

Unexpected utilization of servicescape dimensions to support customers experiencing vulnerabilities

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Abstract

Purpose – This study aims to investigate how customers experiencing vulnerabilities are supported through the unexpected utilization of servicescape dimensions.

Design/methodology/approach – Observation (field notes and video recordings) of the weekly visits of medical clowns in three long-term care facilities for older adults was used for data gathering. The data analysis used deduction for the main classifications and induction for the subclassifications.

Findings – This study identified different methods of the unexpected utilization of servicescape dimensions for customers experiencing vulnerabilities: drawing the customer's attention to a particular dimension of the servicescape, fictionally transforming the space, the customer or an object into something else and using the dimensions of the servicescape in another, unconventional way. The study also revealed the different ways in which customers experiencing vulnerabilities can be supported through these actions.

Practical implications – When developing services for customers experiencing vulnerabilities, service providers can purposefully make use of the diverse methods of unexpected utilization of servicescape dimensions and of the specific types of support identified in this research.

Originality/value – In contrast to previous research on servicescapes for customers experiencing vulnerabilities that highlights predictability of servicescape dimensions, this research reveals how the servicescape dimensions can be used in unexpected ways to support customers experiencing vulnerabilities.

Keywords Servicescape, Customer vulnerability, Qualitative research, Transformative services

Paper type Research paper

Introduction

Customers experiencing vulnerabilities – that is, customers experiencing states of powerlessness and a loss of personal control – require support to foster their individual agency (Baker *et al.*, 2005; Koppenhafer *et al.*, 2023; Russell-Bennett *et al.*, 2024). Research shows that service providers can support customers through servicescape, defined as physical, social, socially symbolic and natural dimensions of service environments (e.g. An *et al.*, 2023; Bitner, 1992; Rosenbaum and Massiah, 2011). The role of servicescape in supporting customers becomes accentuated in long-term care facilities, in which the residents who tend to experience complex vulnerabilities related to, for example, dementia and physical frailty, stay for an infinite time (Fleming and Purandare, 2010).

The existing body of research on servicescapes for customers experiencing vulnerabilities indicates that the servicescape influences the wellbeing and satisfaction of both the customers

and service providers (e.g. Sag *et al.*, 2018; Rosenbaum and Smallwood, 2011; Sweeney *et al.*, 2023). Furthermore, extant studies also indicate that the utilization of servicescapes in surprising ways can support customers experiencing vulnerabilities, since a break from daily routines (Rosenbaum and Smallwood, 2011) and so-called positive distractions may positively influence the wellbeing of individuals experiencing vulnerabilities (e.g. Hole *et al.*, 2025; Suess and Mody, 2018; Ulrich, 1991). However, there is a lack of empirical studies showing how the servicescape dimensions are utilized in this effort. Therefore, this study set out to investigate how customers experiencing vulnerabilities are supported through the unexpected utilization of servicescape dimensions.

The empirical research was conducted in long-term care facilities for older adults. We particularly focus on the temporary

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unexpected utilization of servicescape dimensions as used by visiting medical clowns. The visits of these professional artists are becoming more common in long-term care facilities for older adults in various countries. Medical clowns use improvisation and various techniques, including dancing, singing and storytelling, to create humorous moments and to establish a personal connection with residents (Warren and Spitzer, 2011). Previous research has shown that visits by medical clowns foster interaction, increase satisfaction and decrease the aggressiveness and anxiety of customers experiencing vulnerabilities (Gruber et al., 2015; Könsgen et al., 2019; Kontos et al., 2016; Rämgård et al., 2016).

This study contributes to the extant research in three ways. First, we contribute to servicescape research (e.g. Bitner, 1992; Rosenbaum and Massiah, 2011) by showing that all the different dimensions of the servicescape can be utilized also in unexpected ways in encounters with customers experiencing vulnerabilities. We particularly emphasize the importance of relationality in this, echoing Espitia et al. (2025), who call for emotional resonance and inclusivity in servicescapes. Second, we also identified different methods of the unexpected utilization of all servicescape dimensions for customers experiencing vulnerabilities. Third, we contribute to the research on customer vulnerability (e.g. Kabadayi et al., 2020; Ouschan et al., 2006) by identifying the ways in which customers experiencing vulnerabilities can be supported through the unexpected utilization of servicescape dimensions.

We begin this article by introducing the existing research on servicescapes, support for customers experiencing vulnerabilities and mitigation of customer vulnerability in healthcare services. The subsequent sections present the empirical research that was conducted, followed by a presentation and elaboration of the findings. The final sections of the article outline the study's theoretical and managerial implications.

Literature review

Dimensions of servicescape and customers experiencing vulnerabilities

When the term “servicescape” was first used, it referred to a physical environment in which service took place, including the ambient conditions (e.g. temperature, air quality, noise, music and odor), spatial layout and functionality (including equipment and furnishings) and signs, symbols and artifacts (Bitner, 1992). The concept was later expanded to include the social dimensions (e.g. employees, customers, social density and the displayed emotions of others), socially symbolic dimensions (e.g. ethnic signs, symbols, objects and artifacts) and natural dimensions (i.e. natural restorative environments containing the following stimuli: being away, fascination and compatibility) (Rosenbaum and Massiah, 2011; cf. Han, 2007). It is increasingly acknowledged that servicescapes function as dynamic, interrelated systems of dimensions (Espitia et al., 2025).

Examples of empirical studies on servicescape dimensions and customers experiencing vulnerabilities are depicted in Table 1. It shows that through distinct servicescape dimensions, service providers can create diverse benefits – ranging from feelings of safety and security to increased engagement and interaction – or various unintended negative consequences (such as tension and unpleasant emotions) for customers experiencing vulnerabilities.

Past research reveals the complex interaction between servicescape design and customer vulnerability and shows that servicescapes can create, exacerbate or alleviate the vulnerability experienced by customers. First, when servicescapes fail to foster a nurturing and respectful atmosphere, vulnerabilities experienced by customers may arise or increase due to feelings of being dehumanized and unvalued. This was shown, for example, in studies highlighting a dignified and respectful care environment during childbirth (Bohren et al., 2015; Mwashu et al., 2023) and during transgender persons' encounters with healthcare professionals (Carlström et al., 2021).

Furthermore, servicescapes that fail to adequately address safety concerns may create experiences of vulnerability among customers (Maher et al., 2022). In addition, services that foster feelings of captivity can intensify the vulnerability experienced by customers, as customers may experience a scarcity of choice, resulting in a reduced capacity for agency and a heightened dependency on service providers (Furrer et al., 2021). In addition, customers who enter the servicescape with differing conditions (such as developmental disabilities, blindness, deafness or physical disabilities) may be more sensitive to particular environmental cues, which can further result in increased experiences of vulnerability when interacting with servicescapes that do not cater to their particular needs (Rosenbaum et al., 2017).

