

Creating an ideal customer path using service design

- Case Pharmacy Isokannel

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<p>The title of thesis Creating an ideal customer path using service design: Case Pharmacy Isokannel</p>	<p>Number of report and attachment pages 73 + 20</p>
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<p>The focus of today's service is turning more and more towards the customers and providing them service experiences. Service design is field that helps companies to discover their strategic service potential, to innovate new services and develop old ones in a customer oriented way. So far, service design has not been used in pharmacies, though it could be just what the rigid and old-fashioned field would need to start providing truly customer-centric service.</p> <p>The aim of this thesis is to create a framework for service development work in pharmacies and using that framework develop an ideal customer path for the case pharmacy.</p> <p>The theoretical foundations of this thesis are the six service design frameworks developed by esteemed serviced designers and design agencies. These models work as bases for the framework developed for this thesis. The developed framework has seven steps, starting from Orientation stage, where the goals are set for the project. The next step is the Discovering stage where the customer knowledge is gathered. On the Generating stage, new solutions are created based on the information. This is followed by the Filtering stage where the best ideas are selected. On the next Specifying stage these ideas are further developed and visualized. After this, the ideas are put in action on the Implementing stage. The final stage is the Evaluating, when the functionality of the implemented ideas and the need for further development are assessed.</p> <p>On the service development project executed in the case pharmacy the main methods used to gather customer information were service blueprint, shadowing, contextual interviews of the customers, work-along and online ethnography. Based on the information gathered, solutions were created with the help of tools such as personas, focus group workshop of employees, design game that was developed for the workshop and different idea generation tools. The ideas were filtered using sticker vote tool and mind maps. The selected ideas were formed in to the ideal customer path that was visualized using scenario story and service blueprint methods.</p> <p>The project resulted in an ideal customer path that had over 40 development suggestions. The case company considered the project to have been very useful for the company and has started to implement the development suggestions in the pharmacy. The results of the theses imply that the developed service design framework is functional and useful tool in developing pharmacy services. Because of the high similarity between all community pharmacies in Finland, the framework could be used in other development projects in Finnish pharmacies.</p>	
<p>Keywords Service design, Customer service experience, Customer path, Service blueprint, Community pharmacy</p>	

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1 Introduction

1.1 Background of the thesis

We have been living in the service economy already for decades and even today, the portion of service industry in the Finland's GDP is growing every year. It is estimated that over 90 % of new businesses in Finland are operating within the service industry (Tuulaniemi 2011, 21-22.) The focus of today's service is turning more and more towards the customers and the experiences they get from using the services. Joseph Pine and James Gilmore are the pioneers of the experience field and after the publication of their book "Experience Economy" in 1999, the term "customer experience" has been a hot topic in the business world, but it is only recently been brought up in the Finnish business scene (Löytäjänä & Korteso 2011, 11.) The toughening competitive situation in the market field is forcing companies to find new innovative ways of keeping their competitive advantage towards others and attracting new customers (Lehto in Mietinen 2011, 9-11). To provide customer experiences the companies must first find out what are the customer needs and expectations from the company.

Service design is a multidisciplinary field that helps the organizations to detect the strategic potential of their services, to innovate new service ideas and to develop their existing services. Service design combines the customer needs and expectations along with the service producers' business aims into functional services. Service design aims at optimizing the customer experience through focusing on the critical touch points of the customer journey (Tuulaniemi 2011, 24-27.)

This thesis combines the author's two fields of expertise: Pharmacy and Experience and Wellness management. In this thesis, the service design theories are formed into a new framework for developing services in pharmacies. This framework is then tested on the case pharmacy with the goal of creating an ideal customer path for the pharmacy's non-prescription customers.

1.2 Aims and objectives

The aims of this thesis are to create a framework for service development work in pharmacies, and testing that framework developing an ideal customer path for the Pharmacy Isokannel. This detailed customer path that includes the customer-centric development suggestions will be presented in the form of service blueprint and a customer path scenario. The aim is to enhance the customer experience in the pharmacy and through that to provide the company a competitive advantage compared to other pharmacies. To achieve these aims service design approach is used to understand the customer expectations, behavior and experiences.

Based on these aims and objectives two project questions are formed: “How can the service process in the pharmacies be improved using service design?” and “What would be the ideal customer path in Pharmacy Isokannel?”

1.3 Justification for the thesis

There are over 800 pharmacies in Finland, at least one in each municipality. The over 8 400 professionals working in the pharmacies have 50-60 million customer encounters each year. Even though the aging population is using more and more medication, the profitability of the pharmacies has diminished considerably in the past 10 years due to fierce price war between the drug companies and thus lowered income of the pharmacies (Apteekkariliitto 2012a.) Since the medicine prices are fixed in the whole country and cannot be lowered to attract customers, the pharmacies must compete with different means, most important of which is service.

The customer service in Finnish pharmacies has traditionally been drug-centric and paternalistic. The communication with the customers has often been limited to a monologue where the pharmacist repeats phrases and instructions without taking in to consideration the customers' former knowledge about their sickness and its treatment. In attempt to change this, national development programs have been implemented. One of them, the TIPPA –project during 2000-2003 was promoting the pharmacist-customer communication about medication (Kansanaho, Pietilä & Airaksinen 2003, 153.)

The progress has been later on followed through mystery shopper studies, latest of which was completed in the end of 2011 (Apteekkariliitto 2012b.)

Customer expectations and perceptions of the service in pharmacies was also researched in 2011 (Keski-Hallila 2011). According to this study, the community pharmacies in Finland are satisfying the needs of the customers well; 96% of all respondents to the study were satisfied with their latest pharmacy visit and 65% were very satisfied. When the respondents were asked about the things they were satisfied with, 56% replied “willingness to serve” spontaneously. The respondents were also satisfied with professionalism, quick service, and friendliness. As to causes of dissatisfaction, long waiting times came up (33%), along with unfriendly service and availability problems of products (Keski-Hallila 2011.)

In the above-mentioned mystery shopper study, the focus was more on the professional guidelines of pharmaceutical counseling. The study was a follow-up of previous studies carried out in 2003 and 2008. According to the results of the follow-up study, slight improvement had happened in the counseling, the product placement in the pharmacies was found to be more customer-oriented, and the staff’s ability to take the customers into consideration was found to be better than in the previous years. On the other hand, in some pharmacies, the different professional roles were not clear to the customers and the cooperation between the staff members was found to be insufficient. Although the exterior of some pharmacies was very modern and trendy, the customers did not find it easy to navigate or shop in these pharmacies. Thus the customer-centricity of pharmacies was slightly improved, there is still work to be done (Apteekkariliitto 2012b.)

The emerging field of service design is offering a good tool also for pharmacies for developing services from customer point of view to gain competitive advantage over other pharmacies. So far, service design has not been used in pharmacies in large scale, though it could be the key in guiding this rigid and old-fashioned field of service in to the new era of innovative thinking and new customer oriented solutions. This thesis will present a new service design process model for the needed development work of service experiences in pharmacies. It will also introduce the case of one pharmacy where the model was successfully used.

1.4 Research methods in brief and scope of thesis

This project type thesis that uses the case study approach can be described as a constructive research. In the constructive research the aim is to create a solution to a practical problem through developing a new construction – something concrete for example a product, instruction manual, process description or a plan. In the constructive research, the change is focused to a concrete entity whereas in the action research the aim is to change the behavior of the people. In the constructive research it is important to connect the change to the theoretical framework (Ojasalo, Moilanen & Ritalahti 2009, 39.)

The methods used in the constructive research are not strictly limited. Since the aim is to develop something new, the research benefits from collecting the data with many different methods. Cooperation and deep user knowledge are essential and it is beneficial to take the users of the product to be developed as a part of the development process. Observations, interviews and group discussions are typical methods used in this research approach (Ojasalo et al. 2009, 68.) The methods used in this thesis are presented in the chapter 3.

Service design theories work as a basis for this thesis. The approach is similar with the constructive research method both in which the end user is taken as part of the development process and the customer view is researched through different methods. In this service development project service blueprinting is used as an essential development tool, user data is collected through observations and customer interviews in the pharmacy and the customers and the service staff are taken as a part of the process through focus group workshop where development ideas are created and discussed. The author has a pharmacist degree and over five years of working experience from many different pharmacies in Finland, which gives strong practical bases to the development process.

The scope of the thesis is limited to the case pharmacy and the service process of the customers that are looking to relieve or prevent symptoms with over-the-counter remedies. This includes all customers that visit the pharmacy who do not have doctor's

prescriptions. The scope was chosen based on the wishes of the case pharmacy and because the service process of the prescription customers is more strictly controlled by the laws and legislation and cannot be influenced that much.

