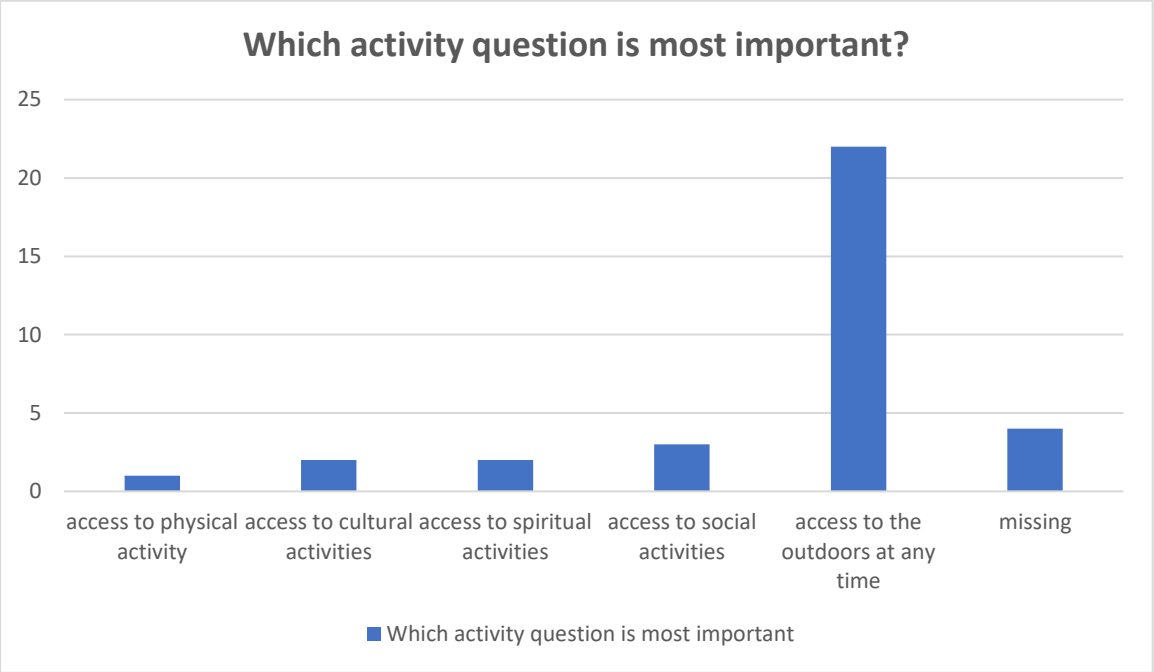


The open-ended comments revealed different perspectives and shed light on additional aspects of respondents' views on the issue.

"That the cooked food is prepared at the home. Smell the aromas when the food is cooked stimulates appetite."
"Vegetables are rare. Fruit has never been seen"
"The meals will be nicer if someone from the staff is present at the table"

The comments presented exemplify individual experiences while highlighting the importance of creating a pleasant and socially engaging environment. Specifically, respondents emphasized their desire for a positive and qualitative dining experience.

