

Health is a complex issue in many ways. It is not only about the medical treatment of the body, but can also involve the strategic actions of governments and firms. It is this latter aspect of health and how it can contribute to social and economic development that this paper addresses. In monetary terms, in the period up to 2018, Deloitte (2015) indicate that the total of all world health spending will be 9.3 trillion dollars. This global expansion of health care has accompanied both economic and societal change and the role of health in society is well documented. In Europe over the past several decades, health has not only shaped the nation-state and its social institutions, it has also powered social movements, defined the rights of citizens and contributed to the construction of the modern, individual self (McManus 2005; Kickbusch (2007). Increasingly access to health and medical care has for many, become a synonym for social progress and justice and it is apparent that world citizens are demanding higher levels of healthcare, provided in a professional and user-friendly fashion (Devlin and Arneill, 2003). However, many member states of the World Health Organisation (WHO) especially those lower income countries, still lack an effective health system. Many others still struggle with basic health governance mechanisms, such as guaranteeing financial protection for service users. For instance, compared to its impressive achievements in the economic sphere, China is lagging in its health care reforms. Although the country has spent billions in its health care reforms to date, it is only aiming at the goal of the provision of affordable and equitable basic health care for all by 2020 (Yip et al, 2012). In these cases, tools like the servicescape model dealt with in this paper, can help these countries develop and expand their health-care systems. (WHO 2011).

The Organisation for Economic Development (OECD) has indicated that as Europe responds to globalisation, health provision will have an important role to play (OECD 2010). Health is now integral to how the European Union (EU) defines itself. In China, new policies and regulations are being developed to better meet the burgeoning health needs of over a billion citizens (Liang et al 2014), where pressures for self-improvement and opportunity are also increasing. For China, some lessons are available from Europe's health care experiences, but both systems face key challenges ahead. Therefore, the aim of this paper is to outline and discuss some of the developments in health care markets effecting Europe and China and to assess the range of forces influencing the provision of these same services. In order to facilitate an appropriate response to these forces, a health servicescape framework is suggested, which will help to meet the needs of users and at the same time, contribute to these regions economic and social development. Importantly, the health servicescape perspective demands that all providers are able to view patients as consumers and consequently, can construct an appropriate service experience (Lee 2011). This paper is organised in the following way. It firstly provides an outline of health market challenges and then examines some of the broader issues facing China and Europe in implementing a servicescape perspective. Next, the health servicescape model is analysed and applied in the context of the health markets of Europe and China. Following this, there is discussion of further health policy development issues that will likely impact on the servicescape model. Finally, a conclusion offers some ideas and implications for the advancement of health servicescapes.

Outlining some health care challenges: Europe, China and the world

There is little doubt that health markets in both China and Europe, in providing medical care services, face complex challenges. This is irrespective of whether their organising principle is a public tax-based system, or private insurance and (or) fee based. These challenges also include securing finance for both public health and health-care services, providing cost-effectiveness studies, ensuring equitable access, including financial protection and using resources efficiently. Further issues revolve around attempting to utilise health technology assessments, implementing and monitoring competitive purchasing agreements and critically, for a servicescape perspective, developing innovative and user friendly service delivery methods that include both physical and human resources (Lee 2011). Along with all this, there is a pressing need to interconnect primary, secondary and specialized care. In China, despite previously announced health care reforms (Chen 2009), a number of significant challenges still exist. For example, the percentage of the population aged sixty and older is set to increase from 10.2 percent in 2000, to 29.9 percent by 2050 and major conditions that are expensive to treat like diabetes, are a problem (Yip and Mahal 2008). Additionally, there are service delivery problems, regional disparities and supply chain problems (Liang et al 2014; Dib 2010).

