User engagement in the context of digital spiritual care platforms

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ABSTRACT

Many people struggle with questions related to the meaning of life and have a need for spiritual guidance. In the Netherlands, this guidance was, up until 2019, only available in intramural health care organizations, such as hospitals, but now people can receive spiritual care at home through digital platforms. For a platform's performance and effectiveness, user engagement is important and therefore, this research studies user engagement in the context of digital spiritual care platforms. A qualitative case study was performed including interviews that were transcribed and analysed. Findings show that the novelty of digital platforms that offer spiritual care at home causes a great satisfaction among users. Furthermore, it was found that control, PR and findability, feedback of users, and cocreating value are important factors of user engagement in the context of spiritual care. The study suggests that literature on user engagement in non-profit organisations could be refined.

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1. INTRODUCTION

The Dutch Social Support Act (Wmo) helps people live at home independently as long as possible. The Wmo gives municipalities the duty to arrange this care for its inhabitants.[1] In 2019, the ministry of Health, welfare, and sport established a subsidy scheme for regional Centres for Life Questions to subsidise spiritual care (geestelijke verzorging) for people at home.[2] Spiritual care is professional guidance, assistance, and advice on people's questions about the meaning of life, beliefs and religion. Spiritual care is part of the Dutch association of mental health and addiction care (geestelijke gezondheidszorg (GGZ)). The subsidy scheme relates to a trend in ggz-institutions in recent years: health care is preferably delivered at home, extramural, instead of in an institution.[3]

This shift from intramural to extramural spiritual care can be explained in a broader societal context by going back a few decades. Until the beginning of the sixties, in the Netherlands, and Europe in general, the correlation between the personal experience of faith and a collectively supported life orientation was still quite close.[4] Life questions were approached from a Christian perspective; the church taught the right way of life; theology explained the right doctrine. Since the disappearance of the monopoly position of the traditional Christian churches, the personal experience of faith and meaning of life was no longer so clear-cut. Since the 1980s, there has been an increasing religious individualization.[5] From 1990 to 2019, the percentage of people that consider themselves part of a church (catholic, protestant, or other) decreased from 60% to 45.9%.[6] It was assumed that this process led to religious indifference and a loss of clear meaning of religion, but people appeared to be looking for religious meaning more than before. People were searching for valid spiritual meaning and spiritual movements and a range of methods for spiritual formation and growth were emerging from all sides.[7]

Because there was no clear religious tradition shared by everyone anymore, there was a lack of guidance and help with people's spiritual search. In the eighties, many political parties stated that the government is not responsible for spiritual care and that it should be financed by the church. This changed in 1988 when a report by Hirsch Ballin was published which explained that spiritual care is an integral aspect of health care and that the government is responsible for this.[8] Spiritual care was up until 2019 mainly available only in intramural health care institutions, but with the subsidy scheme, the ministry of Health, welfare, and sport wants to accommodate people's questions about the meaning of life. The regional Centres for Life Questions, like mentioned before, provide spiritual care at home for people aged 50 or older, and children and adults in the palliative phase[2] and in the long run the intention is to also give access to this care to other groups of people that could benefit from spiritual care at home.[9] One of these centres is the spiritual care platform *Willem. Hart voor Levensvragen (Willem. Heart for Life Questions)*[10] in the regions Twente and the Achterhoek.[11] This is a digital platform that serves as a solution for the lack of extramural spiritual care and that wants to meet people's need for spiritual guidance. For a platform it is important to engage with its users, because user engagement is important for receiving maximal performance and effectiveness.[12] If a platform is not effective and people are not engaging with it, then it is not a suitable solution for the problem. Additionally, it is not clear yet whether digital platforms in the field of health care have the same function as in other sectors. [13]

Therefore, the research question of this thesis is *"What factors define and enhance user engagement in the context of a digital spiritual care platform?"*. The objective of this research is to explore what factors enhance user engagement in the specific context of digital spiritual care platforms by comparing general theory on the concept of user engagement and the context-specific practice. The research question will be answered through four sub questions:

1. *What is a platform?*
2. *What is user engagement?*
3. *What factors enhance user engagement?*
4. *How can user engagement in a digital spiritual care platform be achieved and enhanced?*

The first three questions will be answered using literature in order to get an understanding of these terms. The fourth question will then be answered by investigating the platform and comparing theory and practice.

2. THEORETICAL FRAMEWORK

2.1 Platform

A platform is a tool to make it easier for demand and supply to meet[14] and to collect solutions for problems of entities in an ecosystem.[15] The platform can be producer-oriented, consumer-oriented, or both. Producer-oriented is when the supply-side offers a product or service through the platform. These products or services are then available for the demand-side to purchase. The platform eBay is an example of this. A consumer-oriented platform is one where consumers request a product or service through the platform which the producers then deliver to the consumers, also through the platform. An example is when consumers order a part of a computer on Dell's PC ordering platform and Dell provides this information to the computer parts suppliers. It is also possible that a platform is both producer-oriented and consumer-oriented and thus consumers and producers both produce and consumer products and services. For example, on YouTube, people can both upload and watch videos. In this last type of platform, the

[1] Government of the Netherlands (n.d.)
[2] Factsheet Geestelijke Verzorging Thuis (2022)
[3] Medical groep (n.d.)
[4] Van Knippenberg (1992), p. 212
[5] Ziebertz (1997)
[6] CBS (2020)
[7] Andriessen (1996), p. 11
[8] Van de Donk et al. (2006) (Chapter by Schilderman)
[9] Bodegraven & Kamp (2021)
[10] See https://willemlevensvragen.nl/
[11] Geestelijke verzorging in Nederland (n.d.)
[12] Brodie et al. (2011)
[13] Kamphuis (2021)
[14] Kim (2015)
[15] Iansiti & Levien (2004)

source of value creation are both the customers and the suppliers and thus there is value cocreation.[13]

In the last decade, there has been an increase in interest and use of digital platforms. Digital platforms have become a means of organizing a broad range of human activities and interactions and have changed multiple industries, like transport (e.g. Uber, Lyft), food service (e.g. Thuisbezorgd, Mjam) and hospitality (e.g. Airbnb). A platform can be technical, e.g., for software development and production, but it can also be non-technical where it is used as a place to bring together two groups of users, e.g, buyers and suppliers. In their literature review, Asadullah, Faik, and Kankanhalli identified several categories of digital platforms. For example, a platform can stand in between the two parties and the platform owner controls the transactions, or the providers can sell their product or service on the platform and users of the product or service buy them without any involvement of the owner, or the providers can even interact directly with end users through the platform.[16]

Like for any other business, it is important for digital platforms to understand its value and to analyse the key areas and relationships the business is involved in. Osterwalder developed a business model canvas which is a template for assessing business models on nine interrelated parts and can also be applied for digital platforms. The most important part is the value proposition in which the business' core value and competitive advantage are described. Furthermore, the customer segments and relationships, key activities, resources and partnerships, channels, revenue streams and cost structure are described. For a platform it is important to understand that the customers are not only the product or service users but also the providers of the product or service.[17] In this thesis, therefore, when speaking of users, both the providers as well as the users of the product or service are meant. Scholten proposed a modified business model canvas for two-sided platform businesses which Taipale-Erävala, Salmela & Lampela improved further.[18] In this model, the customer segment is split up into customer and prosumer, because the producer can be a customer at the same time. The most important part in this improved model is the core interaction between the users. The core interaction creates value, not the platform itself. Another important new part is the network effect which explains how actors of both sides are attracted to the platform and make the first interaction.