1.5 Definitions

The keywords in this work are service design, service blueprinting, customer service experience and user centricity. In addition, pharmacy related concepts of over-the-counter service and community pharmacy are explained in this chapter.

Customer service experience covers all that the company offers to the customer from advertising and other pre-service contacts to the service quality, service offering, usability and dependability (Tuulaniemi 2011, 74). Löytäjänä and Korteso (2011, 11) define the customer experience as the sum of those encounters, impressions and feelings that the customer forms from the company's activities.

Customer service experience creates value to the customer and it consists of three levels: functional, emotional and meaningfulness levels. In the functional level, the service is matched with the functional needs, e.g. how easily and smoothly the service fills the customer needs. The emotional level shows how well the service provided fits to the images, expectations and feelings that the customer has about the service. The meaningfulness level explains how well the service helps the customer to learn, grow and achieve the things he/she wants in life (Tuulaniemi 2011, 74-75.) Since experiences are always subjective, they cannot be designed as such. Thus, the goal of service design is to create most positive customer experience by removing service distractions and optimizing the critical elements of customer experience: service process, working methods, physical environment and interaction (Tuulaniemi 2011, 26.)

Service design does not have a single agreed definition. It is a commonly shared way of thinking and working. It is an interdisciplinary approach that combines different academic fields, tools and methods that are used in developing services (Tuulaniemi 2011; Stickdorn & Schneider 2011.) The service design thinking has five principles that explain the nature of the field. Service design aims at experiencing the service through

customer's eyes and is therefore *user-centered*. All stakeholders should be included designing the service which makes it a *co-creative* process. Service design can be described as *sequencing*, because the service should be visualized as a sequence of interrelated actions. Service design thinking is also about *evidencing*, visualizing intangible services in terms of physical artifacts. It is a *holistic* method of development, since in service design the whole environment where the service takes place should be considered (Stickdorn & Schneider 2011, 34.)

Service blueprint is a visual way of describing in detail all aspects of the service production. It specifies the resources needed and incorporates the perspectives of the customer as well as the service provider and other involved parties. Service blueprint is great tool in service development, revealing the most crucial areas of the service. It can also be used to calculate the costs of service production and to find out possibly overlapping or duplicating stages of service (Tuulaniemi 2011, 210-213; Stickdorn & Schneider 2011, 204-205.) The service design process is often started by creating a draft version of the service blueprint in order to explore the aspects of service that can be reviewed and refined. Later on this draft is expanded and detailed in the implementation stage (Stickdorn & Schneider 2011, 205.) More detailed description of service blueprint can be found in chapter 5.1.

Over-the-counter or non-prescription (in Finnish: "itsehoito") side of the pharmacy includes the medications and remedies that do not need doctor's prescription. In addition to medicine, pharmacies sell preventive substances such as vitamins, crèmes, ancillary products and cosmetics.

Community pharmacy (in Finnish: "apteekki") is a concept more used in the UK and US to make a difference to hospital pharmacies and pharmacy as a field of science. In this thesis, it is used to describe a privately owned pharmacy operating outside a hospital, which is mostly focused in selling medication. Most of the pharmacies in Finland can be characterized as such.

1.6 Structure of the thesis

The following chapter 2 presents the theoretical framework upon which this thesis is based on. Features of service, service quality and service offering are discussed along with service design process models presented in the literature and the model constructed for this thesis. The chapter 3 presents the different tools and research methods that are used in this thesis project including service blueprint, shadowing, contextual interviews, work-along, online ethnography, personas, focus group workshop, design game and idea generation and filtering tools. The case company is presented in the chapter 4 along with introduction to the service design project that was done for the company. The results of the project are presented in the chapter 5. The first part of the chapter presents the results of each tool used and the second part the ideal customer path created based on these results. In the chapter 6 the key findings and their applicability are discussed, recommendations for further research are given and the professional development and learning during the thesis process is assessed.

2 Theoretical framework

2.1 What is service

Service is a complex process that is combined of series of immaterial functions that are aiming at offering solutions to the problem or need of the customer. This solution is the final result of the service and it is the part that is producing value to the customer. It usually happens in an interaction between the customer, the service staff and/or physical resources or products and/or service producer's systems (Grönroos 2009, 76-77.)

Services differ from products in many ways that need to be taken in to consideration when designing and producing services. The unique features of services are their intangibility, inseparability, perishability and heterogeneity (Gilmore 2003, 10). Pharmacy service includes many tangible aspects such as the physical space and its interior décor, the products that are sold and the prescriptions according to which the medication is delivered. Yet the core function of the service itself; finding solutions to the medical problems of the customers and giving them knowledge about the medicines is something intangible that cannot be touched, felt, smelled or tasted.

The intangibility of the service can make it more difficult for the customers to evaluate and compare the services. Because of this, they might use price as a basis for evaluation of quality or the personal information sources might be emphasized in the evaluation (Gilmore 2003, 10.) This can be seen in the modern trend of customer-to-customer marketing where blogs, Facebook and social rating sites such as Trip Advisor have become a valid channel from where the customer search information before making decisions about services that cannot be tested before hand like many products.

Because of the process nature of services, customers are involved in the production of the service in one way or the other. The production of the service cannot be totally separated from its consumption. In addition, other consumers can be involved with the process (Gilmore 2003, 11.) If the customer walks in to an empty pharmacy and gets to talk with the pharmacist about his or her intimate problems in total privacy can

make the service experience very different from a time when the same customer would walk in to a pharmacy full customers during the rush hour.

Services are perishable, meaning that unlike products they cannot be stored away or produced beforehand (Gilmore 2003, 11). A pharmacist cannot store customer consultations so that each customer could be served simultaneously during the rush hour. Services are hard to standardize because of their intangible nature. Each service encounter is unique and the service experience is largely affected by the personal opinions, expectations and attitude of the customer (Gilmore 2003, 11).

2.1.1 Service offering

Service is often been described as a package or an entity of concrete and intangible services. Grönroos (2009, 224) divides this service offering in to three parts; core service, facilitating services and supporting services. Core service is the reason the service is on the markets. It answers to the pure question of what is being offered (Grönroos 2009, 224; Brogowicz, Delene & Lyth 1990, 29.) In the case of pharmacies, the core service is to sell medication.

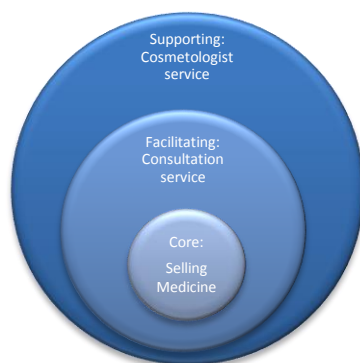


Figure 1. Example of service offering of a Pharmacy

Facilitating services are the necessary extra services for the consumption of the core service (Grönroos 2009, 224). In pharmacy, these are for example the cashier service and the consultation services where the pharmacist talks with the customer in order to find the best solution to his/her problem. Finally, the function of the supporting services is to add value to the customer and to differentiate the service provider from its competitors (Grönroos 2009, 224). Blood pressure measurement and cosmetology

theme days in pharmacies are examples of such supporting services. This project aims at examining the functionality of especially the facilitating services and at creating new supporting services for the pharmacy. The above below presents an example of the service offering in a pharmacy.

2.1.2 Service quality

The interest to service quality started to rise in the end of the 1970's and has ever since been in the attention of the researchers and the actors of the service industry (Grönroos 2009, 99). The quality management that was a hot topic in the 1990's along with various quality certificates is familiar also to the Finnish pharmacy field (Grönroos 2009, 99). Association of Finnish pharmacist has its own quality management program and there are several pharmacies in Finland with the ISO 9001:2001 quality certificate.

In the literature, service quality is defined as the ability of an organization to meet or exceed customer expectations. The expectations are described as the desires or wants of consumers or what they feel a service provider should offer (Gilmore 2003, 23). So in order to improve service quality, the organization first need to find out the expectations and needs of their customer. This is the basic task of service design process and one of the aims of this thesis. According to Grönroos (2009, 122), there are seven criteria for quality service. These features are presented in the Figure 2.