Within Europe, health sector reform continues to be a key responsibility of health ministries, but the situation is complex, as demonstrated in the different histories and cultures that exist in EU member states. The World Health Organisations (WHO 2008) indicates that countries may also have a different ethic towards provision as well as different levels of income and contribution levels. For example, countries may have diverse perspectives on whether the individual pays largely for their own health care provision, or whether governments should pay for the majority of it. This latter approach, based on the idea of an interconnected ethos of social solidarity, is apparent in the case of NHS provision in the UK. In France, the individual needs to pay some of the bill and government claims the partial individual payment necessary. In China, there is a mixed version that guarantees a level of basic universal health care, whilst allowing market space to meet additional demands (Ho 2010). There are arguments to suggest that benefits result from some form of nationwide government provision (Glouberman et al 2003). These include a more productive economy as people can work again once they have recovered from an illness. In addition, better provision at the early child development stage can lead later, to larger increases in productivity (WHO 2008). Cumulatively, a large healthcare provision can also help feed pharmaceutical firms and research at universities, which in turns promotes economic growth (Donaldson and O'Toole (2007).

Importantly on a world-wide, basis, more information is required regarding preventable deaths, as well as placing an increased focus and provision for higher risk groups in society. Problematically, according to the OECD (2010) in the next decade, the financial stability of some health systems will be threatened to the point of insolvency. Others will struggle to address changing population needs, find it difficult to acquire adequate numbers of health professionals and to provide access to the best, newest life-saving treatments and technologies. In China shortages of professionally qualified clinical staff is a problem (He and Meng (2015). Therefore, it is of concern to all governments and citizens that health systems become more efficient, effective and better managed. The OECD (2010) shows that many countries could get better value from their health-care spending, adding an average of 2

years of life expectancy, if they were all to become as efficient as the best performers. Much more could be made of identifying the main components of a good system, one that provides incentives for efficiency, contributes to economic development and meets the needs of the health consumer. This is where the importance of a servicescape perspective becomes apparent.

In line with this last point, numbers of service providers in health around the globe (Dib et al, 2010) have started to structure their internal physical environments in order to create positive consumer and service experiences. In a wider context, numerous research examples exist to illustrate the significance of the consumer's tangible environment on consumption activity in terms of emotions, social linkage factors and actual buying behaviour (Aubert-Gamet and Cova 1999; Turley and Millman 2000; Gulus and Bloch 1995). For the marketer Philip Kotler (1974), atmospherics is the term used for the intentional control and manipulation of environmental factors by a service provider. Many organisations are aware that the fulfilment of an economic transaction is not enough and consumers expect an environment that anticipates their other desires for comfort, convenience, safety, entertainment and education (Pine and Gilmore 1999).

The servicescape in context: markets, change and aspiration

At present China spends only 5% of GDP on healthcare compared with 10% for the UK (World Bank 2014). The rural population face particular problems of limited care facilities. Money is available to improve the rural system, but more than 100 million people cannot access timely medical care. Private care is available in the big cities, but often at great expense for the user. Therefore, the insurance scheme reforms are a new way of providing better care for patients (Chen 2009). In Europe, despite the unevenness of different country health care systems, forces and pressures exist that are leading to the adoption of a more consumer-focussed perspective (Deloitte 2014). In China, parallels to this are apparent (He and Meng 2015). Generally, the country is changing rapidly to a market based system, where consumers will require more than the basics of life, seeking out enhanced services and experiences. For example, in this journal, Floyd et al (2011) point to the growing importance of brand image amongst Chinese firms and consumers. In addition, as Kasarda and Lindsay (2011) note, China has impressive plans in place to transform its infrastructure, one illustration being where a large number of new airports will connect not only the Chinese to each other, but to the larger world as well. Through these networks and connections, trade will undoubtedly flow, heightening Chinese consumer demands not only for tangibles, but for health services as well. Here, the servicescape model is highly relevant, providing a framework not only for better health provision, but also as a boost for economic development as increased efficiencies intensify demand and revenues.