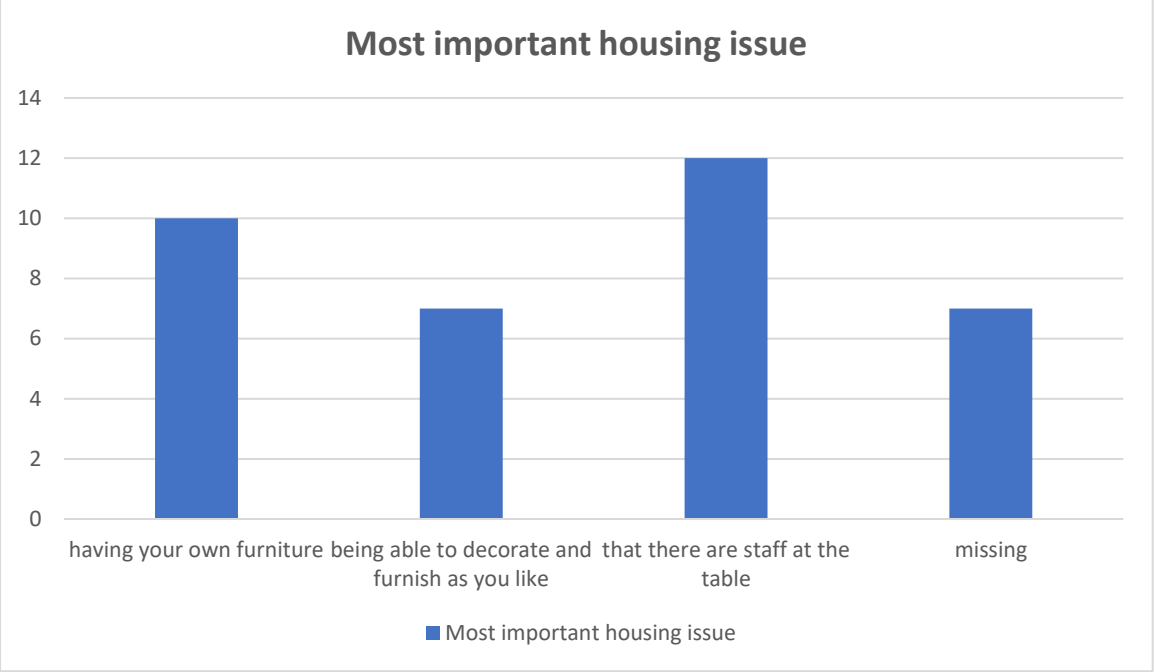
In relation to activities, participants identified the freedom to access outdoor spaces at their discretion as the paramount aspect. (See diagram 5.)



In relation to this diagram, the open-ended comments providing valuable qualitative insights.

" It is important for me to be able to have my freedom. To be able to go where I want."
"I'm in a wheelchair and cannot go out on my own. I would like to be rolled out for a walk, but that happens far too rarely"

The most salient consideration concerning accommodation pertains to the presence of staff during meals at the table and the availability of personal furniture is also essential. (See diagram 6.)



The open comments show respondents' inclination for being recognized as individuals with own agency.

"That everyone is different individuals"
"More staff"
"Take a rest whenever possible"
"Maybe a small vegetable garden outside, where we can grow some herbs and vegetables for our meals"
"It should be possible to choose where you want to be, which location. That the same staff come more often"
"Do not want to stay, want to move to your own accommodation as soon as possible"

The comments express more time with staff and more individualized approaches. These expectations are hard to fulfil from a management perspective that focuses on effective use of resources (Newman & Lawler 2009). It also hinders a co-creation of value when every part of the organization is considered as a microcosm of the greater unit in which it is embedded (Connell et.al 2009).

Correlations
In this section, we only report results with a p-value <0.05 in a Pearson chi-square test. Due to the response rate, the p-values should be cautiously interpreted as indicative guidelines rather than absolute measures of significance. All measurements obtained are considered valid since it constitutes a complete sample.

After conducting the Chi-square test on the dataset, we found a significant association between the variable about how important it is that staff come at regular times and gender χ^2 (1, N=33) = 6,043, p < .049. Women are more heterogenous in their attitudes. (See table 4.)

Regular visits	*Very important*	*Quite important*	*Not important at all*	*Total*
Male	10 (83%)	0	2 (16,7)	12 (100%)

Female	11 (52,4%)	8 (38,1%)	2 (9,5%)	21 (100%)

A Chi-square test on the variables how often do you visit or get visits from your children and how important it is that staff comes within five minutes, we found a significant association between the variable about how important it is that staff come at regular times and gender χ^2 (9, *N*=28*)* = 28,85, p < .049. The distribution is also here affected by the small amount of data. However, the results show a slight difference in the responses, with those who have more contact with their children finding it more important to have quick access to health care than those who have less contact. (See table 5.)