The majority of research on servicescapes views them as stable, established spaces with fixed processes (Bitner, 1992; Rosenbaum and Massiah, 2011) and many studies on servicescapes for customers experiencing vulnerabilities focus on secure environments (such as hospitals and long-term care facilities) and, thus, also further emphasize the stability and predictability of servicescape dimensions (e.g. An et al., 2023; Leino et al., 2023). However, it has been noted that in these servicescapes, intricate dynamics are created by busyness, overcrowding and lack of privacy, which may lead to heightened levels of anxiety and distress among customers (Hung et al., 2017; Yap et al., 2022). The dynamism and instability of the servicescape dimensions have also been recognized by Kuppelwieser, Spielmann and Vega (2023), who studied crisis servicescapes, and noted that due to the uncertainties involved, these scapes are not always designed with established processes.

Furthermore, through the dimensions of servicescapes, service providers may create positive distractions for customers. The benefits of positive distractions in healthcare environments have been acknowledged (e.g. McCaul and Malott, 1984; Suess and Mody, 2018), since they provide positive emotions and calm behavior, and allow customers experiencing vulnerabilities to focus on something other than their own and the surrounding individuals' conditions (Hathorn and Nanda, 2008; Iyendo et al., 2016; Pati and Nanda, 2011; Ulrich, 1991). Additionally, servicescapes that provide feelings of being somewhere unique (being away) can foster restorative opportunities for customers experiencing vulnerabilities (Dubost, 2025; Rosenbaum and Smallwood, 2011).

Support for customers experiencing vulnerabilities

Customers experiencing vulnerabilities often benefit from tailored support that addresses their particular challenges (e.g. Valentin et al., 2025; Van den Berg et al., 2025). Kabadayi et al. (2020) note that this kind of support maximizes their

Table 1 Dimensions of servicescape in extant empirical research concerning customers experiencing vulnerabilities

Dimension	Customers experiencing vulnerabilities studied	Insights for developing the understanding of servicescape dimension
Physical	Consumers in end-of-life care	Physical servicescape characterized as calm, serene and tranquil restored feelings of safety and alleviated vulnerability among customers (Sudbury-Riley <i>et al.</i> , 2024)
	Residents in long-term care facilities for older adults	The physical dimensions of the servicescapes that were built to increase security evoked also uncomfortableness and fear in the residents (Sandberg <i>et al.</i> , 2022) Home-like building and decoration fostered feeling at home in the residents. White and hospital-like venues with long corridors fostered not feeling at home in the residents (Leino <i>et al.</i> , 2023) In the private rooms of long-term care facilities, with personal belongings residents can foster the development of a sense of home (van Hoof <i>et al.</i> , 2016) A focus on safety and health requirements in built environment may create risk-averse environments, which may decrease quality of life, particularly in the least frail residents (Parker <i>et al.</i> , 2004) High ambient temperature increased mortality risk among the residents (Klenk <i>et al.</i> , 2010)
Social	Mall shoppers with disabilities	Access and accessibility provided by facilities such as elevators, toilets and parking lots affected considerably the mall experiences of shoppers with disability (Vilnai-Yavetz <i>et al.</i> , 2024)
	Consumers in end-of-life care	Staff conveyed a sense of serenity, but seeing other customers intensified fear and vulnerability among the customers (Sudbury-Riley <i>et al.</i> , 2024)
	Residents in long-term care facilities for older adults	The staff's stability and the quality of the relationships and interactions between nurses and residents had a crucial impact on how the residents cope with vital conjunctures (Leino <i>et al.</i> , 2023)
Socially symbolic	Mall shoppers with disabilities	The annoying socialscape and in particular crowding irritant were significantly associated with high-activation unpleasant emotions (Vilnai-Yavetz <i>et al.</i> , 2024)
	Residents in long-term care facilities for older adults	Residents' differing attitudes towards religion created some tensions to the utilization of religious elements in the facilities (Sandberg <i>et al.</i> , 2022)
Natural	Cancer resource center members	Built servicescape can contain restorative potential through mimicking natural environment by including nature-like stimuli that lead the members to sense feelings of being away, fascination and compatibility (Rosenbaum, Sweeney and Smallwood, 2011)
	Hospitalized children and their family members	Garden provided several benefits related to restoration and healing (Whitehouse <i>et al.</i> , 2001)
	Residents in long-term care facilities for older adults	Green care farms provided an attractive, homelike environment and activities that positively influenced engagement and social interaction of residents (de Boer <i>et al.</i> , 2017) The utilization of the wander garden had positive influence on agitation, mood, and quality of life for residents living with dementia (Detweiler <i>et al.</i> , 2008)

Source(s): Authors' own work

wellbeing outcomes, which may lead to better physical health, longevity and mitigation of the detrimental effects of chronic illnesses (Diener and Chan, 2011; Ryff, 2014). In healthcare, wellbeing has been seen to include the subjective evaluation of the emotional, physical, social, financial and spiritual domains of life (Kabadayi *et al.*, 2020).

Following Kabadayi *et al.*'s (2020) conceptualization of older adult care experiences, we see that support for customers experiencing vulnerabilities can be divided into empowerment, engagement, connection and dignity (see also Gressel *et al.*, 2020; Koppenhafer *et al.*, 2023). Individual-level empowerment refers to the process and consequences of efforts to exercise influence and control over the choices that have an impact on one's life, including actions to achieve control and perceptions of personal control (Perkins and Zimmerman, 1995; Shearer, 2004).

Empowerment seems to be particularly important for customers experiencing states of powerlessness (Baker *et al.*, 2005; Koppenhafer *et al.*, 2023); hence, it has been an important goal in transformative consumer research (e.g. Crockett *et al.*, 2013; Mick *et al.*, 2012).

Engagement can be characterized as the deliberate application of effort combined with emotional involvement or commitment (Lequerica and Korte, 2010). It can be fostered through meaningful activities that require communication and the detection of the unique needs of each customer experiencing vulnerabilities (Coulter and Ellins, 2007; Kabadayi *et al.*, 2020).

Social connection can be defined as feeling close to others (Lee *et al.*, 2001), and the connection provided by the social environment and interpersonal interactions can give people a sense of being nurtured and supported (Kabadayi *et al.*, 2020).

