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The world economy is rapidly shifting from a manufacturing based economy to a service economy, where successful service encounters are a focus of organizational work. Service encounters are critical interactions between service providers and recipients that indicate an organization's capability to fulfill its mission and shape consumers' impressions of the organization (M. J. Bitner, Booms, & Mohr, 1994; Winsted, 1997). Companies are increasingly turning to technology to enhance information and communication flow to customers in order to improve efficiency, cost-effectiveness, and/or quality (Froehle & Roth, 2004). It is unclear to what extent (if at all) research that investigates the dimensions of work in the form of face-to-face service encounters addresses the phenomena created by introducing technology into the consumer-service provider encounter process to create a virtual service space (Froehle & Roth, 2004) .

In healthcare, service encounters occur regularly between a healthcare provider and a patient. One such encounter, which is mediated by technology, is the use of telemedicine. While telemedicine is a form of virtual work that can deliver a wide range of healthcare services, this study uses video conferencing for direct patient care as the research context (see Figure 1). The sparse research on technology use in the context of technology mediated service encounters has centered on task execution work (e.g., routine customer service), rather than relationship building (e.g. consulting/ expert services) work (e.g., Mary Jo Bitner, Ostrom, & Meuter, 2002; Froehle, 2006). Furthermore, most work to date has focused on in a lean media environment (e.g. e-mail), rather than a rich media environment (e.g. video conferencing). Given current medical attention to patient-centered care, the telemedicine encounter provides a work phenomenon that entwines task execution and relationship building within a rich media environment. In order for such a critical service encounter to be successfully executed, additional knowledge is needed about the nature of this encounter and particularly how to explain how order comes about in using this technology from a multi-level perspective (outside environment level, organizational unit level, team level, and individual level).

Technology mediated service encounters introduce new ways to communicate, new processes, and opens what may have been a relatively closed network in the past with face-to-face encounters to something more complex, multi-level and organic. Technology must be used in a way to provide an interdependent, complementary balance at all levels (in this case, outside environment level, organizational unit level, team level, and individual level) to provide some form of equifinality to reach intended goals. We use configuration theory ((Meyer, Tsui, & Hinings, 1993) to explore the give and take among levels by identifying various attributes and formal structures at each level of analysis that might encourage technology fit into the work context of providing direct patient care through the use of video conferencing. We show that equifinality in the case of complex virtual work structures, like telemedicine encounters, is a give and take of counterbalancing fit facilitators and inhibitors to produce order in complex technological work situations.