

Improving Service Performance in Organizations for Individuals with Intellectual Disability: An Intervention Focused on Participation of Families

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Abstract

To improve service performance in organizations for individuals with intellectual disability, the authors tested an intervention based on collaborative teams. Specifically, professionals and families cooperated in the design and implementation of projects to improve the quality of life of individuals with intellectual disability. We considered two service performance indicators reported by family members ($N = 342$; 78% women; and a mean age of 57.17 years): service quality and self-determination communication openness. Our results revealed that family members assigned to the experimental condition improved their service quality evaluations from pre-intervention to post-intervention, whereas family members assigned to the control condition did not change their evaluations. The intervention was not effective for communication openness. Perceptions remained stable in family members who participated in the teams (experimental condition), whereas communication openness decreased in family members in the control condition. We discuss the implications of our findings for service research.

Keywords: intervention, service quality, self-determination communication openness.

A Melhoria do Desempenho do Serviço em Organizações para Indivíduos com Deficiência Intelectual: Uma Intervenção com Foco na Participação das Famílias

Resumo

Para melhorar o desempenho do serviço em organizações para indivíduos com deficiência intelectual, os autores testaram uma intervenção baseada em equipes colaborativas. Especificamente, profissionais e famílias cooperaram na concepção e implementação de projetos para melhorar a qualidade de vida das pessoas com deficiência intelectual. Foram considerados dois indicadores de desempenho do serviço relatados pelos familiares ($N = 342$; 78% mulheres; idade média de 57,17 anos): qualidade do serviço e abertura de comunicação autodeterminada. Nossos resultados revelaram que os membros da família atribuídos à condição experimental melhoraram suas avaliações de qualidade de serviço de pré-intervenção para pós-intervenção, enquanto os membros da família atribuídos à condição de controle não mudaram suas avaliações. A intervenção não foi eficaz para a abertura de comunicação. As percepções permaneceram estáveis nos familiares que participaram das equipes (condição experimental), enquanto a abertura comunicativa diminuiu nos familiares na condição controle. Discutimos as implicações de nossas descobertas para a pesquisa de serviços.

Palavras-chave: intervenção, qualidade de serviço, autodeterminação, abertura de comunicação

La Mejora del Desempeño del Servicio en Organizaciones para Personas con Discapacidad Intelectual: Una Intervención Centrada en la Participación de las Familias

Resumen

Para mejorar el desempeño del servicio en organizaciones para personas con discapacidad intelectual, los autores pusieron a prueba una intervención basada en equipos colaborativos. En concreto, profesionales y familias colaboraron en el diseño e implementación de proyectos para mejorar la calidad de vida de las personas con discapacidad intelectual. Se consideraron dos indicadores de desempeño del servicio reportados por los miembros de la familia ($N = 342$; 78% mujeres; y una edad promedio de 57,17 años): calidad del servicio y apertura en comunicación sobre autodeterminación. Nuestros resultados revelaron que los miembros de la familia asignados a la condición experimental mejoraron sus evaluaciones de calidad del servicio desde la preintervención hasta la postintervención, mientras que los miembros de la familia asignados a la condición de control no cambiaron sus evaluaciones. La intervención no fue eficaz para la apertura en comunicación. Las percepciones se mantuvieron estables en los familiares que participaron en los equipos (condición experimental), mientras que la apertura en comunicación disminuyó en los familiares en la condición de control. Se analizan las implicaciones de nuestros hallazgos para la investigación de servicios.

Palabras clave: intervención, calidad del servicio, autodeterminación, apertura en comunicación.