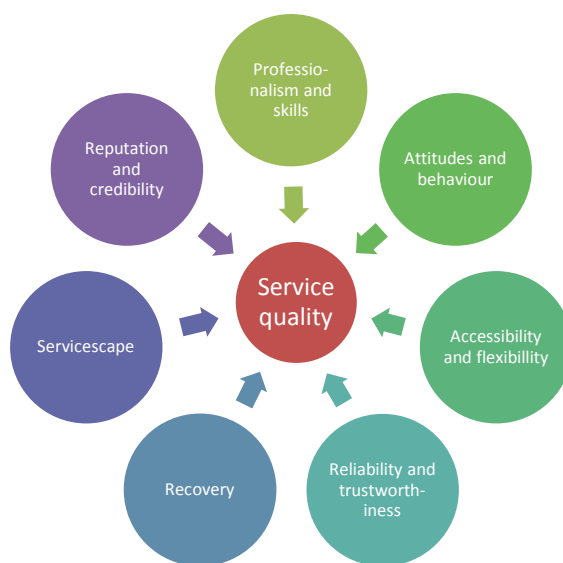


Figure 2. Criteria of good perceived service quality according to Grönroos (2009)

Professionalism and skills criteria is fulfilled when the customers understand, that the service provider and its employees have the knowledge, operational systems and physical resources needed to solve customers' problems in a professional way. Attitudes and behavior refers to the customer's feeling that the staff members pay attention to them and want to solve their problems in a friendly and spontaneous manner. Accessibility and flexibility are important so that the customers feel that the service provider, its location, opening hours, employees and operational systems are designed and work so that the service is easy to reach and that the company is ready to adapt to the customer's demands and hopes in a flexible way. Reliability means that the customers know that whatever happens or whatever is agreed, they can trust the service provider's and its employees' promises and that the company works for the benefit of the customer (Grönroos 2009, 122.)

Recovery criteria means that the customers understand that always when something goes wrong, the service provider takes immediate actions to keep the situation under control and to find a new acceptable solution. When the servicescape is ok, the customers feel that the physical environment and the other factors influencing the environment of the service encounter are supporting the positive service experience. The final criteria of reputation and reliability is achieved if the customers believe that the service provider's actions can be trusted and that the company offers value for money as well as the service provider has the kind of values and achievement criteria that also the customer can accept (Grönroos 2009, 122.) These criteria have been used partly to design the customer interviews in this research. (See Attachment 4)

2.2 Developing existing service processes

The importance of constant development in companies and organizations has become more and more important in the recent years. The surrounding world changes in accelerating speed and forces companies to keep up. On the other hand, it is no longer enough to just keep up, but the companies that are the most successful have managed to push the development process forward and act as the engines of change and development (Ojasalo, Moilanen & Ritalahti 2009, 13.) Though many companies focus on developing totally new services to cater the needs of the customers, it is not the only

way to grow and develop. Redesigning existing service offering is another competitive option (Berry & Lampo 2000, 265.)

Service design is a tool that can be used in both cases: whether the company aims at developing something new or at improving the current service offering. Redesigning services requires the company to assess their current service designs and create alternative ways to serve customers in a more effective way (Berry & Lampo 2000, 265). Service design aims at visualizing and modeling the whole existing service ecosystem. Using these models, it is possible to observe the parts of the system that do not produce value to the customer and elements that are missing from the service. When the customer needs and expectations are understood, the existing service can be developed to better respond to the customer and service producer needs (Tuulaniemi 2011, 99.)

Service redesign can be explained as the reconstitution, rearrangement or substitution of processes that make up a service. Redesigning a service can add value to customers through, for example customizing the experience, improving access to a service, increasing the speed of delivery, improving functionality or decreasing the costs. Companies can benefit from service redesign by attracting new customers, increasing the use of service, improving competitive differentiation, increasing productivity, reducing labor costs and strengthening employee motivation and satisfaction (Berry & Lampo 2000, 266.)

In this project, the focus is in developing the existing service in Pharmacy Isokannel. In addition, ideas for new services that support the current service offering are created based on the detected customer needs and missing aspects of service offering.

2.2.1 Customer as a part of the development process

People, especially the users of the service are the key factors in service design. They are the experts of their own lives and behavior, this is why it is important to include the customers to the service process from early stage. Service design aims at giving tools and ways for the people involved in the service process to express themselves, to solve problems creatively, to communicate and to co-create together with the service design professionals (Tuulaniemi 2011, 117.)

By including customers to the co-creation process, they get a chance to add value to the service already in the development phase. The more involved the customer gets in the service process, the more likely it is that the service is evoking co-ownership and through that increased customer loyalty and long term engagement (Stickdorn & Schneider 2011.) Involving customers has been shown to shorten the development cycle and it offers the company opportunities for screening and evaluating several new service ideas and concepts, which helps to avoid costs of failed service launches (Alam 2006). Yet co-creation does not mean that all the service stakeholders get to decide what kind of services are produced, but the aim is that all the aspects and viewpoints involved with the service will be observed as widely as possible in the information gathering and analyzing stage (Tuulaniemi 2011, 117).

2.2.2 Including the service personnel to the process

The customer service personnel should be taken along to design services. This will not only deliver the information about the company strategies and goals to the staff but will help them to connect and commit to them. Developing the internal communication is important because it helps the company to get valuable information about the everyday problems of the service personnel and the feedback that they get from customers. The information flow from the company management to the personnel is needed so that they can put in action the service strategies of the company. Employees also need to get feedback from their work in order to see the results. Without feedback the personnel's interest to what they are doing tends to die (Grönroos 2009, 489-491.)

There have been considerably many researches that have stated the importance of service employees in how the customers perceive the delivered service quality. Empowered and motivated employees that have a clear vision of the importance of service quality to the firm have been shown to provide superior service (Bowen and Lawer, 1992 in Cook et al. 2002, 168.) Hays and Hill also found a positive correlation between the employee motivation, vision and organizational learning to the customer perceived service quality (in Cook et al. 2002, 168). For these reasons it is important to include the service personnel to the process and if possible investigate the employee satisfaction and motivation as a part of the service design process.

2.3 Service design

2.3.1 Background of service design

As long as there have been services, people have been developing and designing them. ‘Service Design’ as a field is yet rather new. Research about service design has been done since early 1990’s. The remarkable growth of the service industry speeded up the birth of the field. Especially the development of the technology and Internet has added pressure to the development of services and also given more opportunities for it (Tuulaniemi 2011, 61; Stickdorn & Schneider 2011, 308).

Service design as a concept was most likely launched in 1991 by professor Michael Erlhoff from Köln International School of Design (KISD) and the first service design agency live/work was founded in 2001 in UK. In Finland the first company was founded in 2007, but the service design had been done in Finland in small scale far before that. The roots of service design are in the design field. It uses the key know-how of designers in process working to understand the cultural contexts as well as the visualization and prototyping to concretize the immaterial services (Tuulaniemi 2011, 62-63).

2.3.2 Stages of service design process

The process of service design is following the creative problem solving principles. A process means a series of iterative functions that progress in logical order. When the repeated actions are described as a process, the chain of functions does not need to be re-invented every time, which saves time and resources for the actual design work (Tuulaniemi 2011, 126). Many different frameworks for the service design process have been described in the literature. These processes are built from four up to seven steps, but the same mind set is present in all of them. Because the design process is not linear and has a cyclic nature many of the frameworks are described in a ring format showing that the process should be ongoing. For the convenience reasons all the models are expressed in linear way in the Figure 3 to ease comparison. The similar functions of each model are colored in the same color.

2.4 Literature review on service design frameworks

The Figure 3 describes the frameworks of six service designers or service design agencies and the constructed framework for this thesis that is explained in more detail in the bottom row. The framework combines ideas from: one of the world’s leading service design agencies, Engine (2009) which was founded in 2000, Stefan Moritz (2005) the author of “Service Design – Practical access to and evolving field”, Juha Tuulaniemi (2011) the author of “Palvelumuotoilu” (service design). Birgit Mager (2009) – service design pioneer and a professor at the Köln International School of Design, Design Council (2012) – a charity that has aimed to develop UK ‘s wellbeing through design for over 60 years and Marc Stickdorn and Jakob Schneider (2011) the authors of “This is service design thinking”. The Figure 3 can also be found in full size in Attachment 1.