This is important, particularly for people living in long-term care facilities; loneliness and social isolation are often prevalent among people living in these facilities, and they have been demonstrated to be linked to various psychosocial difficulties (e.g. low self-esteem), mental health problems (e.g. anxiety) and physical health issues (e.g. poorer immune functioning) (Crewdson, 2016; Heinrich and Gullone, 2006; Quan *et al.*, 2020).

To be respected by others and to maintain one's sense of self-worth is what is meant by dignity (Kabadayi *et al.*, 2020). According to the definition provided by the Royal College of Nursing (2008), "Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals" (p. 8). Customers experiencing vulnerabilities need to feel that they and their needs, autonomy and privacy are acknowledged, and they should be treated as individuals, not as depersonalized members of a group of vulnerable customers (Kabadayi *et al.*, 2020; Mann, 1998; Russell-Bennett *et al.*, 2024).

Servicescapes can adopt particular spatial and temporal design tactics that support consumers experiencing vulnerabilities and enable consumer transformations (Gopaldas *et al.*, 2022); however, these tactics typically require the capability to memorize service incidents (cf. Duerden *et al.*, 2018). Thus, in the context of long-term care facilities where people are living with dementia, it is relevant to study how certain short-term events (in our case, the unexpected utilization of servicescape dimensions) can provide experiences of empowerment, engagement, connection and dignity. Even though these experiences may be just momentary for these residents, they can still be important at that specific moment (Dowlen and Keady, 2023) and also reflect on their moods and quality of life (Cho, 2018).

Mitigating the vulnerability of customers in healthcare services

Past research has shown that mitigating customer vulnerability in healthcare requires a multifaceted approach, including both long-term development efforts and short-term interventions. Development efforts may contain, for example, the initiation of tailored services that consider the unique vulnerabilities experienced by customers with certain health conditions (Hare *et al.*, 2013), the promotion of healthcare practices that support customer participation (Junaid *et al.*, 2024) or better management of customer experiences throughout their healthcare journey (McCull-Kennedy *et al.*, 2017; Sudbury-Riley *et al.*, 2024).

Short-term interventions aimed at mitigating customer vulnerability in healthcare services entail a range of interventions designed to improve access to care and address specific needs. Interventions aimed at improving access through increased approachability, availability and the affordability of care services have been proposed to be associated with a reduction in both hospitalization and emergency department admissions (Khanassov *et al.*, 2016). It is worth noting that even short-term interventions connected to healthcare services may serve to set the stage for beneficial long-term impacts (e.g. Gao *et al.*, 2023; Yamaguchi *et al.*, 2006).

The role of customers in mitigating vulnerability in healthcare services ranges from passive recipients to active co-creators. On the

one hand, service providers take the entire responsibility of addressing vulnerability and providing tailored services according to the needs of vulnerable customers experiencing vulnerabilities (cf. Foucault, 1994), whereas, on the other hand, these customers actively initiate and cocreate service experiences (McCull-Kennedy *et al.*, 2012). It is increasingly acknowledged that cocreation between customers and service providers is essential in addressing individual needs and empowering customers experiencing vulnerabilities (e.g. Moretta Tartaglione *et al.*, 2018; Sharma *et al.*, 2017). However, particularly regarding these customers, the active measures undertaken by service providers remain crucial in fostering an environment that encourages and facilitates such cocreation, thus increasing agency and independence (Carlini *et al.*, 2024; Grech *et al.*, 2025).

Long-term care facilities face particular challenges in mitigating the vulnerability of residents, many of whom are older adults with complex health needs. Many residents have dementia, characterized by cognitive decline, behavioral changes and functional impairments (WHO, 2025). Thus, communication with these residents may be limited, which can further increase the vulnerability that they experience. Furthermore, rapid changes in their conditions require service providers to adapt their communication and care strategies in real time (Rees *et al.*, 2023). To address these challenges, in long-term care facilities for older adults, servicescapes are commonly built to support a sense of security, foster safe routines and convey the feeling of predictability for customers experiencing vulnerabilities (Leino *et al.*, 2023; Sandberg *et al.*, 2022).

Art-based interventions have emerged as promising methods for mitigating vulnerability in the healthcare context. For example, art therapy and the provision of art-based experiences have been shown to empower individuals experiencing vulnerabilities to express themselves and to connect with each other (Law *et al.*, 2023; Worsley *et al.*, 2022). Furthermore, these interventions may relieve anxiety and offer opportunities for individualized care (Moss, 2025).

Method

We used qualitative approach to study how customers experiencing vulnerabilities are supported through the unexpected utilization of servicescape dimensions. Empirical data was collected in long-term care facilities for older adults because they can be seen as servicescapes in which support for customers experiencing vulnerabilities is constantly needed (e.g. Schoberer *et al.*, 2016), in which the servicescape is typically built to support predictability and daily routines (e.g. Sandberg *et al.*, 2022), and, consequently, in which the utilization of servicescape dimensions tends to be rather conventional and ordinary. Long-term care facilities provide service environments with round-the-clock care to people who require help with daily tasks because of complicated medical needs and increased vulnerability (Sanford *et al.*, 2015).

The studied servicescapes were located in three long-term care facilities for older adults in a city in southern Finland. The chosen facilities varied in terms of location, size, features of the unit and ownership (see Table 2), but they were rather comparable in terms of the characteristics of the residents (the majority of the residents had dementia).

Table 2 The long-term care facilities and units studied

Facility for older adults (pseudonym)	Location	Units studied and informants in this study	Features of the unit	Features of the of residents	Ownership
Calendula	In a city center	1 unit (36 residents, of which 9 were informants)	<ul style="list-style-type: none"> • A single room with bathroom facilities for each resident • A big dining room combined with a lounge 	Almost all residents living with dementia	Municipality governed organization
Ixora	In a suburb close to nature	3 units (36 residents [12 in each unit], of which 16 were informants)	<ul style="list-style-type: none"> • Atmosphere: lively • A single room with bathroom facilities for each resident • Each unit had a big dining room combined with a lounge. These rooms were linked to a smaller sitting room with kitchen facilities. The inner yard was also accessible to the residents • Atmosphere: relaxed, domestic 	All residents living with dementia	Private company
Lobelia	In a suburb	3 units (36 residents [12 in each unit], of which were 9 informants)	<ul style="list-style-type: none"> • A single room with bathroom facilities for each resident • Each unit had a big dining room combined with a lounge • Atmosphere: tranquil 	Almost all residents living with dementia	Municipality governed organization

Source(s): Authors' own work

We focused on the unexpected utilization of servicescape dimensions as used by visiting medical clowns in these long-term care facilities. Medical clowns as an intervention stress the deviation from the ordinary, expected routines in servicescape, making also the potential impact more visible. Medical clowns (also called clown doctors) are specially trained professional artists who work in a wide range of healthcare settings and provide interventions to improve the overall environment and healthcare experience and to help the healthcare delivery. They use improvisational music, movement and theater techniques to interact with customers (Warren, 2008). Although improvisation always requires co-creation with customers, medical clowns are in the lead in these encounters: They use knowledge of residents' abilities, previous history and interests to create tailored interactions with each resident (Warren and Spitzer, 2011).