The service sector is quite relevant because it provides more than 50% of employment around the world and has increased its importance in the past few decades (United Nations, 2018). This sector, however, is not uniform. A wide variety of services are available, which impacts the way service performance is contextualized and approached. The present paper focuses on service organizations for individuals with intellectual disability. This type of organization delivers extended and complex services based on therapeutic, educational, and inclusive goals, among others. Professionals who interact with individuals with intellectual disability and their parents establish long-term service relationships, beyond mere transactions, with great significance for the lives of service users (Martínez-Tur et al., 2017). In this context, cooperation between professionals and families is critical in improving the quality of life of individuals with intellectual disability (Martínez-Tur et al., 2018b; Powers et al., 1996). For example, adequate communication between professionals and families facilitates the emergence of self-determination behaviors in individuals with intellectual disability (the degree to which they are autonomous and active agents in their own lives) at home (Martínez-Tur et al., 2015). Therefore, an active role of family members is required to enhance service performance.

Performance is generally defined as the degree to which employees contribute to achieving the organizational goals (Zhang et al., 2014). However, the definition and measurement of performance should be contextualized, considering the characteristics of the sector and the tasks employees carry out. The accountability principle is consistent with this contextualization (Kane, 1997); that is, performance evaluations should focus on the objectives that are central for the employees and feasible. The direct interaction between employees and customers is probably the most visible characteristic of service organizations, at least in terms of employees' performance. Unlike manufacturing companies, the delivery of services typically requires the participation of users and their interactions with employees (Martínez-Tur, 2020; Simon & Woo, 1997). Therefore, the literature on services focuses on performance as the degree to which the employee is able to establish an adequate interaction with the service user, enhancing relevant outcomes such as customer quality perceptions, satisfaction, and loyalty (Barger & Grandey, 2006; Martínez-Tur et al., 2018; Peiró et al., 2005; Pugh, 2001; Wang et al., 2017).

As mentioned above, the involvement of families is critical in achieving service performance in organizations for individuals with intellectual disability. However, the participation of family members in the organizational life is hard to achieve (Deslandes et al., 1999). Lack of family participation is attributed to different factors related to the absence of collaborative skills and difficulties in creating strong bonds with professionals (Scorgie & Sobsey, 2017). In addition, organizations for vulnerable groups (i.e., individuals with intellectual disability) have become increasingly professionalized and bureaucratized (Carey et al., 2009). Despite the positive effects of this process (e.g., use of expert knowledge), bureaucratization tends to limit the active role of service users (Alexander et al., 1999; Grant, 2008).

With this in mind, our investigation tests an intervention based on the cooperation between professionals and families. Specifically, professionals and families jointly participated in teams to improve the self-determination of individuals with intellectual disability as a critical facet of their quality of life (Morisse et al., 2013). We examined the effects of this intervention on family members' service performance perceptions, using two types of indicators. First, we considered service quality as a type of attitude that describes the superiority of the service (Parasuraman et al., 1985, 1988). It refers to the degree to which employees

deliver the service while fulfilling relevant quality criteria, such as responsiveness (helping service users), assurance (providing the service with the required knowledge and resources), and empathy (considering the needs of the service user). Service quality is a classical facet of performance, and it is fundamental in the evaluation of services. Participation of family members is expected to allow them to contribute to the service and recognize the professional's efforts, improving their service quality perceptions. Second, we used a more contextualized measure of service performance: communication openness about self-determination. Communication openness is a facet of trust between parties in a relationship that reflects the degree to which they share information about relevant issues (Ayoko & Pekerti, 2008; Smith & Barclay, 1997). An important issue that professionals and families can share is self-determination (Martínez-Tur et al., 2018b). The possibility that family members can openly dialogue with professionals about the self-determination of their relatives with disabilities is an indicator of service performance because it demonstrates sensitivity to the needs of service users (Martínez-Tur et al., 2015).