Service Design Process Models

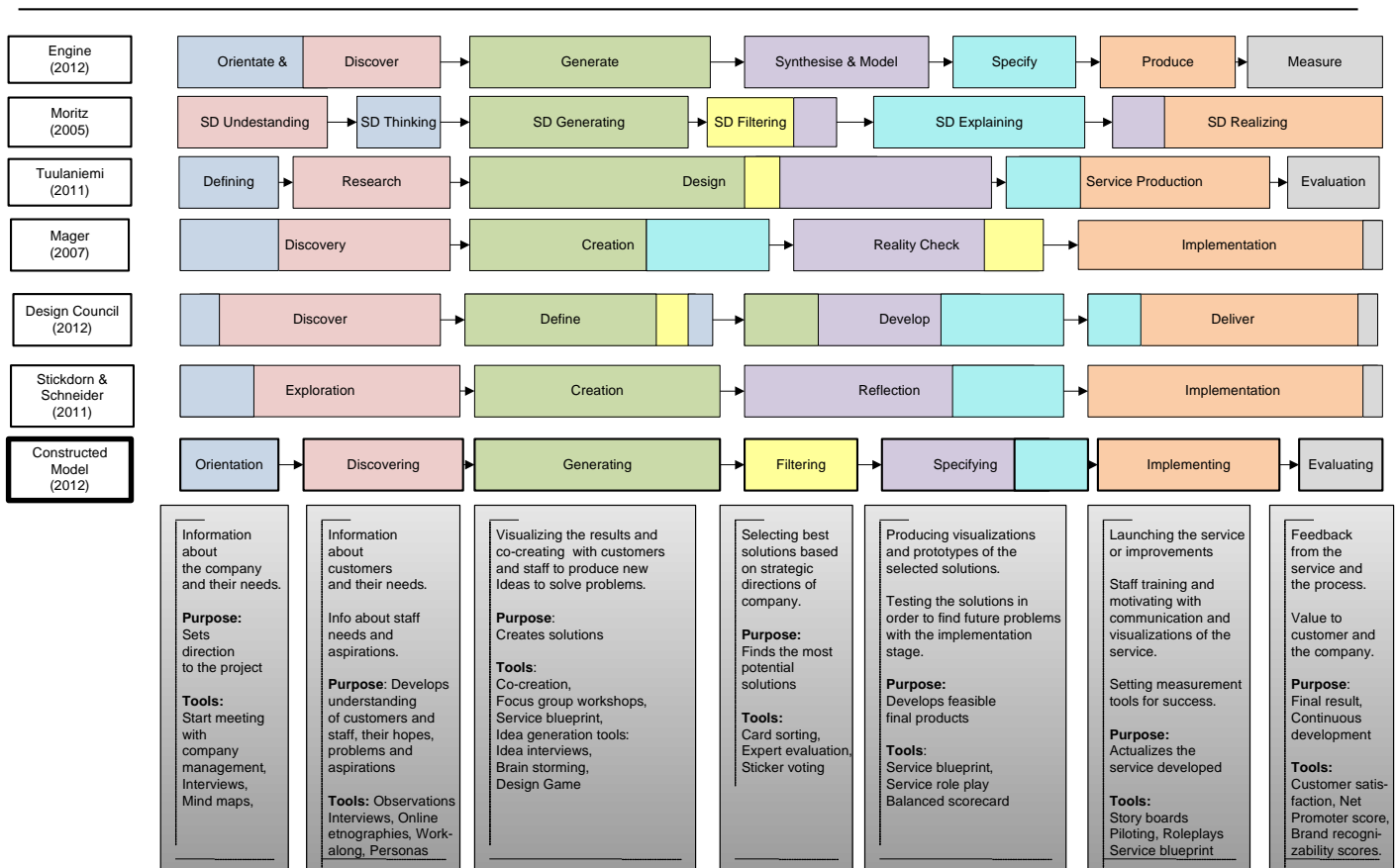


Figure 3. A summary of service design process models

2.4.1 Engine's model

The Figure 4 on the following page contains the service design model by Engine (2009). The first phase is “Orientate” where the service designers get to know the company they work with and the market where the company operates. After this the design team orientates to the task at hand using workshops and other techniques. In the next phase “Discover” is about understanding the end users of the services the company offers and the service staff that produces them (Engine 2009).

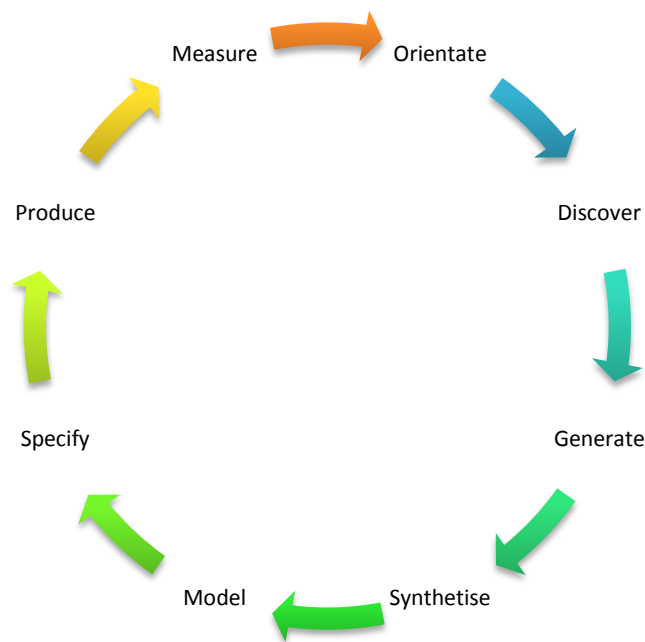


Figure 4. Service design process according to Engine (2009)

In the next stage called “Generate”, the team conceptualizes and visually explores the solutions for the challenges at hand. This stage is realized in cooperation with the company, its staff and its customers through workshops. After this stage, the ideas are tested and refined through prototyping and testing other models of the services designed. This phase is called “Synthesize and Model”. In the next stage of “Specify” the team specifies the services in detail together with the clients. This means presenting the near-future experiences of service through scenario maps, mock-ups, story-boards and other tools (Engine 2009).

In the final stages of the Engine process model the designed service is put to action. In the “Produce” stage, the touch points of the service are designed and developed and

service staff members are trained to produce the service experiences. To support on-going development, feedback is collected in the “Measure” stage. This enables the measurement of efficiency, effectiveness, desirability, usefulness and usability of the service (Engine 2009).

2.4.2 Moritz’s model

Moritz (2005) has divided the service design process into six tasks that need to be filled in different stages of the project. In his model described in the Figure 5, the categories can be interlinked and overlapped. The first task is “Finding out and learning” that is realized in the stage of “SD Understanding”. This stage includes learning about clients, contexts, service provider and providing insights for the later stages of process. After this, the next stage is “SD Thinking” which main task is “Giving strategic direction” through identifying criteria, developing strategic frameworks, specifying and scoping out details. This stage is setting guidelines and strategic direction to the whole service design project.

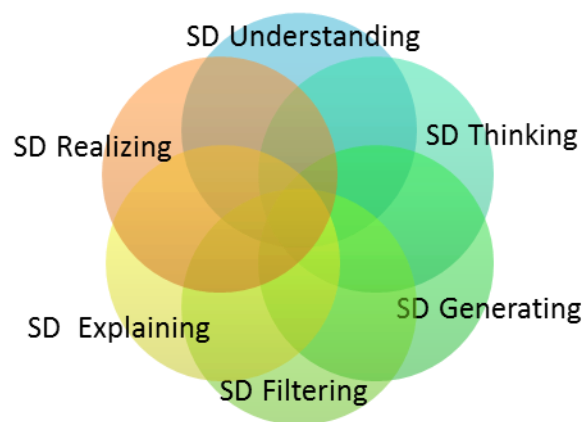


Figure 5. Service design process according to Moritz (2005)

In the next stage, “SD Generating”, the main task is to develop concepts. This stage is about doing and creating. During this stage, new ideas and solutions from the bases of insights from earlier stages are built into concepts and designed in detail in line with the strategies selected. The variety of solutions created in this stage will be evaluated and the best of them will be selected in the next stage of “SD Filtering”. The selection

should be done by experts or against specific criteria. The concepts are tested, measured and combined to find out the most relevant and functional ones. (Moritz 2005)

The last stages of Moritz model are “SD Explaining” and “SD Realizing”. In “SD Explaining” stage the aim is to enable the team’s, decision makers' and other stakeholders' understanding of the ideas and the concepts as well as the future possibilities. This is done for example through using visualizations such as mock-ups and real life prototypes. After this final testing stage, the service is launched in the “SD Realizing”. This stage is about “Making it happen”, that includes specifying and implementing solutions, prototypes and processes. Business plans, guidelines such as blueprints, trainings are made in this stage to ensure that the service is put to action in the form it was meant to. (Moritz 2005)

2.4.3 Tuulaniemi’s model

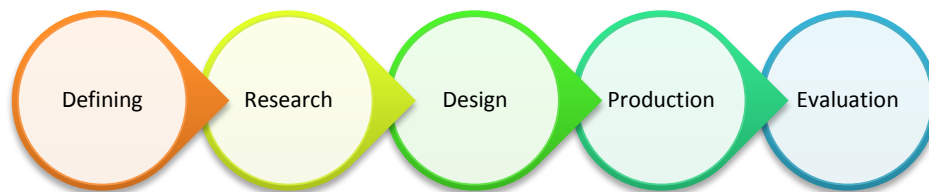


Figure 6. Service design process according to Tuulaniemi (2011)

In the book *Palvelumuotoilu (service design)* (2011), Juha Tuulaniemi presents a process that has five stages pictured in the Figure 6. In the “Defining” stage the aim is to find the problem that is to be solved, identify the goals of the company and to create an understanding about the organization producing the service and its' objectives. In the “Research” stage, the common understanding about the target of development, the operational environment, the resources and the customer needs is created using interviews, customer studies and discussions. In this stage, the service producer’s strategic goals are specified.