It is not clear yet whether platforms in health care can exist in the same way as in other industries. Health care platforms can have different functions. According to Kamphuis[13], there are three core functions of platforms in healthcare: information exchange, service integration, and service innovation. The first function is enabling information exchange between healthcare providers and patients. Service integration is the enabling of collaboration between healthcare providers and patients by supporting the healthcare processes digitally. The last core function is facilitating innovation ecosystems by connecting healthcare providers and patients with third-party application developers. Telemedicine and Internet of Things applications also play a major role in health care in all these functions, but mainly in the data exchange and flows.[19] Digital health care platforms can be part of an integrated health system that enhances the interoperability of data and collaboration between different kinds of health care providers and patients in the broader health care ecosystem.[20]

2.2 User engagement

Within the academic marketing and service literature, the term 'customer engagement' (CE) or 'user engagement' (UE) (terms are used interchangeably) has been growing in popularity since 2005[12] and various authors have tried to define this broad concept. Brodie et al. (2011)[12] conducted a literature review on the use of this term and derived five fundamental propositions that lead to a general definition of CE. Firstly, CE is a *psychological state* which results from interactive customer experiences with a brand or product. CE is also a *dynamic, iterative process* of interactions that *cocreates value*. The third fundamental proposition states that CE plays a *central role* in a broader network of service relational concepts, such as 'involvement' and 'participation'. Furthermore, depending on specific contexts, CE can occur in different *levels*. Finally, the research shows that CE is a multidimensional concept that predominantly consists of three dimensions: cognitive, emotional and behavioural. Others define engagement as the users' intrinsically motivated attraction to a system which is expressed in affective (e.g. motivation, positive and negative feelings), cognitive (e.g. challenge, interest), and behavioural (e.g. interactivity) terms.[21]

These definitions are still very general which makes it applicable to any context. However, to get a better idea of what customer or user engagement is, we need to look at the specific features that characterize and define UE. Some researchers have used engagement interchangeably with terms such as attention, interactivity, and cognitive load. Engagement can be seen as either a process that happens during the interaction, the product of the interaction, or both. Other attributes of UE in the context of digital systems include aesthetic appeal, focused attention, challenge, endurability, feedback, control, pleasure, sensory appeal, and novelty, felt involvement and perceived usability. Which attributes define UE is, however, context and user dependent.[22]

Patterson[23] focused on CE in services and stated that CE encompasses four components: vigor, dedication, absorption, and interaction. *Vigor* is the customer's level of energy while interacting with the service employees or the organization and also refers to the willingness to invest time and effort in their role and therefore their loyalness. *Dedication* is the customer's sense of belonging in the firm, how proud they are of the firm, and if they are inspired by service employees. *Absorption*

[16] Asadullah, Faik, & Kankanhalli (2018)
[17] Osterwalder & Pigneur (2010)
[18] Scholten (2016); Taipale-Erävala, Salmela & Lampela (2020)
[19] Naresh, Pericherla, Murty & Reddi (2020), Yin, Zeng, Chen & Fan (2016)
[20] Serbanati, Ricci, Mercurio & Vasilateanu (2011)
[21] Jacques, Preece & Carey (1995)
[22] O'Brien (2016)
[23] Patterson (2006)

describes the customer as being fully concentrated, happy, and deeply absorbed while playing their customer role. Lastly, *interaction* refers to the various interactions between the customer, service employees, the organization, and other customers.

Customer engagement is reflected in the behaviour of customers like word-of-mouth activity, recommendations, helping other customers, blogging and writing reviews.[24] Engagement behaviour, like cocreating value or helping other users with using the product or service, does not occur on its own, but requires a structure, a frame, usually a platform in which these activities can take place.[25]

The term user engagement is a complex concept and there is no one way to explain it. The majority of authors agrees on three commonalities of UE. First, UE is an interactive concept. Interactions between user and the brand reflects the user's investment level in the firm which affects customer loyalty and self-brand connection. Second, UE is a multi-dimensional concept that involves cognitive, emotional, and behavioural aspects. Lastly, UE is highly context-specific.[26]

2.3 Factors enhancing user engagement

There are many models explaining different antecedents of UE and how they enhance UE. For example, Behnam et al.[26] proposed customer learning and customer knowledge sharing as two important CE antecedents. Customer learning denotes the acquisition of new product or service knowledge or insight. The greater the customers' knowledge, the more they are likely to enjoy interacting with the brand, thus increasing their engagement. Subsequently, as customers learn, their capacity to share this knowledge increases. Therefore, customer knowledge sharing indirectly affects CE. It is advised for managers to actively implement customer learning and knowledge sharing opportunities related to their services. Islam et al.[27] focused on CE in the service context and explored the effect of service quality on CE. Service quality is the extent to which customer expectations are met by the organization on a physical dimension (e.g. appearance, facilities) and on staff behaviour (e.g. employee competence, helpfulness). Their study shows a positive effect of service quality on CE. This resembles with the study of Kumar et al[28] which says that a positive service experience can lead to a higher CE. The perceived variation in service experience moderates the influence service experience has on satisfaction and emotional attachment, which eventually impacts CE. An example with a digital mental health platform showed that user experience was impacted by usability, visual appeal, functionality, and content. For digital mental health solutions, it is important to make the user's first experience on the platform useful, satisfying, and memorable. Data that shows how users use the website (e.g. types of clicks, resources viewed, searches) may help identify features with which the target user engages or disengages.[29]

O'Brien & Toms[30] indicate that the process of engagement is comprised of four stages: point of engagement, period of sustained engagement, disengagement, and reengagement. First, users are attracted by aesthetic or novel appeal of the platform, the users' motivations and interests, and the users' ability and desire to engage in the interaction. Engagement is sustained when users can maintain their attention and interest in the service, users' needs are met, and is characterized by positive emotions. Users may disengage for many reasons such as the usability of the technology or dissatisfaction with the service. This disengagement can be followed by short-term or long-term reengagement.

Blasco-Arcas et al.[31] state that actors/users may be unwilling or hesitant to voluntarily engage on a platform. Engagement should be more organized with clear actor roles and organizing modes and therefore they suggest a typology of three organizing modes of engagement (orchestrating, facilitating, and stimulating) which must be used by an organizing actor to actively organize engagement. *Orchestrating engagement* focuses on bidirectional interactions between the platform organizer and the user. Engagement is here developed when users are learning what each other's needs, wants, and goals are. *In facilitating engagement*, the organizing actor facilitates a platform for present, former, and potential users to meet and learn from each other by, for example, exchanging experiences, skills, and innovation trends. *Stimulating engagement* is where the organizing actors works as a matchmaker and stimulates cocreation and engagement among platform users and other participating actors.

In this research, the theories described in the theoretical framework are explored in the context of digital spiritual care platforms with the use of a case study. First, the platform's value proposition, function, and its users must be understood. Then, the different aspects of UE are explored in the platform. The explicit attributes of UE or UE behaviour that are mentioned in the theory, such as feedback, control, and challenge, are used to create a broad view on the ways in and the extent to which the platform and its users engage. Finally, the factors that enhance UE according to the theory are studied. To summarize, these are: customer learning, knowledge sharing, quality of the service, the experience with the website, the role of the organizing actor, and lastly, the process of engagement of the users is described.

3. METHODOLOGY

In this study, the analysis of a spiritual care platform is performed with the goal to get an insight in the UE of spiritual care platforms. A lot is known about UE in platforms in general, but little is known about UE in the context of spiritual care platforms. Case studies are considered an appropriate method to obtain this kind of context-based knowledge.[32] A case study is used to explore what factors are enhancing UE in this context.

[24] Van Doorn et al. (2010)
[25] Breidbach, Brodie & Hollebeek (2014)
[26] Behnam et al. (2021)
[27] Islam et al. (2019)
[28] Kumar et al. (2017)
[29] Shi et al. (2021)
[30] O'Brien & Toms (2008)
[31] Blasco-Arcas et al. (2020)
[32] Eisenhardt & Graebner (2007)

3.1 Case selection

The website of *Geestelijke verzorging in Nederland*[11] gives an overview of the Centres of Life Questions in the Netherlands. As can be seen on the map, there are 43 locations from which the Centres for Life Questions are organised and seven locations for Integrated Child Care Networks (Netwerk Integrale Kindzorg) which are collaborations of diverse professionals that specifically support children with a life-limiting or life threatening disease.[33] This research focuses on the Centres of Life Questions, because these centres focus on both adults and children. All Centres of Life Questions have similar websites on which is explained what the centre does, for whom it is meant (people older than fifty or people in palliative care), what Life Questions are, and (contact) information for both clients and spiritual care providers. Most of the centres are literally called 'Centre for Life Questions', but some have a different, but comparable name, such as *Willem. Hart voor levensvragen*.