The current research study contributes to the knowledge in at least two ways. First, previous research has focused on correlational approaches. In fact, to our knowledge, interventions to improve service performance in organizations for individuals with intellectual disability have never been examined. Our investigation provides an approach based on a pre- vs. post-intervention design in real organizational contexts, comparing the experimental condition (families participating in the teams) to a control condition. This approach provides a solid test of the impact of collaboration between professionals and families, and it facilitates the transfer of this information to organizations for individuals with intellectual disability. Our study is based on the idea that evidence-based designs are necessary to achieve interventions that combine rigor and social relevance. Second, we attribute an active role to service users. Most previous research efforts define the customer as a passive recipient of the service. Although scholars are increasingly interested in the impact of customer behavior on the delivery of services, research is mainly restricted to examining how their spontaneous reactions when using the service influence employees' behaviors and experiences (Gabriel & Diefendorff, 2015; Medler-Liraz, 2016; Tsai & Chen, 2017; Zablah et al., 2016). Our intervention, by contrast, requires the active participation of families in designing projects, producing a positive influence on the way they perceive service performance. Furthermore, in many service organizations (hospitals, educational centers, etc.), it is possible to stimulate the active participation of customers, and our intervention could be used in them and generalized.

Theory and Hypotheses

Similar to other services (Schneider et al., 2002), it is reasonable to argue that what happens internally in an organization for individuals with intellectual disability is transferred to family members' service quality evaluations through the professionals who interact with service users as part of their daily work. Families form their attitudes, in terms of service quality, by observing the behaviors of professionals. It is well-known that attitude accessibility (how easily an attitude comes to mind) plays a critical role in understanding how individuals process information about the object (Young & Fazio, 2013) and their final judgments and behaviors (Fazio & Williams, 1986). In organizations for individuals with intellectual disability, professionals are the visible face for service users (Vassos et al., 2019). Over time, families interact with professionals (attitude object) and develop their

evaluations accordingly. This is the information families have access to in forming their service quality evaluations.

However, the information the family has about professionals is usually limited because their role is quite complex. Unlike other more ritualized jobs (e.g., receptionist in a hotel or waiter/waitress in a restaurant), professionals carry out activities based on extended education and socialization (Moliner et al., 2013), making it difficult for the outside observer to assess the quality of the work and the criteria used for decision-making. Additionally, the participation of families in organizations for individuals with intellectual disability is typically passive, as mentioned above. Accessible information tends to be superficial. Therefore, one way to improve service quality evaluations among family members is to involve them in the organizational life, encouraging their collaboration with professionals in designing projects for their relatives with intellectual disability. This type of intervention is likely to enhance service quality evaluations because the family member participates and has access to direct information about the efforts of professionals. In addition, cooperating with professionals fulfills the two conditions that facilitate information accessibility in memory to form attitudes (Rocklage & Fazio, 2018). First, the intervention is experiential. The joint participation of professionals and families in teams allows family members to have an active experience that goes beyond an external conscious analysis of the information about the attitude object. Second, this collaboration describes a positive context where the two parties make a joint effort to improve the service user's (relative with intellectual disability) quality of life as a shared goal.

Hypothesis 1. The intervention based on the collaboration between professionals and families improves service quality evaluations of family members in the experimental condition, compared to those in the control condition.

We also focus on communication openness about self-determination of individuals with intellectual disability for two main reasons. First, as mentioned above, it is a critical service performance indicator in the sector (Morisse et al., 2013). In fact, empirical evidence shows that stimulating self-determination in individuals with intellectual disability helps to improve their academic performance (Seong et al., 2015), employability (Field & Hoffman, 2007), and autonomy in general (Palmer & Wehmeyer, 2003). Second, despite the importance attributed to self-determination, there is a discrepancy between professionals and family members. In general, parents are less involved in promoting the self-determination of their relatives with intellectual disability than professionals are (Zhang et al., 2005). Family members also have less positive attitudes towards self-determination than professionals (Martínez-Tur et al., 2018b). Several factors can explain this possible resistance of family members, such as uncertainty about the expected level of self-determination to be achieved, lack of knowledge about how to achieve it, and risks (e.g., accidents) associated with an independent life of their relatives with intellectual disability (Curryer et al., 2015; Powers et al., 1996). Therefore, it is relevant to focus on communication about self-determination. It is a key quality of life issue that involves resistance and asymmetries between parents and professionals. Our intervention should improve the dialogue about this issue, facilitating a more active role for family members.