In the “Design” stage, the ideas and solutions are created, visualized and tested together with the customers and the company using co-design. The best solutions are developed further and the critical points of the service and the service channels are designed. Meters for success are defined for the production stage. After this, the service is taken to the markets in the “Production” stage to get customer feedback. This is done first through beta-testing and piloting before the finalized product is released after fine-tuning according to the feedback. In the releasing phase, the service is visualized in detail using, for example, blueprinting and documenting. The staff training and public release are also part of this phase. (Tuulaniemi 2011, 127- 131)

In the final stage of the process called “Evaluation”, the affectivity of the project and the implementation of the service are measured and fine-tuned according to the feedback and experiences gained. (Tuulaniemi 2011, 127- 131)

2.4.4 Mager’s model

The service design process of Birgit Mager (2009) includes four stages as can be seen from Figure 7. In the first stage of “Discovery”, the aim is to uncover influential factors and relevant connections for the system under development across the service system also vertically from the customer perspective. The customer experiences of the service and its touch points are researched in this phase. The data is then analyzed to produce key findings to be used in the next stage. In the “Creation” phase, ideas are generated to optimize the service using different service design methods. The customers and employees are included in the process. The invisible service that does not necessarily even exists yet is made visible through mock-ups, prototypes and storyboards.

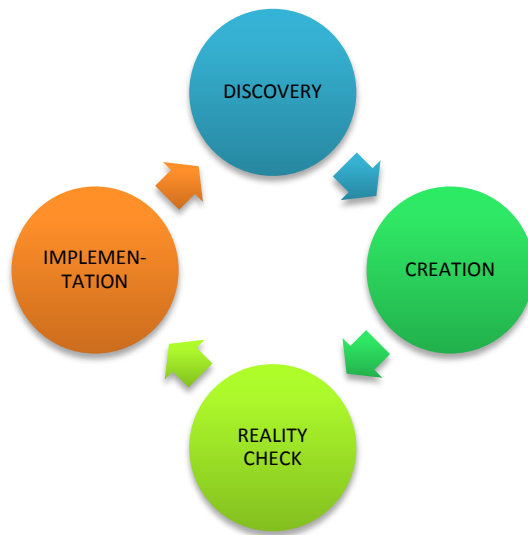


Figure 7. Service design process according to Mager (2009)

The next phase is “Reality check” during which service prototypes are made to be compared with existing service strategies, portfolios and SWOT analyzes along with economic considerations to ensure the functionality and feasibility of the developed service. Tools to monitor the payoff and payback of investments in new services are created for the final stage of “Implementation”. In this phase, the service is put to action. It includes the development and implementation of organizations processes, IT solutions and employee training. Motivation, communication and training are the key focus of this stage of the process. (Mager 2009)

2.4.5 Design Council’s model

The British Design Council’s double diamond model, presented in the following Figure 8, was developed in 2005 to describe the design process in a simple graphical way. The model includes four phases: Discover, Define, Develop and Deliver and it shows the divergent and convergent stages of the process. In the “Discover” phase, the project is started. It begins with an initial idea or inspiration that is often found in the discovery phase where the problems, opportunities or user needs are identified through tools such as market and user research, managing information and design research groups. This is a stage of divergent thought where the design team keeps their perspectives wide to allow for a broad range of ideas and influences. In the second quarter of the double diamond model, “Define” stage, the interpretation and alignment of the customer needs to business objectives is achieved through Project development, project

management and project sign-off. In this stage, the ideas are filtered, reviewed, selected and discarded. The ideas from the Discover stage are analyzed and synthesized in to brief and actionable tasks that are then approved by the company for further development. (Design Council 2012)

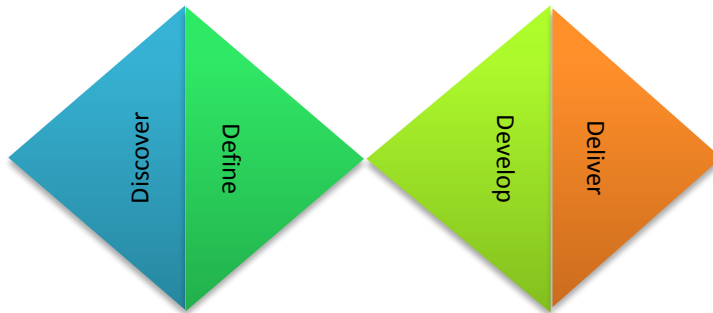


Figure 8. Design process according to Design Council (2012)

On the next “Develop” stage, the design-led solutions are developed, iterated and tested within the company through multi-disciplinary working, visual management, development methods and testing. In this stage, the design team refines one or more concepts that will address the problems or needs identified in the earlier stages. Creative development methods such as brainstorming, visualization, prototyping and scenarios are used in order to make the agreed product ready for delivery. After this in the final “Deliver” stage the resulting product or service is finalized and launched in the relevant market. It is put through final testing, approval and launch and its success is evaluated through setting targets, evaluations and user feedback loops. (Design Council 2012)

2.4.6 Stickdorn and Schneider’s model

Marc Stickdorn and Jakob Schneider describe the service design process through four stages: Exploration, Creation, Reflection and Implementation. These can be seen from the Figure 9. The first stage of “Exploration” starts with understanding the culture and goals of the company providing the service and identifying the problem the service designers need to work on. It is first viewed from the organization’s point of view. In this stage, the understanding of the situation from the perspective of current and potential

customers is also gained. This knowledge is gathered using multiple tools such as service safaris, shadowing and interviews. After the understanding of the problem at hand is gained, it and the underlying structure are visualized to simplify the intangible and complex service processes. (Stickdorn & Schneider 2011, 128-129)

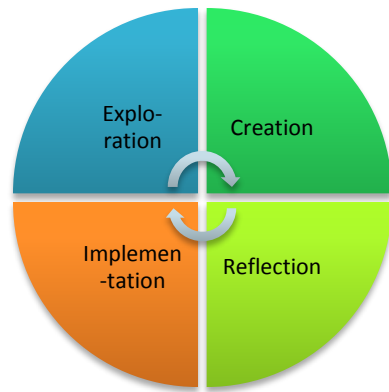


Figure 9. Service design process according to Stickdorn and Schneider (2011)

On the second stage of “Creation” the focus is on generating ideas and concepts based on the identified problems and insights discovered in the previous phase. Co-design is used to include all stakeholders in order to create holistic service concepts. After this stage the ideas and concepts are tested in the “Reflection” stage. This happens through prototyping the services developed and then collecting feedback from customers. To ensure that the customers get a clear picture of the intangible product, different visualizations such as comic strips, storyboards, videos or photo sequences are used along with staging and role-play approaches. (Stickdorn & Schneider 2011, 130-131)

In the final stage of the process called “Implementation”, the new service is put to action. This stage focuses on change management through planning, implementing and reviewing change. Clear communication of the concept developed is essential and it needs to include the desired customer experience. The motivation and engagement of the employees is crucial for the sustainable service implementation and therefore employees should be included in the process from day one. They need to be accompanied during the implementation process and problems need to be solved quickly and creatively. The success of the process is controlled and ideally the implementation stage is followed by another exploration in order to evaluate its progress. (Stickdorn & Schneider 2011, 130-131)

2.5 The theoretical framework of this project

The stages of each process framework have different names and can be divided in to multiple steps or simplified into a few. When the functions in each framework are analyzed, similarities rise up. The similar functions of each framework are pointed out in the Figure 3/ Attachment 1 using the same colors. These similar functions work as a basis for the service design process model used in this thesis. The Figure 10 presents the structure of the model and each stage is explained in detail in the following chapters.