In all, there were four medical clowns, called here as Mirthful Martha, Snappy Scout, Troy Tuneful and Cattie Cherry (pseudonyms). They worked in pairs and a clown pair visited each long-term care facility once a week for ten weeks (from 2022 to 2023), spending approximately 5 h in each facility per visit. The clown pair visited residents in their private rooms and circulated around the common areas of the facilities with the goal of interacting with each resident.

We sought and obtained a supporting ethical statement from our university's Research Ethics Committee because the study

involved individuals experiencing vulnerabilities. Residents or their family members (in cases where obtaining the residents' written consent was not possible) signed the consent forms for observation and video recording. Even if the resident made a positive decision concerning participation, this comprehension of involvement was assessed and determined before observation. It was emphasized that the residents' participation was entirely voluntary, that their privacy would be respected and that they could withdraw at any time without it negatively impacting their care or treatment.

Observation (making notes in notebooks and video recording) was regarded as a suitable method for data gathering since it enabled us to collect data on the servicescape from a first-hand perspective and to capture real-time utilization of servicescape dimensions. Additionally, a significant number of residents struggled with verbal expressions and communication challenges, and we estimated that less than 5 of the 34 informants would have been able to provide comprehensive and credible interview data. Residents' family members were only in rare occasions present in the facilities during the clowns' visit and, thus, were not interviewed.

Two researchers spent five days observing medical clowns visits to each facility. These observations were spread out equally over the course of ten weeks. The observations of the encounters between the medical clowns and the residents took place in the residents' private rooms, in shared spaces and in

the hallways. The encounters were captured on video camera and documented in field notes by the researchers. We observed residents’ reactions to the clowns’ behavior and activities and made notes about their interaction and participation. The residents paid little attention to the researchers or cameras since they were mostly interested about the clowns.

The resulting data set includes 82 video recordings (totaling 8 h and 10 min) and 153 pages (41,240 words) of field notes. The data collected concerning each resident is shown in Table 3. It shows that the nature and amount of data varied greatly between residents. This was because the conditions of residents varied and because some residents preferred to spend all their days in the dining room (which allowed us to collect lots of field notes but limited the possibilities for video recording because in shared spaces there were also residents who did not participate in our research).

The structured data analysis started after all field notes were reviewed and all video recordings were viewed. The video

recordings, which included medical clowns utilizing servicescape in unexpected ways, were annotated and partially transcribed. After this, a loose analytical framework was established. It included the dimensions of the servicescape, their utilization in unexpected ways, and the related support for customers experiencing vulnerabilities.

The data analysis utilized both deduction and induction. We started deductively by using the established division of servicescape dimensions (e.g. Bitner, 1992; Rosenbaum and Massiah, 2011) and the support categorization of Kabadayi et al. (2020). This helped us detect the dimensions and the main categories of support. However, as we wanted to scrutinize the unexpected ways of the utilization of the servicescape dimensions and the distinct types of support, we classified the subcategories inductively, thereby allowing novel interpretations to arise from the data.

Based on the nuanced observations on residents’ reactions to the clowns’ behavior, we also made interpretations on the support received by the residents. We observed residents’ gestures and behaviors in addition to their vocal expressions, paying close attention to any changes, always considering the unique characteristics of the individual in question. For instance, we noted if an anxious, hyperactive resident calmed down and seemed to relax, or if a motionless, expressionless resident suddenly smiled subtly.

Although the first author started the analysis, it was modified and validated by the three other researchers who had all taken part in the data collection and, consequently, in the preliminary stage of data analysis during observations. In all, six iteration cycles were required for the data analysis. The researcher team’s co-created understanding is displayed in the following findings section, in which pseudonymized quotations are utilized to support the analysis.

Results

Medical clowns and different servicescape dimensions

Medical clowns used versatile dimensions of the servicescape in the encounters with the residents of the long-term care facilities. Regarding the physical dimension medical clowns, for example, paid attention to the temperature (as ambient condition) and made exaggerated efforts to either cool down or warm up the residents. The residents welcomed these attempts and seemed to enjoy the attention from the clowns. The clowns also often used improvised or ready-made music (singing, playing an instrument or playing music from sound reproducers) in the encounters with the residents. The spatial layout and functionality were also sometimes used: clowns ran and marched in the long corridors and used the big dining rooms and lounge areas as their playing fields. Furthermore, when the residents noted that the clowns were not capable of using spatial elements (such as doors) properly, they were seemingly amused. The same amusement was noticed regarding the improper use of artifacts (such as chairs). Sometimes, the clowns carried bags containing different artifacts (such as balls or magic coloring books) that they used when communicating with the residents. The most often-used artifact was a toy dog, which was treated as a real, living creature.

Since interaction with residents is the cornerstone of the behavior of medical clowns, it is natural that social dimension was emphasized in the encounters. However, in addition to the interaction between a clown and a resident, clowns also created

Table 3 The data collected regarding each resident

Informant	Long-term care facility	Observation incidents	Videos (some include multiple residents)
Aron	Calendula	6	–
Eva	Calendula	13	–
Harriet	Calendula	8	7
Hazel	Calendula	10	5
Holly	Calendula	15	3
Jerry	Calendula	3	–
Kelly	Calendula	11	1
Morris	Calendula	19	13
Ulrica	Calendula	3	1
Bruno	Ixora	13	11
Eloise	Ixora	1	–
Emil	Ixora	6	4
Hettie	Ixora	13	3
Hubert	Ixora	13	4
Ingrid	Ixora	4	2
Kevin	Ixora	9	1
Lena	Ixora	9	2
Lilian	Ixora	10	6
Magdalena	Ixora	10	3
Mona	Ixora	6	6
Olivia	Ixora	2	1
Pat	Ixora	13	3
Phil	Ixora	4	2
Tamara	Ixora	14	19
Tessa	Ixora	5	1
Amy	Lobelia	15	1
Anastasia	Lobelia	4	5
Ava	Lobelia	5	–
Mercedes	Lobelia	9	4
Russel	Lobelia	15	1
Stanley	Lobelia	4	1
Stephania	Lobelia	11	–
Walter	Lobelia	3	3
Wilma	Lobelia	12	1

Source(s): Authors’ own work

and supported interactions among the residents. *Socially symbolic dimension* was not particularly accentuated in our data, but since our data collection took place around Independence Day, and since many residents had experienced Second World War, the clowns highlighted their achievements, which seemed to create pride among residents.