One condition that can enhance positive attitudes towards self-determination is the existence of adequate communication about this issue between professionals and family members (Martínez-Tur et al., 2015; 2018b). In correlational studies, these authors confirmed positive significant links from communication to positive self-determination attitudes and behaviors. Therefore, a relevant research challenge is to identify factors that improve

communication openness. Based on social identity theory (Tajfel & Turner, 2001), the current research study examines whether our intervention is able to improve family members' perceptions of open dialogue (communication openness) with professionals about self-determination. It is well-known that people who are categorized as in-group members ("us") receive better feelings, perceptions, and treatment than those who are considered out-group members ("they") (e.g. Levine et al., 2002). One characteristic of our intervention is that it is inextricably linked to a categorization process where professionals and families are members of a single team dedicated to improving the self-determination of the relatives with intellectual disability. It is reasonable to expect that being members of the same team ("us") will improve family members' perceptions of communication openness in their interactions with professionals.

Hypothesis 2. The intervention based on the collaboration between professionals and families improves communication openness perceptions of family members in the experimental condition, compared to those in the control condition.

Method

Participants

The baseline sample at T1 (pre-intervention) included 455 family members from 58 small centers dedicated to improving the quality of life of individuals with intellectual disability. All the centers were members of "Plena inclusion", a large Spanish NGO dedicated to improving the quality of life of individuals with intellectual disability and their families. Due to missing values, and because a number of family members declined to participate at T2 (post-intervention), the final sample was composed of 342 participants (115 family members in the experimental condition and 227 in the control condition) with usable surveys at both measurement times. On average, family members were 57.17 years old ($SD = 10.3$), specifically, 56.37 years old ($SD = 10.3$) in the experimental condition and 58.75 years old ($SD = 9.9$) in the control condition. In general, 78% of family members were women, specifically, 73.9% in the experimental condition and 78% in the control condition.

We compared family members in the final sample with those who answered the questionnaire at T1 but did not participate in the post-intervention measurement (T2). Results showed no significant differences in their age ($F_{(1,444)} = 2.14, p > .05$) or in the distribution of men and women ($\chi^2_{(1)} = 3.22, p > .05$). These findings indicated that the final study sample was not biased.

Instruments

Perceived Service Quality. Based on the adaptation of the SERVQUAL instrument (Parasuraman et al., 1988) to services for individuals with intellectual disability (Molina et al., 2015), we used three items to measure the following aspects related to the service delivered by professionals: responsiveness ("they help my relative with intellectual disability when necessary"); assurance ("they have the resources to do their job well"); and empathy ("The services they provide meet the needs of my relative with an intellectual disability"). We did not consider items measuring tangibles (e.g., physical equipment) and reliability (the service works well) because they focus more on the organization and not on the service that professionals specifically provide. All items were measured with 7-point Likert-type scales with the following anchors: 1 = strongly disagree and 7 = strongly agree. The Cronbach alphas for the scale were $\alpha = .84$ for Time 1 and $\alpha = .82$ for Time 2.

Communication Openness about Self-Determination.

We used the communication openness measure (4 items) by Smith and Barclay (1997), adapted to self-determination of individuals with intellectual disability (Martínez-Tur et al., 2015) (e.g., "I talk sincerely with the professionals about the self-determination of the person with intellectual disability of whom I am a guardian"). All items were measured with 7-point Likert-type scales with the following anchors: 1 = strongly disagree and 7 = strongly agree. The Cronbach alphas for the scale were $\alpha = .84$ for Time 1 and $\alpha = .79$ for Time 2.