Since all the Life Questions Centres are similar spiritual care platforms, there are no in- or exclusion criteria for selecting the platform for the case study. Therefore, the researcher chose to focus on the platform that was most accessible regarding location in the available period of time. The case that this research focuses on is the platform *Willem. Hart voor levensvragen* (often abbreviated to 'Willem'). As explained in the introduction, this platform is an example of an initiative of health care providers to make spiritual care available for anyone at home in the regions Twente and the Achterhoek. Willem is a digital platform that connects spiritual care providers with clients, people that are in need of spiritual care. The main function of the platform is enabling the collaboration between these two parties. A client can contact the platform and one of the spiritual counsellors will make an appointment with the client. There is a team of 32 spiritual counsellors available and the platform is coordinated by one coordinator, the platform owner.

3.2 Data collection

This research is qualitative with the aim of acquiring as much detailed information as possible. Primary data will be gathered from the platform by means of semi-structured interviews. Semi-structured interviews are the most common qualitative data source in health services research. This method allows the researcher to explore the participants' thoughts, experiences and knowledge about the topic.[34] Information from the platform website and concepts from the literature is used to formulate relevant and meaningful semi-structured questions. The questions are divided in themes which are derived from the theory. An interview guide was developed which includes the themes and corresponding questions. This guide ensures that all relevant topics will be discussed with all interviewees. Since the questions are mostly open-ended questions, it was possible that the discussion would diverge from the original question. Therefore, it was necessary to record the interviews and transcribe them afterwards, because otherwise it would be difficult to take sufficient notes while conducting the interview.[35]

The coordinator of the platform and four spiritual care providers on the platform were interviewed. It was aimed to also interview clients, but this was not directly possible, since often in this field information from clients is confidential, especially for clients in palliative care. However, three of the spiritual care providers were willing to ask a few questions to a total number of five clients on behalf of the researcher. The interviews were held in Dutch to optimize the quality of the interview and any quotes of the participants used in the findings are translated to English as accurately as possible. The interviews were held either online, by phone, or in person in a hospital to accommodate the interviewees as much as possible. The interview procedure consisted of two phases. First, in the introduction the goal of the research was explained and informed consent of the interviewees was asked, as well as consent for audio-recording the interview (*see Appendix 1A*). Secondly, a series of questions were asked in order to get an answer to the questions that can be found in *Appendix 1B*. Different questions were asked to the platform coordinator, the spiritual care providers, and the clients. The list of questions were improved and changed during the process of interviewing and the list in *Appendix 1B* therefore includes the final questions that were used. However, not all questions were asked to all interviewees. The questions were also tailored to the participants' understanding of the topic. The interviews took approximately thirty minutes.

3.3 Data analysis

To analyse the data that was collected, the interviews were first transcribed. The transcription of interviews is widely employed in qualitative research.[36] The transcription was done manually and was naturalized, so that the written conversation and the participants' quotes included in the results are more readable and do not include excessive repetitions or verbal fillers such as 'ehm'.[37] After the interviews were transcribed, the transcripts were coded using a partially deductive and partially inductive coding method. Some codes were directly related to the theory, but since not all interviews included the same questions and topics, it was difficult to use codes directly derived from the theory. Therefore, codes were made by describing specific words or phrases in the transcripts that could either be directly related to the theory or could be other or new insights. Consequently, the codes were grouped together to form categories of codes, which were then used to interpret the information of the participants and discuss the findings in comparison to the theoretical framework.

4. FINDINGS

In this chapter the findings from an interview with the coordinator of the platform, interviews with four spiritual care providers, and input from five clients are discussed.[38] All information in this chapter derives from the interviews or input from clients, unless a footnote is placed at the respective text.

[33] Kenniscentrum Kinderpalliatieve zorg (n.d.)
[34] Dejonckheere & Vaughn (2019)
[35] Robert Wood Johnson Foundation (2008)
[36] Lapadat & Lindsay (1999)
[37] McMullin (2021)
[38] Respondent 1 = platform coordinator
Respondent 2-5 = spiritual care provider
Respondent 6-10 = client

The findings are categorized according to the same chapters as the theoretical framework; platform, user engagement, and factors enhancing user engagement.

4.1 Platform

4.1.1 Development of the platform

In this section, the development of Willem will be explained by means of information that was acquired through the interviews. The centres of life questions started with the new subsidy scheme in 2019. The subsidy for spiritual care at home was originally organised by the networks for palliative care. In Twente and the Achterhoek, there are six networks of palliative care that were already working together and therefore the spiritual care providers were already united to discuss developments in spiritual and palliative care. In the last few decades, some of these providers were also already lobbying for care at home, so when the subsidy was released in 2019, these people came together to start up a centre for life questions. From then, Willem started growing and more and more spiritual care providers joined the centre up to a current total of 32 spiritual care providers and from January 1st, 2022, Willem is officially a foundation, so independent from the networks, with a board including a chairman, a treasurer, and a secretary. Moreover, there are several work groups consisting of some of the spiritual care providers that are focused on specific subjects, for example, communication & PR and schooling.

The spiritual care providers are optimistic about the future of Willem; they believe the centres of life questions are being experienced positively by users across the whole country. "*And especially for Willem; [the platform] has a monopoly position in Twente, so there I am optimistic for the future.*" *(Respondent 3)* Besides, the platform also takes away the burden of general practitioners (GPs) to support their clients spiritually (more elaboration on this later) which is another reason why the spiritual care providers think Willem will keep growing. However, further development of the platform depends strongly on the financing of the government and on how well this funding is utilized. This year, the subsidy budget of Willem is the same as last year, which makes it difficult to grow as a platform. Willem would like to expand and support more people, for example, people under the age of fifty that are not in palliative care, but as stated, the ability to do so depends on the subsidy scheme.

4.1.2 Value and function of the platform

The platform's value proposition is the spiritual care at home, with emphasis on 'at home'. For the first time in the Netherlands it is possible for people to receive spiritual care at their own home without having to be registered at an institution, like a hospital or to be part of a religious community. The platform coordinator explained that "*spiritual care is already something that is actually normal in hospitals intramurally, but [the subsidy is meant] to make this possible at home as well.*" The spiritual care providers that work in hospitals did visit patients at home after they were discharged even though this was not the intention of the hospital, because it was at expense of the hospital. Hence, the rise of platform Willem was very convenient to legitimize the home visits. The goal of the platform is to reach people that are not in intramural care and also do not have their own network of people who could provide spiritual care. For example, members of a religion are often part of a community in which they can find support, unlike non-religious people.

Willem's users are the spiritual care providers, people who have a need for spiritual care (aged fifty or older, or who are in palliative care and their loved ones), but also professionals or volunteers who refer people to the platform or who would like to be supported or educated in topics regarding life questions and meaning and how to help people that are dealing with issues regarding these topics. A professional or volunteer can, for example, be a doctor or a nurse who visits people at home. This group of users is an important part of the platform as evidenced by a comment of a spiritual care provider: "*A small correction: you're saying two groups are involved [in the platform], the spiritual care providers and the clients that may need it; there are also other professionals that use this website to refer [people].*" The spiritual care providers agree that with the service they deliver they fulfil the clients' need for spiritual care. Two of the clients explained that talking to the spiritual care provider gives them peace in the chaos and helps to think about the choices they have to make. The spiritual care provider serves as an independent, unbiased person the client can talk to about their life questions, struggles, emotions, etc. "*[I] built a relationship of trust and can say a lot more than I'm used to.*" *(Respondent 9)*

Another function of the platform is collaboration with other health care providers. Through multidisciplinary consultation groups, Willem works together with doctors, GPs, nurses, home care providers, etc., with two main purposes: first of all, to support and coach these health care providers in the way they are dealing with their clients with regards to spiritual care, and secondly, to discuss the care of specific clients and refer clients to each other in order to optimize the health care of clients and to reduce the burden on health care. "*[…] so our goal is […] to really be a self-evident collaboration partner*" *(Respondent 1)* An important multidisciplinary consultation group is the *Palliatieve Thuiszorg (PaTz)* (Palliative Home care) group. In the Netherlands, there are 239 of these groups that focus on palliative care.[39] For Willem, palliative clients form a significant group as they represented forty percent of all clients of Willem in 2021.[40]