Staff come in five minutes	*Very important*	*Quite important*	*Quite unimportant*	*Not important at all*	*Total*
Once a week or more	16 (76,2%)	4 (19%)	1 (4,8)	0	21
Three times a month	0	0	1 (33,3%)	2 (66,7%)	3
Two times a month	0	1 (100%)	0	0	1
One times a month or less	2 (64,3%)	1 (33,3%)	0	0	3

The test on the variables family conditions how important it is that staff come within five minutes, we found a significant association showing that people who live together have a stronger opinion whether it is important or not χ^2 (3, *N*=32) = 7,884, p < .048. People who live alone chose the alternatives rather important or rather unimportant more often than those who live with someone. (See table 6.)

Staff come in five minutes	*Very important*	*Quite important*	*Quite unimportant*	*Not important at all*	*Total*
Single	12 (52,2%9	7 (30,4%)	4 (17,4%)	0	23 (100%)
Live together	6 (66,7%)	1 (11,1%)	0	2 (22,2%)	9 (100%)

A test on the variables how many children do you have and how important it is that staff have the personal qualities you require, we found a significant association showing that people who live together have a stronger opinion whether it is important or not χ^2 (15, N=33) =49,141, p.000. People with more children tend to value personal qualities lower than those with none or one. (See table 7.)

Formal education	*Very important*	*Quite important*	*Quite unimportant*	*Total*
One times a week or more	14 (66,7%)	5 (23,8%)	2 (9,5%)	21 (100%)
Three times a month	1 (33,3%)	0	2 (66,6%)	3 (100%)

Two times a month	0	1 (100%)	0	1 (100%)
One times a month or less	5 (100%)	0	0	5 (100%)

The variables frequent visits of children and how important it is that staff have a formal education show a significant association that people who have frequent visits do not value formal education as important as those who see their children less than three times a month χ^2 (6, N=30) =14,381, $p < .026$. (See table 8.)

	Medical staff at the accommodation	*Easy to get medical staff for home visits*	*Total*
0	4 (66,7%)	2 (33,3%)	6 (100%)
1	3 (33,3%)	6 (66,7%)	9 (100%)
2	6 (85,7%)	1 (14,3%)	7 (100%)
3	6 (100%)	0	6 (100%)
4	3 (100%)	0	3 (100%)
7	1 (100%)	0	1 (100%)

The last significant correlation was the one between how many children a person has and if medical staff at the accommodation is more important than if it is easy to get home visits. A Chi-square test showed that those who have three or more children value medical staff at the accommodation higher, χ^2 (5, N=32) =11,270, $p < .046$. It is noteworthy that the factors in the care encounter emphasis more subjective elements, such as the appeal of the food and the presence of specific attributes in the care staff that align with the individual preferences articulated by the respondents.

Interviews

We conducted two group interviews and one individual interview. There was a total of four support workers (assistance officers) in the Seatown area; the last one having called in sick the day before the interview. Support officers are the "authorities" who are usually sociologists and make assistance decisions on whether the applicants have the right to housing or not. Moreover, we interviewed all housing coordinators in the Economic Administration Department. Housing coordinators were those who worked with coordinating applicants with apartments; they have no academic training.

Housing coordinators

The first interviews were with the 'housing coordinators'. We refer to them as Helena and Anna, and to their manager as Eva. The coordinators' task was to align the level of care required by the applicants with the available resources. One of them, Anna, said “Need is what is important and not the desire, what they want.” Helena, another coordinator elaborated this further…

> If someone says no, the case is sent back to the assistant officer, who investigates whether there is a reasonable reason why. If it is only due to the situation, that they do not want to be at that place, the approval is deleted, and you may apply again. Because then it is not the care need that is important, it is other factors.

Central to the matching process lies the fundamental differentiation between actual care needs and individual preferences. Regardless of the specific nursing home, the level of care provided remains the same across all facilities. As posited by Vargo and Lusch (2004), value creation occurs through a reciprocal exchange of resources. However, in the matching process itself, there

may be discrepancies between what the different parts want and what is considered as necessary. Eva the manager said that…

> It is like that quite often, that they apply and say no to the offer because it does not suit relatives, when they are going on holiday abroad and so on. But then it is not the place or nursing home that are the problem, it can go very fast and then they get cold feet because it can go very fast.