Even though the clowns worked indoors, *natural dimension* was often also highlighted. The residents were eager to know about the weather outside, and the clowns responded to their queries by highlighting the current weather elements, making sounds of raindrops, imitating the sound of wind and exaggerating the feelings of hot weather by mimicking feelings caused by scorching sunshine and heat. They also spent time looking out of the windows with the residents and, in a vivid manner, discussed the animals and trees they saw outside.

In sum, this section displays the variety of servicescape dimensions utilized by medical clowns. The next section discusses how the servicescape dimensions were used and thus clarifies the unexpected utilization of these dimensions in more detail.

Unexpected utilization of servicescape dimensions

The dimensions of the servicescape were used in multiple ways. In the data analysis, we inductively detected different methods that could be grouped into five main categories of methods: drawing residents' attention to a particular dimension of the servicescape, transforming the space into something else, transforming the resident into something else, transforming an object into a living being and unconventional utilization of the dimensions of the servicescape (see Table 4).

When medical clowns *drew residents' attention to a certain servicescape dimension*, they often either emphasized problems with the dimension (such as a clown getting stuck in a doorway) or vociferously admired the beauty of the dimension:

In the dining room in Ixora, there is an empty chair at the table, but Magdalena gets up when she sees Troy Tuneful standing near her and offers him a seat. Troy Tuneful sits down and sighs, "Ah, it is good to sit down for a little while!" Troy Tuneful also compliments Magdalena for warming up the seat so well. Then, he notices the roses on the table. "Has someone brought roses?" He smells the roses in a pompous manner.

When the clowns wanted to emphasize a servicescape dimension, they also used an empty picture frame, which they occasionally carried with them. They either placed the frame between the resident and the clown, or they placed the frame around a certain element of servicescape (such as a vase filled with roses) and admired "the painting" together with the resident.

A typical way of unexpected utilization of servicescape dimensions was to fictitiously change a servicescape dimension (space, resident, object) into something else. With this approach, only imagination sets the boundaries. Examples of *the transformation of the space into something else* included turning the corridor into basketball court, dancehall and lecture room; turning the dining room into an Argentine tango room, discotheque and Ewing family home (from the Dallas TV series); and turning the resident's room into a dancing room, skiing track, football court and Venice. The latter is described as follows:

In Hazel's room in Calendula, Cattie Cherry points at a picture on Hazel's wall and asks, "Is that from Venice?" Hazel confirms, and Cattie Cherry starts to pretend that she is oaring a gondola. Then, Cattie Cherry and Mirthful Martha impersonate pigeons at Piazza San Marco. Mirthful Martha: "There are a lot of pigeons there, on the square!" Hazel responds, "It's full of them!"

Besides spaces, medical clowns also playacted *a resident being transformed into something else*, such as a house, a piano, a painting, a cat – or even the Earth's orbit. Sometimes, the residents participated actively in role plays, as Wilma did:

In Wilma's room in Lobelia, Troy Tuneful and Cattie Cherry sit side by side on Wilma's bed. Cattie Cherry starts to meow with Wilma so that they meow in turns. This "dialog" lasts a long time. They explain that they are talking cat language. Both clowns and Wilma are amused. They talk about tomcats and the arrival of spring. They all start to laugh, and the laughter becomes hysterical.

Play related to animals was also used when the clowns playacted *an object being transformed into a living being*. In this way, they frequently presented a toy dog that was treated like a real dog by both the clowns and the residents. Furthermore, medical clowns also used other methods of *unconventional utilization of the servicescape dimensions*. They slept on the armrests of the chairs, sat upside down (head pointing to the ground) on the sofa, and danced while sitting down by moving their feet in the air.

To sum up, the medical clowns utilized the dimensions of the servicescape either by drawing attention to a particular dimension of the servicescape, by fictitiously changing a dimension into something else, or by using the dimension in another, unconventional way. These behaviors evoked both interest and amusement in the residents. The ways in which these behaviors supported the residents are discussed next.

Support through unexpected utilization of servicescape dimensions for customers experiencing vulnerabilities

Unexpected utilization of servicescape dimensions also indicated the creation of support for customers experiencing vulnerabilities. We identified several subcategories of support that could be further grouped using the types of support discussed in the theoretical background section: empowerment, engagement, connection and dignity (see Table 5).

It is worth noting that our data did not reveal a particular pattern or taxonomy of linkages between the way in which the servicescape was utilized and the type of support for the customers experiencing vulnerabilities. Rather, it seemed that using diverse ways of unexpected utilization of servicescape dimensions enabled the clowns to interact and connect with customers who had differing conditions, needs and moods, which also fluctuated over time.

Empowerment was created by asking advice from a resident, asking opinions of a resident, praising a resident, comforting a resident, solving a problem together with a resident and sharing secrets with a resident. An example of the latter was observed when a medical clown revealed a romantic secret to Phil in his room in Ixora:

Troy Tuneful: "What's up, Phil? How's it going?" Phil responds, "Fine. Pretty girls." Troy Tuneful shares "a secret" with Phil that he is going to propose to Mirthful Martha. Mirthful Martha pretends that she does not hear what they are talking about. Troy Tuneful asks Phil whether he should ask for Mirthful Martha's hand from her father first and whether Phil wishes him luck. Phil says "sure" and smiles.

This, and all the other types of empowerment, seemed to increase the influence and control of the residents. Residents' *engagement* was supported by giving full attention to residents, asking residents questions and making residents curious. In the latter, the appearance and dressing of clowns was often utilized to evoke curiosity, as shown in the following:

Table 4 Examples of different methods for utilizing the dimensions of the servicescape in unexpected ways