Outside these consultation groups, the health care providers also collaborate by sharing information about clients. For example, if a spiritual care provider thinks a client could benefit from a particular therapy, they could report this to a psychologist. Information from the client visits is not shared, because this is confidential. Another way in which health care providers collaborate is by referring clients to Willem. For example, GPs also provide spiritual support to people that deal with illness, death, or loneliness, etc., but they lack time for this and "*thus they are very happy when they notice that those spiritual care providers do this too and can unburden them from this.*" *(Respondent 5)*

[39] Palliatieve zorg thuis (2022)

[40] Willem. Hart voor levensvragen (2021)

4.2 User engagement

4.2.1 How users get to the platform/PR

Users can contact Willem by phone, by email or through a form through which health care providers can refer clients to Willem. Clients find Willem in many different ways, not only through the website. In fact, only few people get to the platform directly through the website. Other clients are being referred to Willem by nurses in hospices, GPs, home or elderly care providers, or other health care providers. For example, one of the clients that participated in this research was referred to Willem by a geriatrician and another client by a physiotherapist. The other three clients came to Willem through their GPs. These health care providers can recommend Willem to the client, but they can also directly make an appointment for the client at Willem. Another way in which clients get to Willem is when they already received spiritual care in the hospital and want to continue this at home. The spiritual care provider can then refer them to Willem and continue the spiritual care through the platform. Furthermore, Willem uses press releases and flyers to raise awareness about the platform and to attract clients. The flyers are, for example, available at GP offices. The spiritual care providers also try to draw attention to Willem through word-of-mouth marketing, posting on social media, and talking to GPs. However, Willem is still working on increasing recognition. The press releases also attract new spiritual care providers and when Willem wants to offer education to professionals, spiritual care providers are also interested in sharing their knowledge.

4.2.2 Users' experience

A reoccurring answer in the interviews was that the users of the platform are very satisfied with and enthusiastic about the platform, simply because they are thankful that there finally is the opportunity for people to enjoy spiritual care at home and therewith fulfil the need that many people have. Therefore, in general, few negative elements of the platform were pointed out. Overall, the spiritual care providers are positive about their experience with the platform. They think it is a good initiative and are glad it is there, because many people need this care. Many palliative people need someone to count on, to hold on to, and therefore count a lot on their doctor, GP, or oncologist, for example, for mental and spiritual support. However, it is important that these people can also count on someone in the last phase of their lives and "*that is why Willem is such an extremely important development.*" *(Respondent 5)* Furthermore, a positive aspect is the continuation of contact with clients from the hospital to their home, especially for clients who deal with loneliness at home and who have little contact with other people.

The fact that clients need to be aged fifty or older (or in palliative care) is questionable according to one of the spiritual care providers. However, this has partially to do with the subsidy and other spiritual care providers mentioned that, even though this is the criteria, they never had to deny a client under this age, because they were able to find a way to make it possible to provide care to the few clients under age fifty and "*in consultation, a lot is possible.*" *(Respondent 2)* Sometimes, clients are sent to Willem by their children who think their parent needs spiritual care, even if the client in question does not feel this need. This can be experienced negatively by spiritual care providers. Moreover, it can be challenging for the provider to speak with clients that have different beliefs, for example, when the provider is not religious and the client is.

All of the clients that were asked were satisfied with the platform. They find that the quality of the care is good and that they feel they can share all their worries with a spiritual care provider that listens sympathetically. One client appreciated the fast reply of Willem after spiritual care was requested. Another client valued the attention, time, and loving treatment of the spiritual provider and their broad and holistic view on personal questions related to a specific life phase, health, and mental and spiritual well-being. When asked, the clients expressed that they feel engaged with the platform. They also felt that they have full control over the care they receive. The platform coordinator explained that clients can choose the type of care provider they wish to speak to, for example, in terms of religion or gender, or even a specific provider, since the website shows an overview of all providers. However, most clients are looking for a spiritual care provider in general and do not have specific preferences.

As stated previously, the website shows an overview of the team of Willem including a personal text, background and photo of the providers. One provider mentioned not to like seeing this self-portrait on the website, but that it is important for the potential client to see who will come to their home. The website is not used a lot by the spiritual care providers and by most of the clients. Two clients who came to Willem through the website were content with the usability of the website and found the right information. The website also shows a video of a client talking about her positive experience with spiritual care at home.[41] A common point of criticism was the darkness of the website. The colours should be lighter. "*Spiritual care is not only dark or about difficult things.*" *(Respondent 1)* Also, the name of the platform itself, 'Willem', is not perceived very positively, by both spiritual care providers and a client. According to them, it is not inclusive, since it is a masculine name, and it is not clear and relevant. Furthermore, spiritual care providers use an additional, private part of the website to store client portfolios, lectures used for education, plannings, and other information. However, this part of the website is not or not frequently used by some of the spiritual care providers. On the contrary, the 'Sillo' app, a communication app used by health care providers that protects sensitive information, is used daily and is found convenient. Key information about clients is shared here and client requests are divided among the providers.

4.2.3 Feedback from users

Generally, the users of the platform do not deliver much feedback to the platform. However, they believe that their feedback would be taken into account. The platform coordinator stated that clients have not given a lot of feedback, but professionals have. Yet, input from users is not always immediately applied, but it is discussed in the work groups. One of the spiritual care providers explained that he is contributing to improve the platform, for example, by offering to help with

[41] Willem. Hart voor levensvragen. (n.d.)

the schooling that the platform offers, being present at meetings, and being available to provide care to clients, and therefore cocreating value for the platform. Clients mostly do not bring in feedback, because their priority is their own health and since they often come to Willem with a request for help and with a certain vulnerability, they are not necessarily interested in giving feedback.

In the interviews, a few points of feedback or ideas for improvement emerged. A spiritual care provider mentioned that high schools in Germany have a spiritual care provider available for students. This shows that students at a young age can also struggle with these kind of life questions, so the interviewee thinks it would be nice to expand Willem's service to younger people. Additionally, it is important that Willem gets more awareness, so more people with a need for spiritual counselling get attracted to the platform. "*No one that I know, knows you [(the platform)]*." *(Respondent 7)* Internally, something that could be improved according to a spiritual care provider is the clarity of information flows. "*[…] such long emails with such long sentences, etc., that just makes it very unclear*." *(Respondent 3)* Also, for spiritual care providers that are also employed elsewhere, the obligations team members of Willem have, such as meetings, can be fairly time-consuming. On the other hand, these meetings are instructive and supportive.

4.2.4 Sense of team spirit

For most team members, Willem is a 'side job' next to their regular job at, for example, a hospital, an elderly care or home care institution, or other platforms. As a consequence, some of them feel less connected to the platform and lack time to invest in Willem. Besides, the platform is almost completely digital and therefore the spiritual care providers mostly meet their co-workers online. This does not have a positive effect on the sense of team spirit within Willem's team. Some spiritual care providers do have regular contact with team members that work at the same organisation as them, for example, at the same hospital, but with the other team members, they do not have a strong connection. Because Willem is a 'side job' and digital, there is not a significant need and interest among the spiritual care providers to have a connection with all team members. This does not necessarily mean that they do not care about the platform or the team. "*[…] so I really do have sympathy for the platform, the network, I am just present here all day, and there [(Willem)], I am just present digitally and only when it is relevant […]*" *(Respondent 5)*

Willem's team has four team meetings per year, three of which are mandatory to participate in and also, the work groups have meetings. These are some moments in which the team members meet each other. Furthermore, the platform coordinator attempts to be connected to the spiritual care providers and ensures that the needs and wants of the team are met by looking at who wants to do what task and whether everyone is satisfied. Different views on the sense of team spirit came forward among the care providers. For example, one provider said: "*[…] I think that we are on the way to, next to being good individuals, also become a good team.*" Contrastingly, another provider said that because many people are busy with Willem and also their regular job, "*I don't feel like it is a strong team.*"

4.3 Factors enhancing user engagement

4.3.1 User learning & knowledge sharing

Besides the schooling for professionals and volunteers, Willem also offers meetings for the general public. These can be lectures about life questions, or other theme meetings. Willem plans on organising more of these meetings where users of the platform can learn more about the related topics. For example, in 2022, there is a discussion group for people with beginning dementia. Also, the platform coordinator tries to publish a newsletter four times a year with news, information about Willem and the opportunities that Willem offers, articles, and more. Willem does not offer specific opportunities for spiritual care providers to keep learning in the context of permanent education, but according to one of the providers there are plenty of other platforms that offer education for spiritual care providers. "*A person is never too old to learn.*" *(Respondent 2)*