Data Collection Procedures and Ethical Considerations

The Ethical Committee of the authors' university approved the project. Participants signed an informed consent document guaranteeing confidentiality and voluntariness (they could leave at any time). The research team contacted the centers and established the main conditions for participation: each center had to organize at least one team composed of two families (experimental condition) and two professionals; and at least three additional family members had to answer the questionnaire but not participate in the team (control condition). The families in the control condition were different from those in the experimental condition. Participants were randomly selected, and they were also randomly assigned to the experimental vs. control condition. To be eligible for this study, families had to have been using the center in question for at least two years prior to the intervention, thus avoiding the participation of families with limited experience in the center. The random selection was made from the total number of families in the center that fulfilled this criterion. Only those who could not go to the center were excluded (for example, very old relatives with mobility problems). Each family was represented by the person with intellectual disability and the family representative with the most frequent contact with the center in question. The research team trained one employee per center to perform data collection, resulting in a response rate above 90%. Before the intervention, all participants (in both the experimental and control conditions) answered the questionnaire (T1, pre-intervention). After the questionnaires had been answered in a center, a member of the research team organized the intervention. The researcher gave an initial standardized half-hour speech to team members, explaining that professionals and families should cooperate to design a project to improve the self-determination and consequent social inclusion of the individuals with intellectual disability on the team. Participants received simple materials indicating the name of the project, the actions to be taken in the next eight weeks, the calendar, and the people responsible for each action. After the initial speech, team members had two hours to choose and design the project. This work meeting allowed the interaction between professionals and family members to take place. During the two-hour meeting, the researchers only participated in the discussion for a few minutes to clarify possible doubts. Therefore, professionals and family members were autonomous in their decisions. In addition, the researchers gave the instruction that consensus and the active participation of professionals and family members in the activity and the decisions were necessary. After the two-hour meeting, family members answered the questionnaire again (T2, post-intervention). Family members assigned to the control condition answered the questionnaire in parallel (T2). These family members were not informed about the work meetings.

Data Analysis Procedures

To test our hypotheses, we computed two-way mixed analyses

of variance (ANOVA). Specifically, we included both a within-group factor (pre vs. post intervention) and a between-group factor (experimental vs. control condition). The interaction between these two factors allowed us to check whether the intervention improves service performance evaluations (service quality and communication openness) of family members. In addition, because centers can differ in the importance attributed to service performance, we carried out additional analyses to control for the center membership as a random effect. To do so, we computed mixed-effect regression models with random intercepts, which allowed us to consider fixed effects as the overall change over time and the experimentally induced group differences, but also the random effects, such as center membership.

Results

Preliminary Results

Descriptive results, correlations, and reliabilities (alpha coefficients) are shown in Tables 1 and 2, differentiating between the experimental and control conditions. Positive and significant correlations were found between service quality and communication openness, even when they were measured at different times. Reliabilities were satisfactory, with alpha coefficients ranging from .76 to .85. We also checked for significant differences in service quality and communication openness between the experimental and control conditions at T1 (pre-intervention). Simple effect results indicated no significant differences in the mean values for service quality ($F_{(1,339)} = 1.66, p > .05$) or communication ($F_{(1,341)} = 1.56, p > .05$) when comparing the control vs. experimental conditions at T1 (pre-intervention).

Table 1
Descriptive results and correlations for the experimental condition

| Variable | M | SD | 1 | 2 | 3 | 4 |
|------------------------------|------|-----|--------|--------|--------|--------|
| 1. T1-Communication openness | 6.03 | .87 | (.849) | | | |
| 2. T2-Communication openness | 6.10 | 1 | .447** | (.793) | | |
| 3. T1-Service Quality | 6.38 | .63 | .476** | .310** | (.826) | |
| 4. T2-Service Quality | 6.54 | .52 | .373** | .504** | .539** | (.825) |