Anna filled in…

> If you say no, you lose your place in the queue and get last in line again. But when we skipped the possibility to say no it shortened the waiting time a lot. And you can only wish for one place. So, now all get a place after seven days and you move also in after three months. We match as much as we can…

Helena continued "…and from having over one hundred waiting in line, we now have less than forty". In the matching process the applicants' the waiting time prioritized, value is associated with waiting time. Anna said "…you get people in all rooms and use the resources that we have." This is only one side of the co-creation process, and resources are not integrated in a reciprocal relation.

Later in the interview we asked about how they make sure that applicants are as satisfied as possible even if they come to a place where they don't want to be. Eva, the manager answered…

> …you can choose, but not completely freely. If it is possible, there is a choice. You will of course get what you want if it is possible. But if you move into a place where you do not want to stay, you can line up in a more informal 'change queue', but if they come in well and settles in, they will usually stay. It is surprisingly easy to move in when they are in place and have accepted that they will live here.

Anna then continued…

> There are many who stand up and apply for change, but once they moved in, it does not matter so much. It is mostly when you have a spouse nearby who should be able to go and visit. Then it is not good at all if your mother, father, or husband move to the other side of town or far away. So, of course we try to match so that they are in the nearby area.

In instances where no available accommodation corresponds to the applicant's preferences within the formal matching chain, an informal way becomes available. Applicants may move in and opt to enter an exchange queue with a shorter waiting period than the formal one. This alternative approach enables the incorporation of applicants' preferences into the matching process itself, albeit through an informal pathway. There is a pragmatic matching of the available resources and, thus, a co-creating process becomes tangible.

Assistance officer

The next interview was with an assistance officer who we call Maria. She talked about the compliance with the provisions of the Social Services Act. This is primarily based on an assessment of the applicant's ability to meet the own care needs. Although some applicants may require a higher level of service than others, it is important to note that the level of care is consistent across all service homes. Maria said…

Every nursing home in the municipality must offer the same care, there should be no difference. This is the care you should have to, and all nursing homes here can offer it.

An issue that Maria focused on was how the first contact is made, how they find out that someone needs elderly care…

> The first contact can be made by a neighbor or relative, or of course by the home care services. Then we make home visits to see what is going on /.../ and what is needed. Then it is registered through the social services. There are quite a few different ways in. But we always do a home visit to see what the status is.

A person from the family, extended family or social services can report a concern, if the see or think that an individual needs care. But Maria later stressed that…

> If the person does not want to, no investigation can begin. Only the customer himself can apply; it must come from the person himself. You cannot force somebody to do it. And if I decide that you do not have this need, then you will be refused, but you have the right to appeal against the decision.

An investigation cannot start if the customer does not want it, but need always takes precedence and need is determined by the assistant officer. Hence, before a matching takes place, a need must be defined by the assistant officer. Maria said…

> Previously, you could have three alternatives and wait until one of these became available. But that changed and it was said that if you have a need, an extensive need for care, that need can be met anywhere. The offer you get is the place you get when you are at the top of the list and your need can be met anywhere. But if you really do not want to live there, then you have the right to sit in a change queue, but then you must move twice.

If the offer is turned down because the applicant is not happy with the location, then the applicant is not in need for care. Maria said: "Every nursing home has to offer the same level of care. But the waiting time became too long…" Here Maria talked about efficiency in the managing of the queue, they must try to shorten the waiting time. We asked if all applicants need the same services, but what about if there are special needs? Maria answered…

> First, I decide if you have a need, then I send an order to the coordinators. If there are special needs or circumstances, I put that in the order, and they take that into account when they look for a place. We have specialized dementia homes, and we usually have a Silvia sister in each home. If she thinks that this client needs a dementia home, we will arrange for that.

A Silvia sister is a profession named after the Swedish queen and who specializes in cognitive disorders who can arrange for a new nursing home.