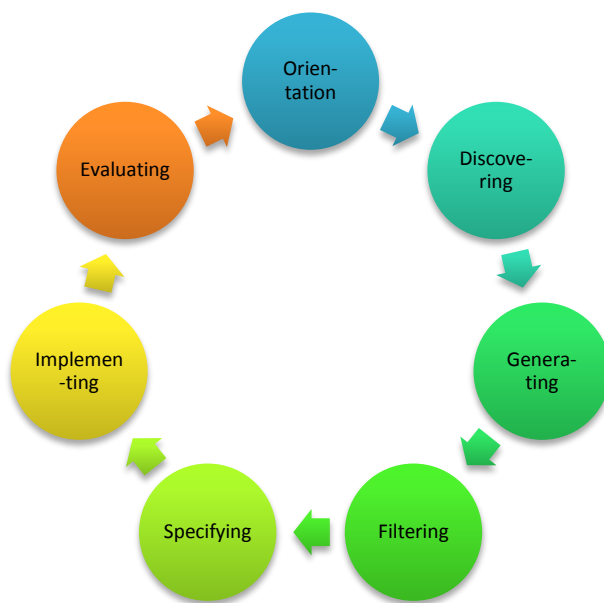


Figure 10. The constructed service design process model used in this project

2.5.1 Orientation stage

Many process models start with what is named “Orientation stage” in this project. In this stage, the service design team gains knowledge about the company they are working for and to find out the limitations and set the goals for the design project. The main tools that are suitable for projects with pharmacies are initiation meeting with the company management, where interviews can be used to gather information. Mind maps and stakeholder maps can be useful tools to visualize the company connections.

2.5.2 Discovering stage

The next stage is the “Discovering” stage. This stage is about developing deep understanding of the customers that use the service and about the staff members that produce it - finding out their needs and hopes for the service. Tools used in this stage of pharmacy project are observations, online ethnography, contextual interview, work-along technique and personas. These techniques are explained in detail in the chapter 3 Research methods.

2.5.3 Generating stage

The third stage of the process is called “Generating”. Its main purpose is to create solutions to the problems and challenges discovered in the earlier stages and new service concepts that would bring value to the customer. This can be achieved through co-creating together with the customers and the staff. Useful tools to this stage are service blueprint and focus group workshops with design games and different idea generation tools such as idea interview and brainstorming.

2.5.4 Filtering stage

The next stage in the framework of this project is “Filtering” which is located in the other frameworks either directly after Generating stage or after the next stage when the ideas are developed and tested further. Due to the limited time of the thesis project the actual implementation stage was not a part of the project. For this reason filtering was done already at this stage of the process. In filtering stage, the ideas produced in the earlier stage are evaluated and screened in order to find the most potential ones for further testing and developing. Tools used in this stage include card sorting, expert evaluation and sticker voting.

2.5.5 Specifying stage

The “Specifying stage” combines two phases that appear in the frameworks. It starts with developing the chosen ideas through creating prototypes, scenarios, storyboards and other models that are then used to test the feasibility and functionality of the service under design process. In this stage, the details of the final product are developed

and fine-tuned. In the later part, the final service concepts are visualized in detail in order to explain all their features for the company and the staff that will be implementing them. The tools for this stage are service blueprint, service role-play and balance score-card. In this thesis, the ideal customer path in the pharmacy is presented in service blueprint and scenario formats as the final result of the project.

2.5.6 Implementing stage

The next stage is called “Implementing” where the designed service or improvements are put to action. It involves training and motivating the staff to implementing the changes in to their work. Communication inside the company is important part of this stage so that everyone knows what is happening and know their roles in the service process. At this stage, measurement tools can be created to observe the affectivity of the new service or the changes made. The tools used in the specifying stage to visualize the service can be used in this stage again to train the staff. Useful tools include piloting, storyboards, service role plays and service blueprints.

2.5.7 Evaluating stage

The purpose for the “Evaluating stage” is to get feedback on the developed service and the process to further develop it. This helps to ensure the competitiveness of the service and give the company a competitive advantage. The value to the customer and the company is assessed through different measurement tools set in the previous stage. The service design process should be seen as a continuous development. The feedback from this stage can therefore be used to initiate the next cycle of service design. Customer satisfaction measurements are one typical tool to measure success along with the brand recognition and reputation and the net promoter score that tells how many of the customers would recommend the company.

3 Research methods

This chapter presents the tools and techniques used in the project to gather customer knowledge, to organize it and to produce new ideas and service innovations. The results of each tool used are presented in the next chapter.

3.1 Service blueprint

Service blueprints are visual descriptions that specify and detail each individual aspect of the service process (Stickdorn & Schneider 2011, 204; Tuulaniemi 2011, 210). This customer-focused tool visualizes the whole service process in a chronological order including the customer path, the points of customer contact and the physical evidence of the service from the customer perspective. It also illuminates and connects the supporting processes throughout the organization. Service blueprint describes also the timing and the resources needed to produce the service. Blueprints are often used in designing new services, but it is also a useful tool in development of existing services. It provides a common platform for discussion between customers, employees, managers and designers when designing a new service or exploring the weak points of the service process (Bitner, Ostrom & Morgan 2008, 67, 87-88; Tuulaniemi 2011, 210.)

The blueprint is constructed with five components: customer actions, onstage/visible contact employee actions, backstage/invisible contact employee actions, support processes and physical evidence. At the top of the blueprint, in the “customer actions – swim lane” all the steps that the customer takes are described. Here the whole value proposition that the company offers to its customers is revealed. The second lane, divided from the first by line of interaction, defines the actions of the service provider that happen in a direct face-to-face contact with the customer. Behind the line of visibility, in the third lane the backstage actions are described. Both the actions that involve non-visible interactions with the customer and the actions needed to prepare for the service are explained in this part. The last lane of support processes explains the actions of the persons or units in the company that are not in direct contact with the customer, but are needed to happen in order for the service to be delivered. In the very top lane the physical evidences, the tangible objects connected to each customer action are described. (Bitner et al. 2008, 72; Tuulaniemi 2011, 211)

In a study of Kumar and Kwong (2010, 115), service blueprinting was used along with other sigma tools in streamlining and integrating a retail pharmacy process flow. They found that these tools are very applicable and quite effective in these kinds of improvement projects in pharmacies.

In this project, the service blueprint was used throughout the service design process. In the discovering stage, it was used to document the service process in the pharmacy based on the thesis worker's experience as a pharmacist. In the later stages, the service blueprint was specified and complemented with development suggestions based on the observations, interviews and focus group workshops to create the ideal customer path.

3.2 Shadowing

Shadowing is a technique used to obtain customer data by observing the end customer's behavior while he or she is using the service (Tuulaniemi 2011, 150). Observation is a valuable tool in the design process to give the researcher a subjective holistic perspective of the end users (Hyysalo 2009, 106). It also allows the researcher to spot the moments at which the problems occur, situations that the customers or employees do not even recognize as problematic. Shadowing allows as well to identify the moments where people may say one thing and yet do another. (Stickdorn & Schneider 2011, 156)

To obtain a truthful and precise picture of how the service is actually carried out in the case pharmacy 35 customers were shadowed while they were using the over-the-counter services of the pharmacy. The customers were selected randomly and 10 of them were also included in the contextual interviews to gain better understanding of their behavior. The observations were made passively, so that the customers did not know that they were observed in order not to affect their behavior. The route that the customers were walking in the pharmacy was documented using a marker and a copy of the pharmacy's floor plan. In addition, the time at the till and the time of the total visit were documented. The point of time and route where the customer met the pharmacist was also marked down. An example of the shadowing material can be found as Attachment 4.

3.3 Contextual interviews

Contextual interviews are taking place in the context, or the environment where the service process takes place. It is used to help the interviewees to remember the details of the service and to help them feel more comfortable while in a familiar environment. (Stickdorn & Schneider 2011, 162-163) In this project, the structured interview technique was used to gather information about the customer view of the service in Pharmacy Isokannel and to get feedback on a few development ideas. The themes of the questions presented in Attachment 6, were based partly on the service quality theory that was discussed in the chapter 2.1.2 The aims of the interview were to specify the service blueprint of the service process in this pharmacy, to find out how the customers see the current service and to identify customer needs. Development areas and ideas for new services were also enquired.