The method for utilizing the dimensions of the servicescape	Representative observations expressing the mode	Description of the mode
Drawing residents' attention to a particular dimension of the servicescape	In the dining room of Ixora: Mirthful Martha gets excited by the size of the rhubarbs growing outside in the inner yard. She jumps up and starts gesturing enthusiastically around the room. "There are THIIIIIIIIIS big rhubarbs outside!"	Admiring certain element of the servicescape dimension
	In a resident's room in Ixora: Cattie Cherry poses within the empty picture frame. She looks straight at the resident, who gazes back at her and seems to be calming down	Helping a resident to concentrate on a specific element of the servicescape dimension
Transforming the space into something else	In the corridor in Calendula: Morris sits in an armchair. Cattie Cherry gives a lecture about a red nose. Mirthful Martha sits down next to Morris to listen to Cattie Cherry's talk	Corridor turns into lecture room
	In the dining room in Ixora: Cattie Cherry and Snappy Scout play out the theme of the TV series Dallas with their speaker. They pretend to drill oil from the floor, and then they make a toast with an imaginary cognac with the residents	Lounge turns into Ewing family's home (as in the Dallas TV series)
Transforming the resident into something else	In the corridor of Ixora: Tamara is seated at the side of the corridor. Cattie Cherry strokes Tamara. Cattie Cherry then plays classical music from the speaker and pretends to play the piano by moving her hands on Tamara's arms. Tamara initially sits expressionless for a long time, but then bursts into a smile	Resident turns into a piano
	In Bruno's room in Ixora: Bruno lies in his bed. Cattie Cherry rolls a ball on top of Bruno from his toes to his torso and back. The ball has a globe pattern on it. Snappy Scout says, "The whole world rolled on you!"	Resident turns into Earth's orbit
Transforming an object into a living being	In Magdalena's room in Ixora: Snappy Scout puts a toy dog on Troy Tuneful's shoulder. Magdalena says that she has already met the dog. Troy Tuneful asks the dog, "Do you need to go out and pee?" Snappy Scout makes the toy dog nod. Magdalena laughs. The clowns leave the room	Toy transfers into a dog
Bizarre utilization of the dimensions of the servicescape	In the dining room in Ixora: Troy Tuneful and Snappy Scout are dancing the tango with their feet in the air while sitting on the sofa. Troy Tuneful is simultaneously playing the guitar. The clowns complain that it is hard to dance in the air. A female resident who has just entered the room remarks, "At least the shoe soles won't wear out!" Troy Tuneful responds, "You are completely right!"	Clowns dance the tango, feet in the air, while sitting on the sofa
	In the dining room in Ixora: Troy Tuneful "sits" on the sofa upside down. Olivia asks, "Are you tired?" There are two female residents on another sofa in the lounge. Troy Tuneful moves to lie on the sofa across them. The residents laugh at Troy Tuneful when he keeps shifting his position on the sofa, at times ending up with his head pointing to the floor	Clown "sits" on the sofa upside down

Source(s): Authors' own work

Cattie Cherry entered the dining room in Calendula, and a resident pays attention to her red nose: "What kind of mole you have there? Or is it a beauty dot?" Cattie Cherry replies: "It is red nose, a license to play. Shall we play?" The resident agrees to play with her.

The increased engagement was sometimes manifested in active participation in the discussion, sometimes in just an active monitoring of the situation and sometimes in active gestures or the clown and the resident mirroring each other's behavior.

Sometimes, the clowns did not try to engage the residents, but instead fostered their social *connections*. This was done by making the similarities between the clown and a resident

explicit, by the clown imitating a resident, and by supporting residents' connections with each other:

In the dining room in Ixora, Cattie Cherry rolls a ball on the table toward a man sitting in a wheelchair, and the man rolls the ball back. The game continues. Kevin and his wife join the table. Cattie Cherry: "Hello Kevin and Kevin's friend!" Kevin's wife pushes Kevin, who is also seated in a wheelchair, across to Cattie Cherry so that he can join the game. At first, the ball is rolled between Cattie Cherry and either of the men, who did not react to each other at first but then they started to pass the ball in a circle between all three.

We also noted that the interaction between the residents often continued for some time after the clowns left elsewhere.

Table 5 Examples of different types of support through unexpected utilization of servicescape dimensions for customers experiencing vulnerabilities

Type of support	Subcategories of support	Representative observations expressing support
Empowerment	Asking a resident for advice	In the dining room in Ixora: Troy Tuneful asks whether Magdalena used to dance a lot in the past. Magdalena nods. Troy Tuneful asks for advice: "Whose responsibility it is to see that toes do not get stepped on?" Magdalena responds, "It's one's own responsibility"
	Asking a resident about his or her opinions	In the dining room in Ixora: Troy Tuneful and Snappy Scout ask what kind of music they should play. The residents suggest the tango. Clowns: "Tango!" Troy Tuneful searches for tango music and Snappy Scout starts to dance
	Praising a resident	In the dining room in Lobelia: Troy Tuneful plays the guitar. Cattie Cherry claps and gets Russell to clap in the same rhythm. Both clowns compliment Russell's clapping skills. Cattie Cherry: "Fantastic clapping! A professional!" Russell laughs
	Comforting a resident	In Harriet's room in Calendula: Harriet and Cattie Cherry sit on Harriet's bed and Harriet explains in detail about the most traumatic event of her life: the death of her child. Cattie Cherry listens, and when Harriet bursts into tears, Cattie Cherry asks if she can hug Harriet. Harriet says "yes," and Cattie Cherry hugs her for a long time. Harriet cries loudly and says, "It's the best when someone touches me and hugs me; it heals me"
	Solving a problem together with the resident	In Stephania's room in Lobelia: Mirthful Martha and Troy Tuneful talk in both Swedish and Finnish with Stephania, who is bilingual. Suddenly, they all start wondering what a seagull is in Swedish. Nobody remembers. Mirthful Martha asks if she can check that on the internet, and Stephania gives her permission. Mirthful Martha looks for the word on her mobile phone and finds the answer: "Mås!" Stephania confirms, "Yes, that's right! Wasn't it obvious to you?"
	Sharing secrets with a resident	In the dining room in Ixora: Cattie Cherry asks, "Am I ugly? I put on my festive shoes. Are they ugly?" Lena: "Beautiful shoes." Cattie Cherry whispers to Lena, "I'll tell you a secret. These are my mother's shoes. Do not tell anyone!"
Engagement	Giving full attention to a resident	In the corridor in Ixora: Chattie Cherry plays classical music and French chansons from the loudspeaker. She caresses Tamara's hand and occasionally tickles her gently. Tamara, who is usually completely expressionless and does not visibly react to external stimuli, suddenly subtly smiles
	Asking a resident questions	In Hazel's room in Calendula: Cattie Cherry does riddles with Hazel. Cattie Cherry displays a posture, sitting sideways on a chair, and says, "This has something to do with Copenhagen." Hazel: "It is the mermaid." Mirthful Martha asks, "Have you seen the Eiffel Tower in Paris?" Hazel: "I have." Cattie Cherry pretends to be the tower and then Mona Lisa. Cattie Cherry: "This one is in Paris, too." Hazel asks, "Is it the Mona Lisa?"
	Making a resident curious	In the dining room in Calendula, Cattie Cherry takes a bottle from her bag and lets one of the residents smell it. The others are curious. "What is in it?" Cattie Cherry: "The smell of tar." The residents smell the bottle and start asking questions: "What do you need oil for? Do you have a car? Smells bad! I would throw it in the woods!"
Connection	Clown making similarities between the clown and a resident explicit	In the dining room in Ixora: Cattie Cherry: "You can try. My hands are really cold, but my heart is warm. Are your hands cold or warm?" Hubert: "Occasionally a bit cold." Cattie Cherry: "But you also have a warm heart." Hubert: "So they say." Cattie Cherry: "We are a bit alike. . . . Yippee!" Hubert: "Yeah"
	Imitating a resident	In the dining room in Ixora: Cattie Cherry and Snappy Scout are stretching. Finally, after many minutes, a resident, who sat still without expression, reacts and stretches her arms. Cattie Cherry starts to stretch next to her, and the residents mimics the movements
	Supporting residents' connections with each other	In the corridor in Ixora, Troy Tuneful plays the guitar and invites the residents to dance if they feel like it. Troy Tuneful and Snappy Scout dance next to each other, swinging in synchrony. Residents gather around the clowns and mimic their dance movements. A female resident asks male resident to dance. The two do not dance, but they stand close to each other, almost leaning into one another and talking in whispers
Dignity	Asking a resident for permission	In the dining room in Lobelia: Amy and Mercedes are watching TV. Troy Tuneful and Cattie Cherry ask if they can perform a magic trick. The residents want to see it, and Troy Tuneful mutes the TV. Cattie Cherry performs a trick using a coloring book. The residents seem to enjoy it
	Being polite	Mirthful Martha and Troy Tuneful play music and dance when entering the dining room in Calendula. Harriet comments: "I have some food left. I'm still eating." Clowns say that they do not want to disturb her breakfast and exit the room. Harriet thanks them