Note. ** $p < .01$. Alpha coefficients are along the diagonal

Table 2
Descriptive results and correlations for the control condition

| Variable | M | SD | 1 | 2 | 3 | 4 |
|------------------------------|-----|-----|--------|--------|--------|--------|
| 1. T1-Communication openness | 6.1 | .83 | (.763) | | | |
| 2. T2-Communication openness | 5.9 | .97 | .761** | (.832) | | |
| 3. T1-Service Quality | 6.5 | .67 | .623** | .499** | (.854) | |
| 4. T2-Service Quality | 6.4 | .69 | .523** | .597** | .698** | (.814) |

Note. ** $p < .01$. Alpha coefficients are along the diagonal

Hypothesis Testing

Results of the mixed ANOVA for service quality showed no significant main effect of time ($F_{(1,336)} = 2.85, p > .05, \eta^2 = .01$), indicating that the mean value for service quality in the pre-intervention phase ($M = 6.45, SD = .66$) is similar to the value in the post-intervention phase ($M = 6.47, SD = .98$). The main

effect of condition was not significant either ($F_{(1,336)} = .033$, $p > .05$, $\eta^2 = .00$), indicating that the mean value reported for service quality was similar in the control condition ($M = 6.45$, $SD = .58$) and in the experimental condition ($M = 6.46$, $SD = .51$). By contrast, there was a significant time x condition interaction effect ($F_{(1,336)} = 9.185$, $p < .05$, $\eta^2 = .027$). Specifically, results of simple effects indicated statistically significant differences ($p < .05$) in the experimental condition between the pre- ($M = 6.38$, $SD = .67$) and post-intervention ($M = 6.54$, $SD = .52$) mean values for service quality, whereas there were no significant differences ($p > .05$) in the control condition between the pre- ($M = 6.47$, $SD = .67$) and post-intervention ($M = 6.43$, $SD = .63$) mean values (see Figure 1). In addition, statistically significant differences ($p < .05$) were detected between the control vs. experimental conditions in the post-intervention phase. Results of the mixed-effects regression model with random intercepts confirmed that the rate of change in the service quality scores was not the same from pre-intervention to post-intervention when comparing the experimental vs. control conditions ($b = .21$, $t_{(337)} = 3.06$, $p < .05$), after controlling for center membership. In sum, our findings showed that, as proposed in H1, participation in teams increased service quality, whereas service quality scores remained stable in family members assigned to the control condition.

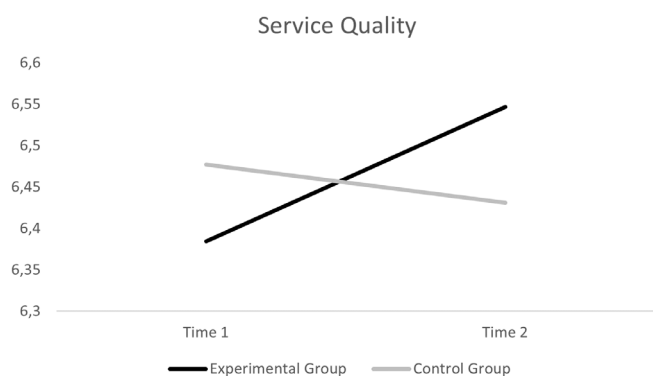


Figure 1. Effect of the interaction of time and condition on the service quality

Results of the mixed ANOVA for communication openness showed no significant main effect of time ($F_{(1,336)} = .798$, $p > .05$, $\eta^2 = .002$), indicating that the mean value for communication openness does not differ across the two times. The mean value in the pre-intervention phase ($M = 6.11$, $SD = .84$) was not significantly different from the mean value in the post-intervention phase ($M = 6.03$, $SD = .89$). The main effect of condition was not significant either ($F_{(1,340)} = .000$, $p < .05$, $\eta^2 = .00$), indicating that the mean value reported for communication openness was similar in the control ($M = 6.07$, $SD = .81$) and experimental ($M = 6.07$, $SD = .79$) conditions. However, there was a significant time x condition interaction effect ($F_{(1,340)} = 5.88$, $p < .05$, $\eta^2 = .017$). Specifically, results of simple effects indicated statistically significant differences ($p < .05$) in the control condition between the pre- ($M = 6.15$, $SD = .83$) and post-intervention ($M = 5.98$, $SD = .97$) mean values for communication openness, showing that communication openness was lower in the post-intervention phase in family members in the control group. By contrast, in the experimental group, there was a slight increase, but the difference between the pre- ($M = 6.03$, $SD = .87$) and post-intervention ($M = 6.10$, $SD = 1.00$) mean values (see Figure 2) was not significant ($p > .05$). Results of the mixed-effects regression model with random intercepts confirmed that the rate of change in the communication openness scores was not the same from pre-intervention to post-intervention when comparing the experimental vs. control conditions $b = .24$, $t_{(340)} = 2.426$, p