12 persons, aged 28-76, were interviewed in the pharmacy. The average age of interviewees was 54,7 years. 42% of interviewees were men and 58% women. Half of them were retired and all of them had visited Pharmacy Isokannel before. The average size of a household was 2,1 with four interviewees having children living at home and five that were living alone. On average, they visited pharmacy 10,4 times/year. The interviewees were selected randomly and 10 of them were also shadowed. The interviews took place inside the pharmacy or just outside the main door. The place was changed because there were doubts that the interview location close to the pharmacy staff might affect the interviewees. Each interview took around 15-20 minutes. The interviews were recorded and later written down in to text for analyzing.

3.4 Work-along

The work-along method helps the designer to understand the employee perspective on the service stage and the service performance. It helps also to recognize their modeling potential and to access the employee knowledge about the needs and experiences of the customers. The work-along focuses also on the issues concerning employees' training and motivation as well as their scripts and props to assist service performance (Mager 2009.) As the author is also working as a rental pharmacist, it was possible to observe the service and the pharmacy environment from the employee perspective

while working as a pharmacist in Isokannel. This was a great way to gain knowledge on the work regimes, new employee induction and other issues involved in the service process.

3.5 Online ethnography

The ethnographic research that happens in the Internet is called online ethnography. It is a good way to study different virtual groups and communities, but it is also useful tool to add customer understanding. By using the online ethnography it is possible for the researcher to take part in the online conversation and simultaneously make observations (Tuulaniemi 2011, 152.) For this project web searches were made with the following keywords: pharmacy service (apteekkipalvelu), pharmacy (apteekki), pharmacist (farmaseutti). From the results the discussion forums were explored further. The thesis worker started also new conversations about issues dealing with pharmacy service.

3.6 Personas

Personas are a central tool to present and encapsulate the user data collected in the discovering phase. They are fictional profiles of certain customer groups with a shared interest or similar behavioral characters. Personas help the company employees and management as well as the service design team to engage to the customers and see their perspective. Important features of personas that are built based on the collected data and personal experience include: the behavioral models, motives, values, fears and obstacles that guide the customers' behavior (Tuulaniemi 2011, 154-156, Stickdorn & Schneider 2011, 178.) Five personas were created for the project. These personas presented the key customer groups of the pharmacy based on the previous customer studies, discussions with the pharmacy representatives and the observations made by the author.

3.7 Focus group workshop

Focus group is a form of group interview where 4-12 persons are gathered to discuss with each other while the interviewer is playing the part of the discussion leader or moderator (Hyysalo 2009, 133). Focus groups are often very useful in development

work. It enables the interviewer to gather information from several persons simultaneously and often delivers deeper knowledge and opinions than in the traditional one-on-one interviews (Ojasalo, Moilanen & Ritalahti 2009, 42.) To avoid the typical pitfalls of this technique; conversation staying in superficial or off-topic issues, careful planning of conversation topics and instructions is needed (Hyysalo 2009, 133). It was planned that two workshops would be held during the project; one for the employees and one for the customers. Due to difficulties to get enough participants for the customer workshop, it had to be cancelled. The employee focus group was combined with other participatory design technique of Design Game to include the employees to the design process.

3.8 Design game

Participatory design is a design practice that involves different non-designers such as potential users or other stakeholders in various co-design activities (Sanders, Brandt & Binder 2010, 195). Researchers have suggested that service designers should also consider the methods and experiences of Participatory Design approach. One such approach that helps to provide a common language between designers and other stakeholders is called a Design Game (Kaario, Vaajakallio, Lehtinen, Kantola & Kuikaniemi 2009.) In the study of Kaario et al. (2009) a table-top Character Game was created to share user knowledge, create inspiration and empathy and reveal relevant issues for design among the group of various stakeholders that were involved in the service design project. The study found that the use of a storytelling structure in a role-playing game evokes new scenarios and service opportunities and the role-taking provides empathic way to share user data.

Design game was chosen because of its playful and well-structured nature. Playing games has also been successfully used in Participatory Design as tools for priming participants in order to immerse them in to the domain of interest, for getting better understanding of the current experience and for generating ideas or designing concepts for the future (Sanders et al. 2010, 2-3). Since game playing has also proven to be functional tool to use with both individuals and groups in face-to-face situations, it seemed to be highly suitable method for the employee workshop of this project (Sanders et al. 2010, 2-3).

The main objective of the employee workshop was to involve the employees to the design process and to provide a structured method for creating ideas together. The character game created for the workshop was based on the customer path of a non-prescription customer that is explained in the service blueprint and the five personas developed earlier. The game was aimed at getting the pharmacy employees to step in to the shoes of the customers and seeing the service provided from another perspective. This was hoped to improve the employee's empathy in their everyday work and inspire them to develop the service from a new point of view. The game was tested two times before the workshop with a small group of pharmacist and customers to test the timing and functionality of the game. The test-players played the trial versions of the game and gave suggestions for development. Game testing proved to be very useful since the game had to be shortened to fit the timeframe given by the pharmacy for the employee workshop. Some interesting service development ideas came up already in this phase of using the design game tool.

The employee workshop started with a small introduction of the project and its results so far. Interesting findings about customer service from the literature were also presented. After this, the seven participating employees were divided in to two groups of 3 and 4 persons to speed up the game. The character game was based on the structure presented in the study of Kaario et al. (2009, 2): 1) Introduction to the topic 2) Warm-up exercise and game world creation 3) Character game and 4) Idea generation. In this workshop, the warm-up exercise was combined with the introduction and the idea generation stages were embedded in to the character game. The game board used in this project that shows all the steps of the game can be found as Attachment 7.

In the game world creation stage, each player got to choose a character for the game from five character templates. These characters, each representing a typical customer, were pre-created based on the personas. The templates had a picture of the character and a small explanation of the key features of this person. Some facts were left for the players to fill in themselves to help them to identify with the character. The players were expected to go through the game as the character they had chosen and think of each task from character's point of view. The game started by presenting the characters to others in the team.

The game itself was comprised of five steps, following the customer path of the non-prescription customer in the pharmacy. The first step was discovering the need for a pharmacy and finding it. In this step, the players were thinking the information sources that the character is using daily and creating ideas on how the pharmacy could market itself to this particular customer. They also decided why the character came to the pharmacy, which was used on the later phase of the game. This step created some new ideas for marketing.

The next step was arriving to the pharmacy and mapping the problem. In this step, the players were pondering which aspects are important in a successful first contact with the personnel. They also listed all the things that could go wrong with the service situation between the pharmacist and the customer. The task was completed with acting out “the worst case scenario” and “the best case scenario” of the pharmacist encounter. This step was aimed at building empathy and rethinking the everyday work situations from the perspective of the customer. The third step of the game was finding solutions. In this step, the task was to first think which aspects of the solution are the most important to the character being played. Next, the players were gathering all possible extra services that would benefit their characters. This task resulted in plenty of new service ideas for the pharmacy that are summarized in Attachment 8.

The next step was the till and leaving the pharmacy, where the players were thinking of ways to make the best possible last impression to the customer. These sections were especially aimed for the technical workers that are often in charge of the first and the last impressions that the customers get. Based on the observations and interviews, these encounters would sometimes need improving, though the basic service in Pharmacy Isokannel seems to be appropriate.

The last step of the game was using the medicine at home. In this task, the players would have thought of all the problems that the customers could face at home while using the medicine and how these problems could be prevented already in the pharmacy. Unfortunately, due to the tight schedule of the workshop this step was left as a “homework” for the players.

At the end of the workshop, a small conclusion took place where the employees had the chance to share the whole group the key things that they picked up from the workshop. If there would have been more time for the workshop, this part could have been expanded so that the game and the ideas created during it could be further discussed with everyone in the group.

3.9 Idea generation tools

An important part of the Generating stage of the service design process is idea generations. The aim of idea generation is to develop relevant, intelligent and innovative solutions to the problem at hand (Moriz 2005, 132, Tuulaniemi 2011, 180). This requires professional creativity and the work is always based on the information and direction from the earlier stages (Moriz 2005, 133). Idea generation tools that were used to help idea generation in this project were mind mapping, idea interview and the already created service blueprint.

Idea interview is a technique where after an idea has been developed, it is discussed with either experts or customers. This tool helps to gain additional understanding and develop the idea further (Moriz 2005, 212.) Mind-mapping is a way to document the connections of thoughts. In a mind map the problem or idea in the center of the maps radiates to the surroundings using lines, words and symbols. This images the system of connected insights, ideas and solutions. Mind maps are used to draw an overview of a large complex subject (Moriz 2005, 205.)