China however, also has increased burdens. This includes an ageing population, food and water safety issues and increased levels of smoking, plus the impact of SARS and other diseases influencing health provision. There has nevertheless, been much improvement in the life expectancy of Chinese people where on average, people will live to their early 70s. There are further improvements in the levels of infant mortality (Liang et al 2014). Yet, rising levels of pollution and industrialisation is an increasing challenge for China. In addition, higher levels of migration to cities for work, leads to an increased need for government to provide care when families begin to live further away from each other. Due to the large size of the

country and differences across the provinces, it is difficult to implement a system of universal coverage such as the one in the UK and some other EU Countries (He and Meng 2015). A point to be wary of in a country of current disparities, is any drive to move to a non-universal healthcare system. This could lead to China becoming more like America, where those on higher incomes will expect more and will turn increasingly to the private sector if the government fails to provide. As Musgrave (1989) shows, as society develops, citizens expect improvements and in the case of China, as Deloitte (2014) note, the rapidly rising income level and dramatic increase in Internet and mobile phone usage are increasing patients' ability to pay for treatment and driving new expectations for quality of care. These types of forces provide impetus for the adoption of a health servicescape strategy.

Service design and delivery: unravelling the health servicescape

In dynamic health care markets and systems, it becomes essential for health care providers to understand what patients experience in the facilities managed (Lee 2011). Research has demonstrated that the nature of the service setting patients experience is one of the most significant determinants of perceived quality, which can lead to both competitive advantage for the provider (Taylor 1994) and to the long term loyalty of the consumer (Otani et al 2010). This service environment, made up of the tangibles of buildings, furnishings, layouts and various signs and the intangibles of temperature, colour scent and music, has been found to impact directly on the perceptions of health service quality, from the perspectives of physicians, patients and health care decision makers (Jun et al 1998; Department of Health 2005; Holder and Berndt 2011). If we add to this the actions of clinicians and their interactions with users (Fottler et al 2000), then there is an entire service setting that represents what the consumer is seeking and in many cases, paying for, from the total health care experience.

The term servicescape describes the nature of this service setting. The term first emerged in the work of Bitner (1992), where it refers to the entire spatially bounded physical environment that consumers respond to (Wakefield and Blodgett 1994). Bitner's paper is theoretically rooted in environmental psychology, adopting a stimulus-organism-response orientation. Consumers are viewed as 'organisms' and seen to act in response to stimuli from the environment. What then takes place either assists, or inhibits approach\avoidance decisions (Ezeh and Harris 2007). The environment-user relationship framework depicts consumers and employees as actively perceiving various physical environment factors and responding to them cognitively, emotionally and physiologically (Ardley et al, 2012). Bitner (1992) consolidates the various environment stimuli into three dimensions, these being *ambient conditions*, *spatial layout\functionality* and finally, *signs, symbols and artefacts*. Table 1 below, provides an overview of an extended servicescape, with some health examples.

The ambient dimension covers controllable observable stimuli, for instance temperature, air quality, noise, music, visual factors like colour, shape and cleanliness (Bitner 1992). The second factor of space and functionality relates to how layout, equipment and furnishings contribute to the consumption experience (Harris and Ezeh 2008). All these factors have a significant impact in health settings, whether studied individually as in patient waiting rooms (Arneill and Devlin 2002) or holistically, across a larger medical facility (Fottler et al 2000; Holder and Berndt 2011). Thirdly, there is the dimension of signs, symbols and artefacts.

This aspect refers to all physical signals, communicated to consumers, usually involving systems of signs, which give directions, to more complex symbols that can create particular types of impressions (Bitner 1992). The latter type of symbol can relate to such things as logos and to other elements of the organisations brand identity (Rosenbaum and Massiah, 2011). For example, the ease of way finding for patients visiting large hospitals and negotiating access, suggests physical signals are an important aspect of the health servicescape (Lee 2011).