Source(s): Authors' own work

The clowns emphasized frolics and laughter but tried to do it with *dignity*. They treated the residents in a courteous manner and, for example, always asked for permission to enter residents' rooms and sing or dance. The residents seemed to welcome the politeness, but it ought to be acknowledged that a few residents seemed to be slightly annoyed by the presence of the medical clowns, and in some cases, we interpreted this as stemming from their experience that clowns were not "serious" with them. These residents typically did not have considerable memory disorders and preferred to spend time in their own rooms – away from those living with dementia. They highlighted their sharp wit and mentioned that they did not like to play. Thus, these residents may have experienced the playful interactions with medical clowns as disrespectful or otherwise personally unpleasant, which may have even amplified their experienced vulnerability.

In summary, the unexpected utilization of servicescape dimensions by medical clowns supported the residents in various ways, especially through fostering residents' empowerment, engagement and connection, and, thus, creating both elevating and reassuring experiences. Support through dignity was also noted, but it was occasionally challenging due to the different states of the residents. These different types of support seemed to evoke immediate positive emotions (such as happiness, enthusiasm and pride) and thereby increased customer wellbeing. Even though the residents may not recall these experiences and emotions afterward, they seemed to be meaningful for the residents in the particular moment. This aligns with the current research proposing that momentary experiences of positive emotions have an important role in the wellbeing of those living with dementia (Miklitz *et al.*, 2024; Phinney, 2016; Son *et al.*, 2002). We did not study the long-term effects on customer wellbeing, but we based this interpretation on the findings of previous studies (e.g. Cho, 2018; Huang and Yuan, 2024) on short-term interventions on the wellbeing of customers living with dementia, and we assume that the clown visits promoted wellbeing even when individuals did not consciously recall these experiences.

Discussion

Theoretical contribution

Figure 1 summarizes the findings related to different methods and outcomes of the unexpected utilization of servicescape dimensions for customers experiencing vulnerabilities. This research contributes to service marketing theory in three ways. First, we advance the field of servicescape research by showing that all the dimensions of servicescapes identified by Bitner (1992) and Rosenbaum and Massiah (2011) can also be utilized in unexpected ways in encounters with customers experiencing vulnerabilities. Our findings showed that medical clowns used all the dimensions (physical, social, socially symbolic and natural) and purposefully created positive distractions for customers by using these dimensions. This supports the notion of dynamic servicescapes (Kuppelwieser *et al.*, 2023), where emotional resonance and inclusion are essential (Espitia *et al.*, 2025), but extends the discussion to servicescapes in which stability and predictability have often been highlighted in healthcare servicescapes (e.g. Gopaldas *et al.*, 2022) and other utilitarian servicescapes (Nair *et al.*, 2022).

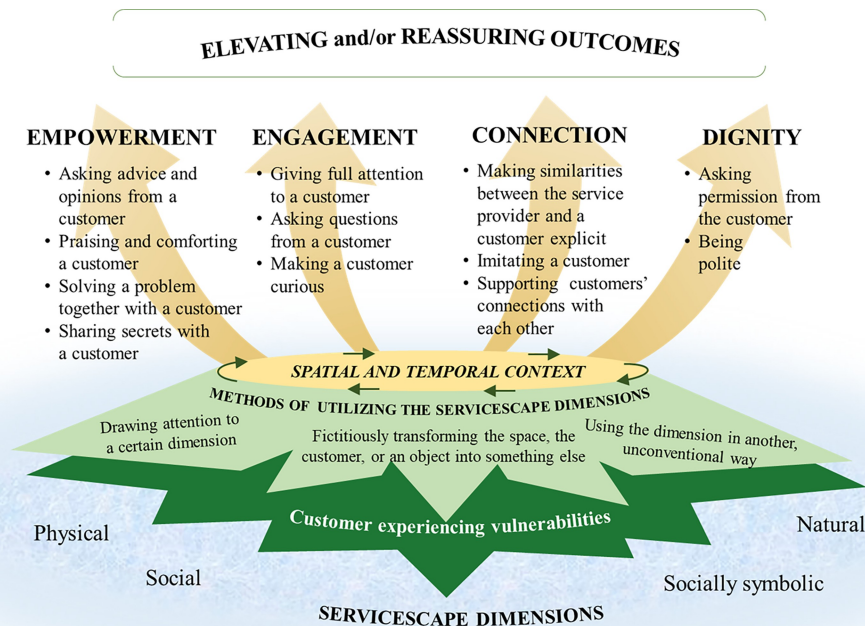
Our study reveals that even in these servicescapes, there is room for services that purposefully create unpredictability and surprise for customers and thus increase the potential for the innovative use of those servicescapes that have often been perceived as rather stable. This notion is important because it has been shown that positive, unpredictable distractions in healthcare servicescapes may positively influence customer experience and wellbeing (e.g. Pati and Nanda, 2011; Sues and Mody, 2018). Furthermore, our study indicates that the features traditionally connected to hedonic servicescapes – that is, excitement, playfulness and entertainment (Kumar *et al.*, 2017) – may have untapped potential that could also be harnessed for healthcare servicescapes.