One provider explained that talking to clients and other providers helps to get a better image of how far the subject 'meaning' reaches and to learn in what degrees one can experience meaning. During team meetings, the spiritual care providers and the platform coordinator discuss developments and share relevant knowledge. This can be practical knowledge, for example, about how to make an invoice, but also tips about what to do in certain client cases. Information about lectures that have been given by spiritual care providers is shared on the private part of the website for other providers that want to give a lecture about the same topic, "*so not everyone has to reinvent the wheel every time again*". *(Respondent 4)*

4.3.2 Quality of the service

Spiritual care providers at centres of life questions in the Netherlands have to be registered at the *Stichting kwaliteitsregister Geestelijke Verzorgers* (SKGV) (Foundation Quality Register Spiritual Care Providers). A registration at the SKGV ensures a certain educational level in spiritual care. The SKGV also guarantees that the spiritual care providers keep their knowledge and skills up-to-date through targeted refresher courses and further training.[42] All spiritual care providers are also member of the *Vereniging van Geestelijk VerZorgers* (VGVZ) (Union of Spiritual Care Providers). Because they are a member, they endorse the professional code of spiritual care and therefore clients, or any other stakeholders, have the right to file a complaint against a spiritual care provider.[43]

Furthermore, to increase the quality of the spiritual care providers, Willem looks at the needs and wants of the clients. For example, the different religions and philosophies of life of clients in the region of Willem are being taken into account. Willem's team consists of people with diverse religious backgrounds, such as Christian (protestant, catholic, or general), humanistic, Islamic, and also non-religious. However, during the interviews, the versatility of the spiritual care providers was mentioned multiple times. They all have different strengths, for example, being good at giving trainings, or being specialised in people with dementia, but they are

[42] VGVZ (n.d.)

[43] VGVZ (2015)

available for any client. "*[…] our spiritual care providers are, in principle, there for everyone.*" *(Respondent 1)* Furthermore, usually, it is not necessary for the provider to have the same beliefs as the client, because "*it is not so much about truth, or science, or a discussion about whether or not something is right or not, but about what someone's experience is with […] their emotions behind it.*" *(Respondent 3)*

In summary, Willem attempts to achieve UE by reaching users through press releases, flyers, word-of-mouth, and other health care providers, by giving users their own control, by having a website with sufficient usability, by having meetings with providers and organizing meetings with the general public, and by taking into account potential feedback of users. Furthermore, Willem ensures good service quality and opportunities for users to share knowledge and learn. Willem also investigates the users' wants and needs and allows users to cocreate value for the platform.

5. DISCUSSION

5.1 Discussion of the findings

The aim of this research was to apply the theoretical concept of UE in the context of digital spiritual care platforms and therewith answer the research question: "*What factors define and enhance user engagement in the context of a spiritual care platform?*". The engagement of users with a platform is important for the platform's performance and effectiveness as a solution for a certain problem. UE is highly context-dependent and therefore this research employed a case study to obtain insights into how the respective digital spiritual care platform attempts to engage with its users.

In the findings the different ways in which the spiritual care platform Willem attempts to engage its users are described. The analysis shows that UE is indeed dependent on context; UE in a spiritual care platform is not comparable to UE in, for example, a transport platform, like Uber. The main consumer group, the clients, are, to a certain extent, quite vulnerable and the information they share is often sensitive. The findings suggests that the groups of users engage with the platform in different ways and to different extents. The platform attempts to engage with its users in various ways, but is still improving and increasing their UE in terms of public awareness, investigating and fulfilling users' needs, and improving the website.

According to Osterwalder & Pigneur[17], the platform users are both the producers and the customers. An assumption made by the researcher was that Willem, therefore, has two groups of users: the spiritual care providers and the clients. However, there is an additional third group of users, namely the professionals and volunteers, which are external health care providers (e.g. GPs) or informal caregivers. Within Willem, this group is on the demand-side of the platform, because the group receives schooling and coaching from the providers. Though outside of Willem, they use this knowledge and skills to provide care to their clients and thus they could be seen as an indirect group of providers/producers. In addition, they bring clients to Willem, so in that sense they are a group of suppliers for Willem. Looking at the research of Kim[14], it is clear that Willem is mostly a producer-oriented service platform. The providers provide spiritual care through the platform which is then available for the demand-side, the clients, professionals and volunteers, to make use of. However, in theory, the providers, the producers, could also be a customer if they request care from Willem for themselves, so they are a prosumer, like in the business model of Taipale-Erävala, Salmela & Lampela[18b].

The findings show that collaboration between health care providers is a key function of the platform. As mentioned in the literature review, a digital health care platform has three core functions: the exchange of information between providers and patients, the collaboration between providers and patients by supporting the healthcare processes digitally, and facilitating innovation ecosystems by connecting the two parties through an application.[13] Willem covers these three core functions, because information is shared between the spiritual care providers, other health care providers, and the clients, the different health care providers collaborate with each other, and the spiritual care providers and clients are connected to each other through the website. However, substantive information about clients is not shared digitally with other health care providers. A reason for this is spiritual care is not necessarily seen as part of health care, because health care is mainly focused on sickness, but for spiritual and life questions, one does not have to be sick. This is also the reason why the term 'spiritual care at home' (geestelijke verzorging thuis) is preferred over 'spiritual care primary' (geestelijke verzorging eerstelijn).[44]

According to Brodie et al.[12], UE is a psychological state which results from interactive user experiences. The first interactions of users with Willem are when users find Willem through press releases, flyers, or recommendations by other people and then contact the platform. After this, clients mostly only interact with their personal spiritual care provider and the spiritual care providers interact with the platform coordinator and other spiritual care providers. The fact that Willem is a digital platform makes UE more difficult to realize, because most spiritual care providers do not see each other in presence, only online, and, therefore, interact less with each other. An interesting finding is that users do not frequently use the platform's website. Prior to the interviews, it was assumed that the website was the most used means of getting in contact with the platform. A possible explanation for this is that a significant part of users is not so digital savvy, especially users of age 70 and older.

Furthermore, the platform coordinator aims to bring out a newsletter four times a year, and organise meetings for clients and the general public, and regular meetings with the providers. Through these interactions, the platform coordinator attempts to increase the UE which supports the research of Blasco-Arcas et al.[31] that states that UE should be actively organised by an organising actor, i.e., the platform coordinator. UE is also a dynamic, iterative process of interactions that cocreates value,

[44] Werkdocument kwaliteitseisen uitvoering geestelijke verzorging-thuis (n.d.)

according to Brodie et al.[12] The results of this study show that spiritual care providers cocreate value by taking on as many care requests as they can, being present at meetings, being active in spreading awareness, etc. Clients on the other hand do not actively cocreate value for the platform; they do not provide feedback to Willem. "*From clients I have not so much had [ideas for] improvement, but I did from professionals.*" *(Respondent 1)* This may be explained by the fact that clients are focused on their own health and are not interested in giving feedback.

The third aspect of UE, according to Brodie et al.[12], is that UE does not operate in isolation, but it plays a central role in a broader network of service relational concepts, such as 'involvement' and 'participation', which are antecedents and consequences of UE. The authors also mention the difficulty in determining what antecedents, concurrent factors, and consequences of UE are. This study acknowledges this difficulty, as we see an overlap between the concepts that define UE and the factors that enhance UE. The usability of the website, for example, is one aspect of UE, but the usability also influences UE. Because of this, the relation between attributes of UE and factors enhance UE is fluid.

As stated in the results, Willem is a rather new platform and overall the reactions and experiences are positive. Clients are satisfied with the care they receive and they feel involved with the platform. Spiritual care providers feel less involved with the platform, because they often are also employed elsewhere. Because of this, the bond between the team members is not so strong. However, often they do not have a considerable interest in becoming a close team and in being more engaged with the platform. The fourth and fifth aspects of UE according to Brodie et al.[12] are that UE can occur on different levels and in three dimensions: emotional, cognitive, and behavioural. Emotionally, the participants of this research are on a similar level, because they all have positive feelings regarding the platform, except that the spiritual care providers feel less involved.