Numerous researchers have moved beyond the original framework to add factors beyond the physical dimension (Ezeh and Harris 2007). Taken together, these provide a useful analytical framework for exploring different types of service settings that patients might encounter. The first of these is represented by Arnould et al (1998), and the idea of a *natural* dimension. In developing this, the authors examined a wilderness servicescape comprised of white water river rafting operations on the Colorado–Utah border in America. These types of natural encounters, with open views of nature and landscaped grounds for patients, have had considerable impact in UK health settings (Department of Health 2005). Also adding to the dimension of the servicescape is the work of Rosenbaum and Massiah (2011). They argue that the study of the servicescape also needs to incorporate a distinct *social* element, in that it is not only a material stimulus, but also a communal, interactive construct containing humans who play a significant role in influencing behaviour. This can involve both employees and consumers where the later can create new meanings and the former can influence decisively the level of patronage (Toombs McColl- Kennedy 2003). In China, concerns have been raised about the adequacy and expertise of some physicians in community health centres, (Dib et al, 2011), suggesting that urgent improvements to this area of the servicescape are required.

An additional inclusion in this social dimension relates to consumer collectives, and the way in which a service provider can facilitate certain types of social interaction amongst customers. Web 2.0 developments make this point a reality in Europe and a clear, imminent possibility in Chinese health care environments. The study by Hakim and Deswindi (2015), examines hospital websites and the manner in which they influences customers' perceived quality and the extent to which the site encourages potential customers to use the services of the hospital. For China, the e-health servicescape is potentially an area of considerable growth as more and more people access the internet (internet users by country 2014). Facilitating community activity in this way is about the connecting of customers and users with each other, a process that not only benefits them, but the provider as well through things like the sharing of information and expertise. Customer communities have an ability to influence positively product and service design, recruit new members, build loyalty and to generally meet the human need for connectivity with others (Muniz and O'Guinn 2001; Schau et al 2009). As with the heightened consumer presence in the decision-making processes of other organisations (Prahalad, and Ramaswamy 2000), it would be an incongruity if the same sort of conditions were not being replicated in the health care market. Rosenbaum (2005) adds, finally, another dimension to the servicescape, which is the *socially symbolic*. This feature considers how certain organisations might purposefully employ signs and symbols that appeal to particular consumers with a unique ethic or sub cultural status. Health service providers, tasked with meeting the needs of all ethic and sub cultural groupings within definable geographic borders, should therefore sensitively bear in mind the nature of the brand images that they communicate and seek not to offend, or misinform, by way of employee actions, signage and use of inappropriate symbols. With China possessing a number of ethnic minorities (Yu and Ren 2006), this is an area that requires careful analysis and implementation.

Table 1: outline of servicescape dimensions and health		
SERVICESCAPE DIMENSIONS	KEY CHARACTERISTICS	SOME KEY HEALTH-SERVICESCAPE APPLICATIONS
Ambient	Air quality, noise, cleanliness, colour	A high standard of physical environment for the delivery of health services.
Space and functionality	Layout, equipment, furnishings	Well designed to fit user needs
Signs symbols and artefacts	Logos and signage	Clear way finding
Natural	Immediate outside surroundings	Views of and access to nature
Social	Consumer employee interactions, including online communications	Excellent user and provider relationships, recognition of co creation possibilities
Socially symbolic	Brand identity, transmission of cultural meanings	Sensitivity to ethnic group and their cultural perceptions
<i>This represents a framework for better service provision facilitating economic development as increased efficiencies and improved user experiences intensify demand and revenues.</i>		

In terms of the health servicescape, the case is that some early service design initiatives are now beginning to come to fruition. These can provide frameworks applicable more widely across Europe and useful for China as well. One such example of good practice is from the UK and the reported effect of moving mental health patients to a new National Health Service provision containing significantly improved physical and ambient dimensions. In the new environment, medication levels were reduced, accompanied by a more harmonious interpersonal environment, with patient treatment times condensed by 14%, consequently allowing them more personal autonomy (Department of Health 2005). In terms of the social dimension of the servicescape Airedale Therapy Services in Scotland, (NHS 2012a), is now focusing on improving the customer experience by involving patients, carers, volunteers and staff in co-designing therapy and dietetic services. A similar process across various types of medical provision exists at the Royal Bolton hospital (NHS 2012b). Despite the funding challenges the UK National Health Service faces and the risks attached to Brexit, (The Health Foundation 2016), these type of initiatives are to be encouraged, as they reflect important servicescape inspired developments.