Second, we also identified different methods of the unexpected utilization of servicescape dimensions for customers experiencing vulnerabilities: service providers may draw the customer's attention to a particular dimension of the servicescape, fictionally transform the space, the customer or an object into something else or use the dimension of the servicescape in another, unconventional way. The application of these methods was largely improvised so that the encounters also contained unexpectedness for those customers who recalled the medical clowns and expected their visits. These methods may help to include aspects of novelty and innovation in servicespaces that as a whole are – and need to be maintained as – stable and secure, such as long-term care facilities for older adults (cf. Leino *et al.*, 2023; Sandberg *et al.*, 2022). Furthermore, it seems that these methods help support customers who may otherwise be rather inactive and unresponsive. This leads to the following third contribution.

Our third contribution adds to the research on customer vulnerability and extends the understanding of supporting customers experiencing vulnerabilities through servicescapes. Our findings provide empirical evidence supporting existing research (Gao *et al.*, 2023; Yamaguchi *et al.*, 2006) that short-term interventions can mitigate customer vulnerability in healthcare services. Our empirical findings are in line with the conceptual proposal by Kabadayi *et al.* (2020), in which support can be divided into empowerment, engagement, connection and dignity. However, the partly inductive analysis used in our study provided an important opportunity to identify the subcategories of these support types (see Figure 1). Identifying different types of support is important because customized support has been stated to optimize the wellbeing of customers experiencing vulnerabilities (Kabadayi *et al.*, 2020). This was also shown in our study, for example, in the challenges related to giving support through dignity.

Instead of showing specific linkages between the way in which the servicescape was utilized and the type of support for customers experiencing vulnerabilities, our findings suggest that the connection between these types of utilization and support is dependent on the spatial and temporal context in which the servicescape utilization takes place. The context includes the state of a customer (e.g. condition and mood) at the time of the encounter. Furthermore, as both the state and context are constantly evolving, servicescape utilization requires a dynamic and improvised interaction that allows for greater customization in healthcare.

In the context of customers experiencing vulnerabilities, this study indicates that, on the more abstract, general level, the support can be seen to consist of elements that create elevating and

Figure 1 Unexpected utilization of servicescape dimensions for customers experiencing vulnerabilities

Source: Authors' own work

reassuring experiences, which are both relevant for mitigating vulnerability. These outcomes of elevation and reassurance respond to the goals that are set for service collaborations to elevate the human experience and to provide transformative improvements in wellbeing (Fisk *et al.*, 2020).

Practical implications

Life expectancy is rising, and consequently, so is the number of individuals in need of long-term care, and therefore, it is necessary to develop resource-efficient ways to improve customer wellbeing. Our findings imply that service providers can support customers experiencing vulnerabilities through the unexpected utilization of servicescape dimensions. We showed different methods that service providers may use in this process, making the scape dynamically adaptable to particular customer needs. Customers experiencing similar vulnerabilities, however, need to be treated individually. Thus, to succeed in the unexpected utilization of servicescape dimensions, service providers need to constantly assess and respond to customers' conditions and emotional states. This may require additional training focusing on emotional intelligence, interaction and improvised methods. Collaboration between healthcare service providers and professional medical clowns may be utilized for a transformative impact that can be achieved through boundary-crossing services and unexpected ways of using the servicescape dimensions.

Feelings of identity confirmation, belonging and social contact have been regarded as enhancing one's quality of life (e.g. Phillips, 2006). However, moving to a long-term care facility may often increase the social isolation of the customer

(Boamah *et al.*, 2021; Leino *et al.*, 2023; Paananen *et al.*, 2025); therefore, it is essential to take care of the social wellbeing of these customers. Studies have also shown that adding personal dimensions to interactions and behaving informally can enhance the quality of interactions in the context of long-term care facilities (Rannikko *et al.*, 2023). Our study shows that novel ways of using servicescape dimensions can play a role in this and increase interactions between service providers and customers, as well as among customers.

Furthermore, when developing services for customers experiencing vulnerabilities, service providers can deliberately emphasize the particular types of support identified in this study. Through these support types, service providers can both elevate and reassure customers. These positive impacts may extend to other social interactions in the servicescape and thus potentially decrease negative customer-to-customer interactions (cf. Furrer *et al.*, 2023) and negative spillovers (cf. Sandberg *et al.*, 2022).

Limitations and further research

Our research has a few limitations that should be addressed in future studies. First, our interpretation of the unexpected utilization of servicescape dimensions was formed by observing the visits of medical clowns in the long-term care facilities; thus, we may have neglected the residents' feelings related to the unexpectedness that were not visible for observers. Therefore, more research is required to validate our results.

Second, while this research provides an extensive analysis covering all the servicescape dimensions identified by Bitner (1992) and Rosenbaum and Massiah (2011) and all the support types suggested by Kabadayi *et al.* (2020), and even though this

study advances and deepens our understanding of these extensively used classifications, our partially deductive analysis is also limited by these classifications. Pure inductive analysis could have brought up different insights.

Third, our data was collected in long-term care facilities for older adults and thus applying findings to other contexts involving diverse customer vulnerabilities needs to be completed using caution. Consequently, future studies should extend our findings with data from different contexts.

Finally, we propose that the unexpected utilization of servicescape dimensions can also have potential relevance beyond primary customers through positive spillovers in a servicescape (Sandberg *et al.*, 2022), meaning that for a secondary customer (typically a family member), support received by the primary customer can be very meaningful and comforting (Leino *et al.*, 2021). Thus, the unexpected utilization of servicescape dimensions can have extended implications for customer entities. Our data provided indications of this phenomenon, but since the focus of this study was on primary customers, further research is needed to analyze the implications for family members. In addition, the influence on other service personnel (e.g. nurses) would also need to be examined.

Conclusion

While the existing studies on servicescapes for customers experiencing vulnerabilities have emphasized the stability and predictability in servicescape dimensions, our research shows how the servicescape dimensions can be utilized in unexpected ways to support customers experiencing vulnerabilities. We identify different unexpected ways of utilizing servicescape dimensions and show the related diverse ways of support for customers experiencing vulnerabilities. Recognizing this wider potential that has so far been partly hidden in servicescape dimensions is important for both services marketing research and for better and more targeted service for individual customers experiencing vulnerabilities.

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