Cognitive engagement pertains thoughts about learning and the willingness to invest time in learning,[45] and it relates to challenge and interest.[21] The clients are highly cognitively engaged as they want to learn about spiritual care, the struggles they have, and how to deal with them. The spiritual care providers are interested in being part of this platform to help people at home that struggle with life questions. They can experience challenges with certain clients. Therefore, spiritual care providers are engaged in a different manner; on a different level. We can also see this in the behavioural engagement, which is focused on interaction.[21] Clients interact predominantly with their personal spiritual care provider. Interaction between clients only occurs when clients join theme meetings, e.g., meetings for people with starting dementia, and, therefore, they do not increase their knowledge of each other's wants, needs, and goals, which would increase engagement according to Blasco-Arcas et al.[31] Spiritual care providers interact more with the platform as they have a close connection to the platform coordinator and to some of their team members.

[45] Marks (2000)

We can conclude that the clients have the least interaction with the platform. However, the results suggest that they are completely satisfied with the platform. The observed correlation between interaction and satisfaction might be explained in this way: in spiritual care, interaction is a less important aspect of UE than in other domains, because the clients are satisfied when they are receive spiritual care and for this, interaction with only one person is necessary. Therefore, interaction of clients does not strongly affect the effectiveness of the platform. There are, however, other possible explanations for this correlation. For example, since the clients mainly only have one type of interaction, they are more likely to be satisfied with this interaction.

O'Brien & Toms[30] describe the engagement process in four stages: point of engagement, period of sustained engagement, disengagement, and reengagement. This process is difficult to apply to platform Willem, because a large segment of the clients are relatively old and in palliative care, and are in the last phase of their lives. Moreover, only five home visits per client are subsidized, so this automatically denotes the point of disengagement and limits potential reengagement. Because the platform has been in existence for only three years, there is no question of disengagement among providers yet.

5.2 Theoretical implications

This paper provides an addition to existing research in the emerging area of UE. The term 'user engagement' has been researched increasingly in academic marketing and service literature since 2005.[12] The attributes that define UE are dependent on the context and the user.[22] Brodie et al.[12] and Behnam et al.[26] stated that research in a wide range of (service) contexts is required for the development of a general understanding of UE. This study provides a deeper understanding of UE in a service-related context, specifically on the UE in digital spiritual care platforms.

An important factor in UE in the context of spiritual care is control. The user, particularly the care recipient, should have control over their care process and should be approached in a respectful manner. The spiritual care provider is connected with a network of health care professionals to which the client can be referred, but it is important that the client has control over their own optimization process. Another essential aspect is the PR and findability of the platform. Because the platform is new (novelty) and digital, it is important that the platform can be found by potential clients. This relates, on the one hand, to the platform website where it should be clear how and where to find information about the platform, and, on the other hand, to the PR and findability in other locations. Digital spiritual care platforms can raise awareness about their service by investing in PR at other health care providers. This is also encourages collaboration in the health care ecosystem. With regard to collaboration, we found information about clients is not shared digitally with other health care providers. Here could lie a growth opportunity for spiritual care.

Feedback can greatly improve the offered product and service which is fundamental in the context of spiritual care, because

the product and service are about the client's health care. The platform should continuously look for ways to complement the offer based on feedback of users who potentially identify deficiencies in the offered care. When this feedback is taken into account, users cocreate value for the platform and this creates a sense of belonging to the organisation. In this way, there is a permanent mutual learning process for the platform and the users. Additionally, when feedback or user experiences are published on the website, former, current, and potential users can recognize and learn about each other's wants and needs.

This research applied the general definition of UE given by Brodie et al.[12] and confirms that this definition is applicable to the context of digital spiritual care platforms as well. However, much of the literature on UE focuses on UE in commercial organisations, but literature that studies UE in non-profit organisations that provide a social value could be refined in order to determine to what extent it is possible to formulate deviating and specific dynamics, as well as to identify alternative dimensions.

5.3 Managerial implication

The insights of this research help to understand what factors define and enhance UE in a digital spiritual care platform and can be used by platform owners to critically review and consequently improve their UE activities. The factors mentioned in the theoretical implications can be directly translated into managerial implications.

Digital spiritual care platforms should ensure that users feel that they are in control over their care. This can be done by presenting a clear description of the care that is offered on the website of the platform. A description of specifications of the service that is offered and the specialisations and background of spiritual care providers helps clients to know what they can expect and whether this care meets their need. This is also important with regards to PR and findability. Similarly, for the recruitment of spiritual care providers, clear instructions and criteria are necessary on the website. Furthermore, it is crucial for platforms to spread awareness through other health care providers or relevant organisations, for example, by placing flyers at general practices, community centres, health care institutions, or by ensuring that these organisations refer to the spiritual care platform on their website. An example could be the local funeral home where often people come who could use spiritual guidance after they lost a loved one.

To increase the attractiveness of the platform and to better meet the need of clients, we advise platforms to specialise and classify the care provision in different themes, subjects, and needs, for example, subjects as dementia, aging, or death. This can also increase the team spirit by bringing together co-workers that have expertise in the same areas.

In the case study, it was observed that feedback is not often given by users. However, as feedback can greatly improve the platform, we advise platforms to create opportunities for users to give feedback on the offered product and service. Another way in which platforms can encourage users to cocreate value for the platform is by challenging them to give a review on the platform to share their experience, for example, in the form of a video or a blog article on the website. This is not only valuable for the platform itself, but also for other users. Furthermore, a recommendation to platforms is to include a live chat feature or helpline that allows people to communicate with the platform in real-time and ask immediate questions. Applying all of the above aspects would enhance the UE and eventually the effectiveness of the platform.

5.4 Limitations and further research

Clients are often dealing with their own (spiritual) health and life questions and are vulnerable to a certain extent and therefore, it was not possible to interview clients directly. According to the platform coordinator, it could be possible to interview clients if an official letter was sent to the clients. However, due to the time constraint this was not possible. The questions were now asked to the clients by a spiritual care provider. The clients' answers could therefore be biased, because clients could be discouraged to give completely honest answers to an employee of the platform in question.

Due to the time constraint, this research focused only on one platform. If there were more time available, users from other spiritual care platforms in the Netherlands could also be interviewed so an extensive comparison could be made and this is, therefore, not only a limitation, but also a recommendation for further research. To get a better view on how UE in digital spiritual care platforms is organized, a bigger sample of the centres of life questions in the Netherlands, should be analysed. It would be insightful to investigate similarities and differences between the platforms and their value proposition and what implications this has on their UE. This would also increase the generalizability of the outcomes of this research.

Further research opportunities will also lay at investigating the digital platform over and after a longer period of time, considering that the subsidy scheme and therefore the platforms have only been set up a few years ago. It would be interesting to observe how the platform and its UE evolve over time. Zooming out to the initial problem statement that illustrated a need for extramural spiritual guidance, research could be done on the different solutions that other countries have to meet this need. For example, as aforementioned, German high schools offer spiritual care to their students. It is interesting to explore other forms of solutions and investigate their effectiveness.

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APPENDIX 1A

Introduction of interview

First of all, thank you for taking time to help me with my research. I am Susanna and I am here to ask you some questions about *Willem. Hart voor* levensvragen and your experience with it. I will shortly explain my background and what my research is about. I study International Business Administration at the University of Twente in Enschede and I am currently in my third and last year of my bachelor study. For my thesis, I am studying user engagement in digital platforms in spiritual care. A platform is a place where two parties are connected to each other to sell a product or provide a service. For Willem, these are the spiritual counsellors and the people that need spiritual care. I want to know users are engaged with the platform. How do they get to Willem? How often do they interact with the platform?

Before we begin, I should mention that participation in this interview is completely voluntary, and you have the right to withdraw from the research at any time. Also, personal information, like names, will not be used in publications, but I would like to include the company name, if I am permitted to do so. There are no risks for you or for Willem, since the only goal of this interview is to use it for my thesis. I expect the interview to take about 30-45 minutes.

I would like to ask permission to record this interview, so that everything that is said can be used for the research, without forgetting important parts, and that I can focus my attention on the interview itself instead of having to take notes. The recording will be deleted after I finished my thesis and it will not be shared with anyone. Do you have any questions before we begin?