Further, the work of Rosenbaum et al (2011) in America, also contributes to our understanding of an emergent health servicescape perspective, through research in a restorative cancer resource centre. The facility began to offer members an array of participatory activities within a carefully designed environment. The research shows that by responding favourably to the confluence of a cancer centre's physical and restorative servicescape, members actively desired to patronise the centre so that it became a natural part of their daily lives and routines. This suggests a positive way forward for parts of the Chinese health care system. With cancer now being the leading cause of death in China (Zhao et al 2015), battling this increasing burden demands efforts that mobilise resources more fully. The restorative cancer centre as described could have an important role to play.

In another example, there is the Alzheimer 100 project (Tan and Szebeko 2009), run in the North East of England by the Alheimers society. Part of the initiative embraced the natural dimension of the servicescape. The idea was to come up with creative solutions to the challenges presented by dementia. One result was the safe "Wandering Garden" developed by a local artist that provides the opportunity for people with dementia to be close to nature without putting themselves at risk. For older or disabled Chinese patients, the natural dimension of the servicescape could be part of the treatment, to help foster feelings of well-being and aid confidence by exposure to walking in outside gardens. In another type of health environment, at the Wigan renal unit run by Salford Royal Trust, (NHS2012c), a number of changes occurred to the physical elements of the servicescape, in order to improve patient experiences. Through observation and talking to patients, a number of problem areas became apparent, such as the waiting room. This was uninspiring, sparse and uncomfortable and a new environment featuring plants, floor lamps and comfortable sofas, where people could feel more at ease, was created. With cases such as these, it is difficult not to concur with Holder and Berndt (2011), who suggest that there is now increasing evidence available to indicate that the nature of the servicescape can influence favourably the emotions and physical health of patients.

China, Europe and the health servicescape: developing a strategy in context

In China, due largely to structural problems in the economy, a series of reforms to the health care system were initiated in 2009 (He and Meng 2015; Chen 2009). The new goals and targets envisaged a wide-ranging medical insurance system to cover the population. This includes urban employees and dwellers, and a Medicaid insurance system for urban and rural poor people. Millions of people in rural provinces lacked such insurance schemes (Lim et al 2004) and it will take time for this to be implemented. Secondly, another reform was to the essential drug system, established to meet basic needs and to ensure quality and supply continuity. The medical insurance system is to provide a high reimbursement rate for these drugs. Additionally, other grassroots improvements to infrastructure and human resources are part of the reforms, for example, the aim to reduce overcrowding in city hospitals. In terms of the ambient dimension of the servicescape, this is a key issue in a significant number of Chinese hospitals (Tong et al 2012). It is important to note that community health centres and stations will start to deliver medical services, in a role similar to that of hospitals (He and Meng 2015). Initiatives like this should be further encouraged, to help to improve the quality of the servicescape experiences for users.

Furthermore, an improvement of the basic public health system included such things as screening tests, the effective management of disease, health education and a range of immunisation programmes. Finally, there is the reform of public hospitals and changes to such things as the operation of health management systems. The interesting point to note is whether those seeking medical services are now satisfied with the newer systems. Zhu et al (2014) point out that since the reforms, people's awareness of the necessity and importance of health has significantly increased, whereas in the past ailments were often ignored. Zhu et al (2014) also note that there is high enthusiasm for health reflecting the sorts of concerns customers will have in a market-oriented economy, with an increasing awareness of the individual as a consumer. Given this context, part of the reasons for the reforms is to try to enable staff to provide high quality public health services and appropriate treatments. Whilst

the study by Yun et al (2011) indicates some stabilisation and improvement in medical services in Shanghai, other studies are less conclusive.

For example, the work of Dib et al (2010) on community health centres in the city of Dalian, suggests that the delivery of health care services did not reach all the communities expectations. In general, across China, whilst not suggesting their evidence is conclusive, He and Meng (2015) point out that the increased investment in primary care has not completely translated into the increased utilization of quality provision for the population. This indicates that significant areas of the Chinese health servicescape need attention, to meet the needs of users, more effectively. If the move to the development of private hospitals continues in China (Yip and Hsiao 2014), then this is likely to be accompanied by improvements to the servicescape, in response to consumer requirements. As an impetus to this, Milana and Wang (2013) note that since the early part of the current century, the Chinese government has improved the institutional and regulatory environment to further encourage private entrepreneurship.