> If you are a couple living together, you can both live in a two-room flat. If one of you needs it, a second person can move in if the other person has been offered a place at a service home. Home care is a one-off initiative, but the caring services at a nursing home is a more comprehensive service.

In the last part of the interview Maria said that even if waiting is prioritized, the elderly need to be involved. She said that "…most things can be solved /…/ you try to solve it according to

wishes and needs" and that "a lot happens behind the scenes; in the end you want the customer to be happy". Maria then reflected around quality as a concept and how she approaches that.

Quality depends on the circumstances and each individual case. We try to make it as good as possible for the customer, but also for the relatives of course. It is not given what quality is. Not everyone can speak for themselves, there are people who have aphasia after a stroke who cannot speak for themselves. What is quality for one person is not the same as what it is for another.

It is one thing to reduce waiting times, which are not related to quality by default. In the process of co-creation, both interacting parts contribute with resources in a reciprocal relationship (Joiner & Lusch 2016; Nordgren et.al 2020). The interview with Maria suggests that efficiency doesn't necessarily indicate co-creation. The applicant must be involved. But not everyone has the resources to co-create, what value is co-created when "…not everyone can speak for themselves."? Quality is pragmatically co-created in a unique process dependent on the interacting parts.

Assistance officers

The last interview was a group interview with two assistant officers, Jenny and Monica. They also related to that the level of need is a priority. Monica talked about consent; that there is a…

> Difference between application and notification. The formal application comes from the individual, but a notification can come from a relative, neighbor, or other. But in the end the consent of the individual must be included, that is important. We must have some form of agreement. We always make home visits to meet the individual. The notification on the other hand comes mostly in by phone. Or letters and emails from other authorities, the police may have noticed something too. The hospital too. But it always ends up at us no matter who made the report.

Jenny filled in, "Yes, many notifications come from relatives, 50/50 I think." Family and relatives play a significant role in notification, and in the initial contact. Another aspect was the anxiety that is associated with the waiting time. But not in the way that one might have imagined at the outset. Jenny said that…

> Once they have been given a place, it goes very fast. And this can be somewhat distressing and connected to anxiety, they might feel that the process is forced. It can be experienced that there is a conflict between what the municipality wants and what the individual want. This can of course be perceived as quality and perceived value.

The employees want it to be fast, but the applicants want it to be as good as possible. The municipality want it to go fast, but the applicants do not want to force the process. So, we asked how they include the individuals' preferences, what they want. Monica said…

> We write in a box, there is a box in the form where we can write that Asta has lived in Kings village all her life and would like to keep on doing that. But then this will end up at the coordinators table...

There are forms for the applications and a formal and transparent way to match and coordinate the different individuals with the available resources. The municipality is a bureaucratic organization where efficiency and rational use of taxpayers' money is prioritized, a relationship

that distances individuals from the organization that in the end should serve them (Newman & Lawler 2009). Jenny continued…

> After we make made the decision, then it is the housing agency that is responsible for the placement. Then, we do not want too many changes or appeals, otherwise the person moves in. But, yes, we have followed ups and unless something comes up, we have no further contact beyond that.

Monica referred her to the law; freedom of choice is regulated by law and the matching process is "...set in relation to the law on freedom of choice". She problematized this further…

> Freedom to choose is thus reduced to choosing between only one alternative, is that a choice then. When you do not get your choice met at the first meeting, your first choice, it creates an unnecessary demand for a future change that could be avoided.

Jenny added… "…the basic idea is that you should end up right from the start". And Monica continued…

> Yes, three months. We never go over that, we focus on that very hard. Before we changed that they only could put up one alternative we had it arranged the day before three months. I think it has always been arranged within three months. But today is the line shorter.

The matching process that Jenny and Monica described is more of a conflict driven sort. They describe how they "…focus on that very hard". But they were aware of the ambivalence between freedom of choice and the scarce resources they must match with, and that the freedom of choice creates… "…an unnecessary demand for future change". Shorter waiting time does not always create value. If related to the applicants' life situation a forced process between application and moving into a nursing home can be detrimental to value even if it is a sign of efficiency.