APPENDIX 1B

Interview questions platform coordinator

Platform

1. When and how did Willem start? And why?
2. What is the purpose or function of the platform according to you?
3. How are clients and providers attracted to the platform?
4. Spiritual care providers can join consultations in primary care, for example with MDO's and PaTz. This is mainly to support the care and welfare employees. Is there also collaboration with these care and welfare employees to optimize the care for the client and to reduce the burden on healthcare? For example by sharing information from clients?

User engagement

1. Where can people find out about Willem?
2. Does Willem give clients the feeling that they have control over their care process and how?
3. Does Willem involve the input of clients and spiritual care providers in the design of the digital platform?
4. Are there meetings or workshops for spiritual care providers and clients?
5. You said (in a previous call conversation) that you are renewing the website, what is going to be changed? Do you, for example, look at where the user clicks on the website, how long they look at it, etc.?

Enhancing factors user engagement

6. What factors are enhancing the engagement of clients and the spiritual care providers with the digital platform?
7. How do you ensure good service quality of spiritual care providers?

Interview questions platform users (providers)

Platform

1. How did you get to the platform?
2. Are you also working for other foundations/organisations?
3. What is the purpose of the platform according to you?
4. What do your work activities at Willem look like? How much time do you put into Willem?
5. How do clients get to Willem/you?
6. Are you working together with other health care providers, like the GP, nurses, etc.?

User engagement

7. What is your overall experience with the platform? Positive/negative?
8. How connected do you feel with the platform? Do you have a close team?
9. What is being done to create a better team spirit/common bond?
10. Would you recommend this platform to other people?
11. What do you think of the platform website? Is it clear how to use it? Is it aesthetically appealing?

Enhancing factors user engagement

12. Do you feel like you are learning more about the subject of meaning of life and life questions by talking to other spiritual care providers, clients, or other health care providers?
13. Do you ever give feedback or ideas about how Willem (platform) can improve and does Willem do something with this?
14. What would you want to change about Willem?
15. Do clients give suggestions for the platform? What are you and Willem doing with this?
16. What possibilities does Willem offer to continue learning? (permanent education)
17. Are you aware of what the clients think of Willem?
18. How do you see the future of Willem? Are there any expansion plans?

Interview questions platform users (clients)

1. How did you get to Willem? Did you contact the platform yourself or are you referred by someone else?
2. What do you think of the website of Willem? (Was it clear how to use it? Does it look appealing?)
3. What is your experience with the care that Willem provides? (Positive/negative, quality of care, way of communicating, does it meet your need?)
4. How engaged do you feel with Willem?
5. To what extent do you feel like you have control over your care?
6. Do you have feedback for possible improvement of Willem? And suggestions for the PR of Willem?
7. If you could change something about Willem (in general), what would that be?

Interview vragen platform coordinator Nederlands

Platform

1. Wanneer en hoe is *Willem. Hart voor levensvragen* opgericht? En waarom?
2. Wat is het doel of de functie van het platform volgens u?
3. Hoe worden cliënten en geestelijk verzorgers (GV'ers) aangetrokken tot het platform?
4. Geestelijk verzorgers kunnen aansluiten bij overlegvormen in de eerste lijn, bijvoorbeeld bij MDO's en PaTz. Dit is vooral om de zorg- en welzijnsmedewerkers te ondersteunen. Wordt er ook samengewerkt met deze zorg- en welzijnsmedewerkers om de zorg voor de cliënt te optimaliseren en de belasting van de gezondheidszorg te verminderen? Bijvoorbeeld door informatie van cliënten te delen?

Gebruikersbetrokkenheid

5. Waar kunnen mensen over het bestaan van Willem te weten komen?
6. Geeft Willem cliënten het gevoel dat ze een eigen regie op hun zorgproces hebben en hoe?
7. Betrekt Willem de inbreng van cliënten en GV'ers bij de vormgeving van het digitale platform?
8. Zijn er bijeenkomsten of workshops voor GV'ers en cliënten?
9. U vertelde (in een eerder telefoongesprek) dat de website vernieuwd wordt, wat verandert er? Wordt er gekeken bijvoorbeeld naar waar de gebruiker van de website klikt, hoe lang ze ernaar kijken etc.?

Bevorderende factoren gebruikersbetrokkenheid

10. Welke factoren bevorderen de betrokkenheid van GV'ers en cliënten bij het digitale platform?
11. Hoe wordt een goede service kwaliteit van de GV'ers verzekerd?

Interview vragen platform gebruikers (GV'ers) Nederlands

Platform

1. Hoe kwam u bij het platform?
2. Werkt u ook voor andere stichtingen/organisaties?
3. Wat is het doel van het platform volgens u?
4. Hoe zien uw werkzaamheden bij het platform eruit? Hoeveel tijd steekt u in Willem?
5. Hoe komen cliënten bij Willem/u terecht?
6. Werkt u samen met andere zorgmedewerkers, zoals de huisarts, verpleegkundigen, etc.?

Gebruikersbetrokkenheid

7. Wat is uw ervaring met het platform? Positief/negatief?
8. Hoe verbonden voelt u zich met het platform? Hebben jullie een hecht team?
9. Wat wordt er gedaan om meer een teamgevoel te krijgen?
10. Zou u dit platform aanraden aan andere mensen?
11. Wat vindt u van de website van Willem? Is het duidelijk hoe het te gebruiken? Ziet het er aantrekkelijk uit?

Enhancing factors user engagement

12. Heeft u het gevoel dat u zelf ook meer leert over het onderwerp zingeving en levensvragen door met andere GV'ers, cliënten, of andere zorgmedewerkers te praten?
13. Geeft u weleens feedback of ideeën over hoe Willem (het platform) kan verbeteren en wordt hiernaar geluisterd?
14. Wat zou u willen veranderen aan Willem?
15. Geven cliënten suggesties voor het platform? Wat doet u en Willem hiermee?
16. Wat voor mogelijkheden geeft Willem om door te leren? (permanente educatie)
17. Heeft u een goed idee van wat de cliënten van Willem vinden?
18. Hoe ziet u de toekomst van Willem? Zijn er uitbreidingsplannen?

Interview vragen platform gebruikers (cliënten) Nederlands

1. Hoe bent u bij Willem terecht gekomen? Hebt u zelf contact opgenomen met Willem of bent u doorverwezen door iemand anders?
2. Wat vindt u van de website van Willem? (Was het duidelijk te gebruiken? Ziet het er aantrekkelijk uit?)
3. Wat is uw ervaring met de zorg die Willem levert? (positief/negatief, kwaliteit van de zorg, manier van communiceren, voldoet het aan uw behoefte?)
4. Hoe betrokken voelt u zich bij Willem?
5. In welke mate heeft u het gevoel dat u een eigen regie heeft over uw zorg?
6. Heeft u feedback voor mogelijke verbetering van Willem? En suggesties voor de PR/naamsbekendheid van Willem?
7. Als u iets kon veranderen aan Willem (in het algemeen), wat zou dat dan zijn?

7. REFERENCES

Agora. (2022, January 1). *Factsheet Geestelijke Verzorging Thuis*. https://www.agora.nl/wp-content/uploads/2021/12/Factsheet_Geestelijke_Verzorging_Thuis_20220101.pdf

Andriessen, H. (1996). *Oorspronkelijk bestaan. Geestelijke begeleiding in*
onze tijd. Baarn: Gooi & Sticht.

Asadullah, A., Faik, I., & Kankanhalli, A. (2018). *Digital Platforms: A Review and Future Directions*.