In Europe, through a servicescape perspective, special attention will have to be given to older health patients. Europe faces an ageing population, which could further increase the cost burden for government budgets. Leichsenring (2012) identifies an interesting model for coping with the increased cost of this situation. The suggestion is a for one comprehensive but local centre to exist, providing all manner of services, which can be accessed by the elderly, as the facilities required will vary from individual to individual. This ‘one stop shop’ should cover mobility issues and the levels of carers and personal care, required for each citizen. These are factors pertinent to servicescape strategy, incorporating social interaction, space, functionality, levels of clinical skill and the establishment of an appropriate ambient environment. More widely, in terms of innovation, the German Government has established a division of health within the Ministry of Economic Development. The task is to understand more the economic dimension of health activities. Here, ‘satellite health accounts’ that are conceptually and methodologically consistent with the country’s macroeconomic statistics have been drawn up (Aizcorbe et al 2008). In terms of other pressures in the European context, healthcare needs to be made available for a greater number of people working in the European Union. New member states must meet EU regulations and standards, which puts an additional cost on budgets. Increasingly, all EU member states are looking for ways of using private enterprise to generate income and provide part, or all of the service. It is evident that more activity is in the process of being contracted out to private enterprise, in the face of global challenges and constraints on budgets (Deloitte 2015).

Conclusion: influencing the health care agenda through the servicescape perspective

The proposition is that the deployment of the servicescape model will not only improve user experiences, but also impact positively on the economic productivity and social well-being of a country’s population, if connected properly to context. To facilitate this, health care provision in its broadest sense, needs to be conceptualised from an organisational standpoint that has significance for not only Europe, but China as well. Utilising this perspective, three perspectives are relevant. Health is firstly, produced and maintained through the varied exchange interactions experienced by individual patients. Drawing on an understanding of the consumer as a responsive organism proposed by the servicescape construct, this involves an interface between the user’s behavioural states and the nature of the servicescape facility on

offer and subsequently consumed. Secondly, the health servicescape can in turn, create further processes that will influence favourably social and economic development. This relates to not only Europe and China, but to the rest of the world. Finally, the examples indicated above regarding theoretical and practical developments in the health servicescape, suggest positive change is currently occurring, with particular implications for the way China develops its future health system.

In developing an appropriate servicescape apparatus for health, it is important to carry out continued research in diverse contexts. Those governments, private organisations or a combination of players, who are responsible for designing facilities, need to take full account of issues such as not only the social, natural, physical and spatial elements of the health environment, but to such prosaic aspects as signage, which are crucial to user way finding and experience enhancement. Nothing can be quite as bad as getting lost on the way to in a medical appointment in a large hospital, be it in China or Europe. More broadly, the emerging e-health markets and alternative information infrastructures need to support new models of collaboration and knowledge sharing. Here, for example, co design between suppliers and users will likely have a key role to play in the future and likely result in more innovative service delivery methods. The customer, whilst experiencing a service, can also create new meanings and purposes, for themselves and their communities and providers, which raise opportunities to improve the total service provision.

Finally, as far as China is concerned, there is some way to go to achieve a more balanced health care system. The systematic deployment of a servicescape perspective for analysis and systematic strategy development, will be of benefit as illustrated in the previous discussions. China is not alone in facing challenges however, with Europe having to think about ensuring all its citizens, across a diverse range of countries, have increasing access to equal health treatments, whilst balancing all user needs in the context of greater market based pressures. Whatever developments are likely though, the argument in this paper is that in both Europe and China, and indeed the world, the adoption and further implementation of a servicescape perspective will likely bring substantial benefits to health markets and individual citizens. This will not only be achieved through various consumer facing efficiencies and better user experiences, but also by way of being an impetus for important longer term economic and social rewards to countries as a whole.

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