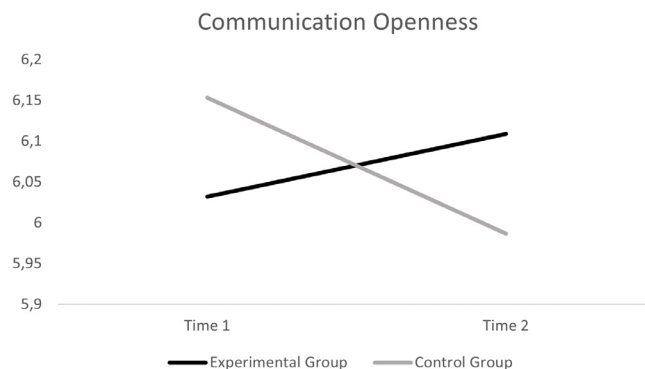


Figure 2. Effect of the interaction of time and condition on the communication openness

$< .05$), after controlling for center membership. Therefore, we observed a significant interaction between time and condition, but the pattern of results was different from what was proposed in H2. Communication openness remained stable in family members who participated in the teams, whereas it decreased significantly from T1 to T2 in participants in the control condition.

Discussion

This research study tested an intervention to improve service performance indicators (service quality and communication openness about self-determination) in organizations for individuals with intellectual disability. We based the intervention on the joint participation of professionals and family members in teams to design a project to improve self-determination and the resulting social inclusion of individuals with intellectual disability. Our findings confirmed that this collaboration improves service quality evaluations; that is, family members who participated in the teams improved their evaluations from T1 (pre-intervention) to T2 (post-intervention), whereas service quality remained stable for family members assigned to the control condition. Unexpectedly, the intervention was not effective in enhancing perceptions of self-determination communication openness. Perceptions remained stable in family members who participated in the teams (experimental condition), whereas communication openness decreased from T1 to T2 in family members in the control condition. Implications of these results are discussed below.

One of the most valuable contributions of this study is the consideration of the active participation of users as possible co-creators of services. Traditionally, research on service encounters has assigned a passive role to customers in their interactions with boundary employees (e.g. Oliver & Swan, 1989; Schneider et al., 2002; Wang et al., 2017). In other words, it has been argued that employees' behavior leads to customer reactions. Despite the pervasiveness of this view, scholars also investigate how the user influences the delivery of the service (e.g., Gabriel & Diefendorff, 2015; Medler-Liraz, 2016; Tsai & Chen, 2017; Zablah et al., 2016). These efforts have significantly contributed to knowledge about service delivery by changing the way customers are viewed. However, the role attributed to service users is still limited, focusing on how their reactions impact the boundary employees' experiences, perceptions, and behaviors. The intervention described in the present study demonstrates that the user's contribution to services might be more complex than researchers thought, at least in some service sectors, such as organizations for individuals with intellectual disability. In this type of organization, where the involvement of families is especially important to achieve organizational goals and the duration of the relationship is extended over time, service users can be actively involved in

designing projects that produce an improvement in their service quality evaluations. Their role definitely changes because the service user is defined as an active agent, contributing to the proper functioning of the organization. Of course, this active role of service users is not restricted to organizations for individuals with intellectual disability. In many other organizations, users' participation can be encouraged by adapting and making use of the intervention tested in this study. For example, the participation of service users and families is a challenge in health care services (Buchanan et al., 2005).