Behnam, M., Hollebeek, L. D., Clark, M. K., & Farabi, R. (2021). Exploring customer engagement in the product vs. service context. *Journal of Retailing and Consumer Services, 60*, 102456. doi:10.1016/j.jretconser.2021.102456

Bodegraven, R. & Kamp, E. (2021, October 8). Geestelijke verzorging voor heel werkend Nederland. *Humanistisch verbond*. Retrieved May 4, 2022 from https://www.humanistischverbond.nl/geestelijke-verzorging-werkend-nederland/

Brodie, R. J., Hollebeek, L. D., Jurić, B., & Ilić, A. (2011). Customer Engagement: Conceptual Domain, Fundamental Propositions, and Implications for Research. *Journal of Service Research, 14*(3), 252-271. doi:10.1177/1094670511411703

CBS. (2020, December 18). Religie in Nederland. Retrieved April 26, 2022 from https://www-cbs-nl.ezproxy2.utwente.nl/nl-nl/longread/statistische-trends/2020/religie-in-nederland?onepage=true

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health, 7*(2), e000057. doi:10.1136/fmch-2018-000057

Eisenhardt, K. M., & Graebner, M. E. (2007). Theory Building From Cases: Opportunities And Challenges. *Academy of Management Journal, 50*(1), 25-32. doi:10.5465/amj.2007.24160888

Geestelijke verzorging in Nederland. (n.d.). *Vind ondersteuning bij jou in de buurt*. Retrieved April 28, 2022, from https://geestelijkeverzorging.nl/plattegrond/

Government of the Netherlands. (n.d.). *Social Support Act (Wmo 2015)*. Retrieved April 16, 2022, from https://www.government.nl/topics/care-and-support-at-home/social-support-act-wmo

Islam, J. U., Hollebeek, L. D., Rahman, Z., Khan, I. & Rasool, A. (2019). Customer engagement in the service context: An empirical investigation of the construct, its antecedents and consequences. *Journal of Retailing and Consumer Services, 50*, 277-285. doi:10.1016/j.jretconser.2019.05.018

Jacques, R. D., Preece, J., & Carey, T. T. (1995). Engagement as a Design Concept for Multimedia. *Canadian Journal of Educational Communication, 24*, 49-59.

Kamphuis, M. J. M. (2021). *Platforms in healthcare: A qualitative multiple case study to explore how to achieve successful platforms for information, integration and innovation*. (Master thesis, University of Twente, Enschede, Netherlands). Retrieved April 26, 2022, from https://essay.utwente.nl/86425/1/kamphuis_MA_BMS.pdf

Kenniscentrum Kinderpalliatieve zorg. (n.d.). *Netwerken*. Retrieved april 21, 2022, from https://www.kinderpalliatief.nl/professional/regionale-netwerken-kinderpalliatieve-zorg

Kim, J. (2015) *The Platform Business Model and Strategy: A Dynamic Analysis of the Value Chain and Platform Business* (Doctoral dissertation, University of Manchester, Manchester, United Kingdom). Retrieved April 25, 2022 from https://www.research.manchester.ac.uk/portal/files/54581969/FULL_TEXT.PDF

Knippenberg, M.P.J. van (1992). Zingeving en levensbeschouwing.

Kumar, V., Rajan, B., Gupta, S., & Pozza, I. D. (2019). Customer engagement in service. *Journal of the Academy of Marketing Science, 47*(1), 138-160. doi:10.1007/s11747-017-0565-2

Lapadat, J. C., & Lindsay, A. C. (1999). Transcription in Research and Practice: From Standardization of Technique to Interpretive Positionings. Qualitative Inquiry, 5, 64 - 86.

Marks, H. M. (2000). Student Engagement in Instructional Activity: Patterns in the Elementary, Middle, and High School Years. *American Educational Research Journal, 37*(1), 153-184. doi:10.3102/00028312037001153

McMullin, C. (2021). Transcription and Qualitative Methods: Implications for Third Sector Research. VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations. doi:10.1007/s11266-021-00400-3

Medical groep. (n.d.) *GGZ-instelling*. Retrieved April 21, 2022, from https://www.medicalgroep.nl/belangrijke-begrippen-in-de-zorg/ggz-instelling/

Naresh, V. S., Pericherla, S. S., Murty, P. S. R., & Reddi, S. (2020). Internet of Things in Healthcare: Architecture, Applications, Challenges, and Solutions. *Computer Systems Science and Engineering, 35*(6). doi:10.32604/csse.2020.35.411

O'Brien, H. (2016). Theoretical Perspectives on User Engagement. In H. O'Brien & P. Cairns (Eds.), *Why Engagement Matters: Cross-Disciplinary Perspectives of User Engagement in Digital Media* (pp. 1-26). Cham: Springer International Publishing.

Osterwalder, A. & Pigneur, Y. (2010) *Business Model Generation* [Summary]. New York, United States: John Wiley & Sons Inc. Retrieved April 26, 2022 from https://www.skipr.nl/content/uploads/business_model_generation_summary.pdf

Palliatieve zorg thuis. (2022). *239 PaTz-groepen in Nederland, versie april 2022*. Retrieved June 17, 2022, from https://www.patz.nu/wp-content/uploads/2022/04/Overzicht-PaTz-groepen-per-provincie-20220104.pdf

Patterson, P., & Yu, T. (2006). Understanding Customer Engagement in Services.

Robert Wood Johnson Foundation. (n.d.). *Semi-structured interviews*. Retrieved April 26, 2022, from https://sswm.info/sites/default/files/reference_attachments/COHEN%202006%20Semistructured%20Interview.pdf

Scholten, R. (2016, October 31). *New business model canvas for digital platforms*. Retrieved April 25, 2022, from https://www.linkedin.com/pulse/new-business-model-canvas-two-sided-digital-platforms-scholten/

Serbanati, L. D., Ricci, F. L., Mercurio, G., & Vasilateanu, A. (2011). Steps towards a digital health ecosystem.

Journal of Biomedical Informatics, 44(4), 621-636. doi:https://doi.org/10.1016/j.jbi.2011.02.011

Shi, J., Lo, B., Wong, H. W., Hollenberg, E., Sanches, M., Abi-Jaoudé, A., . . . Wiljer, D. (2021). Assessing the usability and user engagement of Thought Spot - A digital mental health help-seeking solution for transition-aged youth. *Internet Interventions, 24*, 100386. doi:https://doi.org/10.1016/j.invent.2021.100386

Stegemann, L., & Gersch, M. (2021). *The Emergence and Dynamics of Electronic Health Records – A Longitudinal Case Analysis of Multi-Sided Platforms from an Interoperability Perspective*.

Taipale-Erävala, K., Salmela, E., & Lampela, H. (2020). Towards a new business model canvas for platform businesses in two-sided markets. *Journal of business models : JOBM, 8*(3), 107-125. doi:10.5278/jbm.v8i3.4621

Van de Donk, W. B. H. J., Jonkers, A. P., Kronjee, G. J. & Plum, R. J. J. M. (2006). *Geloven in het publieke domein: verkenningen van een dubbele transformatie*. Amsterdam University Press. Retrieved from https://www.wrr.nl/publicaties/verkenningen/2006/12/19/geloven-in-het-publiek-domein-verkenningen-van-een-dubbele-transformatie---13

Van Doorn, J., Lemon, K. N., Mittal, V., Nass, S., Pick, D., Pirner, P., & Verhoef, P. C. (2010). Customer Engagement Behavior: Theoretical Foundations and Research Directions. *Journal of Service Research, 13*(3), 253-266. doi:10.1177/1094670510375599

Verghese, A. (2008). Spirituality and mental health. *Indian journal of psychiatry, 50*(4), 233-237. doi:10.4103/0019-5545.44742

VGVZ (2015). *Beroepsstandaard geestelijk verzorger 2015*. Retrieved July 22, 2022, from https://vgvz.nl/wp-content/uploads/2018/07/Beroepsstandaard-2015.pdf

VGVZ (n.d.). *Over de VGVZ*. Retrieved July 22, 2022, from https://vgvz.nl/over-de-vgvz/

Werkdocument kwaliteitseisen uitvoering geestelijke verzorging-thuis. (n.d.). Retrieved June 25, 2022, from https://docplayer.nl/207362960-Werkdocument-kwaliteitseisen-uitvoering-geestelijke-verzorging-thuis-regio-s-groningen-en-drenthe-steenwijkerland.html

Willem. Hart voor levensvragen. (2022, April 26). *Onze activiteiten*. Retrieved June 17, 2022, from https://willemlevensvragen.nl/nieuws/factsheet/

Willem. Hart voor levensvragen. (n.d.) *Willem helpt je met jouw levensvragen*. Retrieved June 30, 2022, from https://willemlevensvragen.nl/jouw-vraag/

Yin, Y., Zeng, Y., Chen, X., & Fan, Y. (2016). The internet of things in healthcare: An overview. *Journal of Industrial Information Integration, 1*, 3-13. doi:https://doi.org/10.1016/j.jii.2016.03.004

Ziebertz, H.-G. (1997). Religie in de moderniteit. *Praktische Theologie, 2*, 6-20.