Discussion

Three emergent themes emerged in our analysis. The first theme connects to the orientation towards needs and time guarantees within Swedish elderly care. This theme is closely linked to policies surrounding aspects of time guarantee, which underscores the priority placed on fulfilling an individual's need for care, surpassing individual desires. On the one hand, this focus has led to a reduction in the waiting list for elderly homes in Seatown. On the other hand, users' freedom of choice is somewhat condensed into a single option. This observation resonates with Hardyman et.al (2022), Vargo and Lusch (2004; 2008), and Skålén (2016) suggestion that a value creation process is based on the active involvement of all interacting parts, when resources are integrated. Value co-creation, however, is highly dependent on the social context in which the service is provided. In our study we found that this social context depends on the expectations and how much these are considered in the matching of available resources before the actual service is provided. Short waiting times are a priority for Seatown, but applicants are more concerned with aspects that are in line with their personal expectations. We also found that different expectations are linked to different groups; services are standardized but demand among older people is very much heterogeneous.

The second theme refers to the pragmatic alignment of resources. The actual co-creation process was described as an indirect resource integration, a more informal process when the applicants line up for a change. Traditionally, care-giving primarily focused on fitting patients into an existing system of services (Mintzberg, 2017), like the first part of the matching process that is

carried out by assistant officers who reject or approve the application, considering basic needs rather than what the applicant wants. The resource integration takes place in the second instance by the housing coordinators, when they give the elderly the possibility to change residence.

The third theme revolves around value conflicts involved in the discourse of managerialism and efficiency. These value conflicts became evident in how older people wrote about aspects related to personal matters and qualitatively different aspects of the services, vis-à-vis the views of managers and coordinators who viewed these qualitatively different aspects as unnecessary. In their view, all nursing homes meet the same level of standardized needs. If the elderly want something different, it is not because they need it, but they want it. Thus, the user focus is shifted from needs to demand (Leifland & Nordgren 2023). Therefore, co-creation is deemed necessary for increasing service quality in public services (ibid., Hardyman et.al. 2022). It is obvious that the assistance officers and coordinators create a narrative around their profession as if they were in a more managerial position dealing with fitting patients in an existing system. According to this managerial narrative, matching is about efficiency and capacities and not so much with resource integration (Lydahl & Hansen Löfstrand, 2020). Consequently, as Newman and Lawler (2009) suggest, the service is removed from the individuals that it is supposed to deliver to. The management of care is instead harmonized around generic and competitive models.

Conclusions

In reference to the first research question, we conclude that most applicants want individual and personalized services. The services desired were those associated with subjective values, such as friendliness, integrity, good food, staff presence, and availability. Applicants with closer connections to their family and children also had different expectations. Applicants who had higher expectations were those who had more than two children and met their children often. Consequently, family is an important factor to consider when understanding the value creation process in elderly care.

Regarding the second research question, we found that the municipal employees pragmatically match the elderly with the available resources. The assistants tend to adopt strategies aligned with a management discourse that excludes the possibility of co-creation. This discourse focuses on meeting basic care needs and adds no value to the service offer. The coordinators, on the other hand, have a more pragmatic approach, ensuring that the time guarantee is met and offering the possibility of changing accommodation. Because the strategies are well defined and regulated in the early stages, the narratives of the support workers are typically tied to arguments about efficiency and time guarantees. In the second phase, when the housing coordinator offers the possibility of changing accommodation, the strategies are more relaxed.

Our findings contribute to the previous research in three distinct ways. First, it shows the lack of opportunities for co-creation in the matching process. The coordinators pragmatically and informally try to meet the expectations of the applicants. Secondly, it suggests that co-creation is important in the matching process because it recognizes individual differences in the allocation of resources. A socially sustainable welfare system is based on egalitarian models of resource distribution, and a matching process that allows for heterogeneity is therefore consistent with a socially sustainable society. Lastly, people who have an active relationship with relatives are more likely to be part of the co-creation process than people who live alone.

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