In more concrete terms, the significant impact of the intervention on families' service quality evaluations is especially interesting. Our findings are congruent with the idea that stimulating collaboration between professionals and families could change the attitudes of family members towards the service. Family members who participated in the study had already formed their service quality attitudes, largely due to their prolonged interaction with professionals, who are the visible face of the organization (Vassos et al., 2019). However, our intervention was able to modify the pre-established service quality evaluation. To produce this change, we induced a new way of understanding the relationship with the professional. Unlike the traditional passive role of the family in this type of organization (Deslandes et al., 1999), we required an active role of family members. The two factors that facilitate accessibility in memory to form attitudes (Rocklage & Fazio, 2018) were present. First, the activity of families in the teams was experiential. We did not view family members as external rational observers or clients, but rather as active agents who are also emotionally involved. Second, families participated in a positive context where professionals and family members joined efforts to achieve a common goal.

As mentioned above, the intervention was not effective in changing self-determination communication openness between professionals and family members. Contrary to our expectations, the intervention only helped to keep families' perceptions stable. Additionally, an intriguing result is that communication openness decreased in family members assigned to the control condition. A tentative reason for this surprising result could be based on the tendency toward professionalization and bureaucratization in the sector (Alexander et al., 1999; Carey et al., 2009; Grant, 2008), which may reduce the dialogue between professionals and family members in day-to-day organizational life. Beyond this bureaucratization process, organizational culture could also play a relevant role. Active participation may not be one of the underlying values of organizations, and it may even be deteriorating due to increasing organizational complexity and professionals' lack of time. Our intervention only helps to keep it stable. Furthermore, this phenomenon could exist in other organizations such as schools, hospitals, etc. This possible explanation should be explored in future studies.

Testing our intervention also has practical implications. It is likely that many managers, professionals, and employees (and also customers) consider the user to be a passive recipient of the service. Traditional education (e.g., in universities) usually communicates this idea, especially in organizations -such as those dedicated to individuals with intellectual disability- where complex knowledge, skills, and competencies are needed to achieve the goals. The organization of teams where family members can participate in an active way requires not only the adequate development of capacities (e.g., working in teams), but also a change in values. This change requires professionals to provide family members with some of the control over the work.

Our study has limitations that provide input for future studies. We have assumed that the creation of teams automatically activates

some processes that produce service quality improvements. In fact, we argued that teams allow the active participation of family members, but an explicit measurement of involvement would provide direct information about the role of this participation underlying collaborative teams. We also assumed that the creation of teams where professionals and family members collaborate would be inextricably linked to experiential processes and a positive context. However, measuring participants' positive emotional experiences directly could help to achieve a better picture of the effects of collaborative teams composed of professionals and families. Moreover, in the case of categorization, we proposed that the creation of mixed teams would lead to a categorization where professionals and family members are members of the same "in-group", thus increasing communication openness. Nevertheless, social identity and categorization also involve a subjective interpretation that could be measured in order to achieve greater understanding in future research efforts. The investigation of facilitators and obstacles in effective cooperation is another area where researchers can contribute to knowledge. In our design, the research team provided a context for the creation and functioning of teams, but other efforts can be examined and stimulated. Other possible factors to investigate could be related to training participants, reframing and changing values in order to view the service user as an active agent in the organizational life, and efforts made by professionals and families, among others.

Despite these limitations, the current research study provides an initial understanding of the positive effects of collaboration between professionals and service users. More specifically, we confirm the usefulness of an evidence-based intervention design that promotes the active role of family members in organizations for individuals with intellectual disability, combining rigor and social relevance. Family members are not necessarily passive people who receive a service. Based on our findings, they can actively participate in organizational life, which leads to an improvement in their service quality evaluations.

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