Mind maps were used throughout the project to clarify and categorize different issues and ideas. They were especially helpful in the idea generation stage. The ideas developed along the way of the project were discussed and further developed in Idea interviews with many people, both fellow pharmacists, the pharmacy representatives, pharmacy owners and ordinary people that represented the views of the customers. These discussions were a valuable help in enhancing the ideas and developing new ones.

3.10 Idea filtering tools

In the Filtering stage, the most functional solutions and ideas are identified. In this stage, it is important to make decisions and therefore key decision makers should be

involved as much as possible (Moriz 2005, 137.) To help the pharmacy representatives to categorize and choose the best ideas, a Card sorting -tool presented by Moriz (2005, 216) was introduced. In card sorting, different ideas are written on small cards, and in this case post-it notes were used. The cards are then sorted in to different order and groups. Different stakeholders sort the cards in order starting with the best idea.

As a final stage of this project, the results were presented to the pharmacy representatives. The results included the key findings of the interviews, observations, work-along and the workshop. The improved service blueprint was also presented along with the new service concepts created during the project. In the meeting the representatives had a chance to ask further questions about the ideas and get more detailed picture about the results. The pharmacy representative team was encouraged to use the ready-made idea post-its and the card sorting tool in their upcoming internal meeting to categorize the 28 new ideas and 10 improvement suggestions (Attachment 9) according to their usability.

3.11 Scenarios

Scenarios are design tools that can be textual, illustrated, acted or filmed stories about users and their activities in a particular situations and environments. They illustrate the idea or concept in the context of the customer's life. Scenarios help different stakeholders understand the tasks in their contexts, evaluate the practices and suggest changes in these practices. Creating scenarios aims at predicting how people would act in certain situations. For this reason, it is a good tool for designing new product concepts when context of use and the intended users are not strictly defined. Building scenarios is a cost-effective way to generate design ideas for new product development (Heinilä et al. 2005, 10; Moriz 2005, 116).

To visualize the ideal customer path with the ideas that the author considered adding most value to the customers, a scenario was created. This scenario was presented in the form of a written story of one customer's service path starting from pre-service actions such as noticing the need and finding the pharmacy, to after service actions of finding more information. The story and the explanation of what inspired the development ideas can be found in the chapter 5.2.

4 Case company and project introduction

4.1 Pharmacy Isokannel – description of the case company

The thesis was not commissioned or sponsored, but the work was done in cooperation with Pharmacy Isokannel located in the Prisma shopping center in the Helsinki suburb of Kannelmäki. The pharmacy has operated in the current premises since 2009. With the expansion of the Prisma supermarket, the shopping center has grown since 2009 and the construction work is still going on. During the year 2013 the pharmacy will be relocated to the first floor of the shopping center. The pharmacy has a personnel of 11 fulltime employees; a Pharmacy owner (“apteekkari”), one manager pharmacist (“proviisori”), three permanent pharmacists (“farmaseutti”), three rental pharmacists, two technical assistants (“tekninen työntekijä”) and a rental cosmetologist (“kosmetologi”). In addition to this, there are 10 part-time employees that work in occasional shifts, mainly in the evenings. Based on the discussions with the Pharmacy representatives, the customer base of Pharmacy Isokannel is rather evenly distributed with all age groups. Families with children are one big focus group of this pharmacy, though in Isokannel as well as in pharmacies in general, the biggest income comes from the prescription medicines, which are used more by elderly people (Pharmacy Isokannel 2012.)

4.2 Business idea

The pharmacy industry in Finland is strongly controlled by the law and guided by the medication policies set by the government. The basic duties of the pharmacies, set by the medication laws are; to take care of the citizens’ medicinal needs in outpatient care, assuring the availability of medicinal care, providing the medicine selection chosen by the customer base, providing guidance of safe and correct medicine usage and implementing the actions that aim at controlling the rise of the medication expenses for the society as well as the patients (Apteekkariliitto 2005.) In addition to these basic tasks, Pharmacy Isokannel aims at achieving high customer satisfaction with precise actions and services, meeting and exceeding customer expectations and operating in an environmentally conscious way (Pharmacy Isokannel 2012).

4.3 Strategy, vision and mission

The pharmacy aims at being a modern pharmacy that utilizes the latest technology and is seen by its customers as a professional, extrovert and welcoming company. The vision of the company is to develop to be one of the best pharmacies in Finland. To be able to give the best possible service, the pharmacy constantly aims to identify customer needs and to provide the best possible solution package to fulfill them (Pharmacy Isokannel 2012.)

4.4 Current stage of service development

The pharmacy has taken part in a few researches on customer service. The positive and negative customer feedback obtained has been discussed with the staff from time to time. However, systematic work has not been carried out to improve the customer service. In attempt to improve the customer satisfaction, the new facilities are being designed by an interior designer (Pharmacy Isokannel 2012.)

4.5 Service development project in the Pharmacy Isokannel

This chapter describes how the constructed service design process was put in action in the case pharmacy. The results of the project are presented in the later chapters.

4.5.1 Orientation

The project was started in beginning of May 2012 with two meetings with the Pharmacy representatives and the owner. In this Orientation stage information was gathered about the pharmacy and its functions, the current stage of service development and the hopes and wishes of the pharmacy regarding the project were discussed. The timetable was created and research methods were introduced to the pharmacy representatives, which were currently in charge of marketing the pharmacy. Third meeting was agreed for the first week of July to keep the pharmacy updated on the progress of the project and to discuss issues that had risen along the way. The first draft of the service blueprint was created at this stage based on the author's work experience in pharmacies.

4.5.2 Discovering

The Discovering stage started with customer interviews and observations of their behavior in the pharmacy at the end of May and continued after the work-along period in the end of June. These techniques gave an insight to the behavior and needs of the customers and revealed some development areas in the current work practices of the pharmacy. To deepen the customer understanding, online ethnography technique was also utilized. Based on the customer information gathered and the author's experiences with pharmacy customers accumulated over the years, five personas were created to represent the different customer types of Pharmacy Isokannel. At the end of this stage, the service blueprint was revised to match the current stage of service in Pharmacy Isokannel. The tools used in this project along with the results of each technique are presented in the chapter 3 and the results in the following chapter 5.

4.5.3 Generating

In the generating stage, the employees of Pharmacy Isokannel were taken in to the design process in the form of employee workshop held in August. For the workshop, a character game was developed which helped the employees to empathize with different types of customer and use this experience as a source to create new development ideas for the pharmacy. In addition to these ideas the author used different idea generation tools such as mind mapping, idea interviews and the service blueprint to combine the customer knowledge and discovered development areas in to new ideas and service innovations.

4.5.4 Filtering

In the filtering stage of this project, the ideal customer path service blueprint with the created development ideas was presented to the Pharmacy Isokannel's representatives. In this final meeting, each stage of the project with its results was presented shortly and the best ideas pre-filtered by the author presented in Attachment 9 and the ideas generated during the workshop in Attachment 8 were explained. Due to the short time available for the meeting and the amount of development ideas created, the author was not convinced that all ideas were fully understood by the pharmacy representatives. The actual filtering of the most usable ideas with the card sorting tool was left to the internal

meeting of the Pharmacy. The final service blueprint was created featuring the ideas considered most functional by the pharmacy representatives.

In order to explore all options and possibilities that the pharmacy has to develop its service towards more customer centric approach without the limitations of current practices, the author decided to filter all development ideas and chose the ones that would benefit the customer experience the most and simultaneously enhance the pharmacy's competitive advantage the most. To further explain the benefits and the practical implementation of these ideas the scenario technique was used in the specifying stage.

4.5.5 Specifying

In the specifying stage, visualizations and prototypes of the selected ideas are created. For this project, the development ideas approved by the pharmacy representatives were embedded to the final ideal customer path that was illustrated in the service blueprint form that can be found in the Attachment 3. The ideas that the author found adding most value to the customer experience were introduced using scenario technique. The customer path with the improvements is described in the Chapter 5 in a story format that allows the reader to gain a vivid picture of how the ideal customer experience would go and how the improvements and additional services would function and bring value to the customer.

4.5.6 Evaluation

The aim of the evaluation stage is to get feedback from the service being developed and to evaluate the value it brings to the customers and the company in order to further develop the service. In the case of this project, the evaluation was based on the plans and descriptions of the ideal customer path with improvement ideas as the implementation stage was not included as a part of this project due to the limited time available. The pharmacy representatives and the owner were asked to evaluate the project according to the feedback form created. The feedback stated that the project had been useful for the pharmacy and the pharmacy owners expressed their desire to continue the project with the author later in order to put the development ideas to action

as described in the implementation stage. Feedback of the service design process and its results is useful especially considering the further development of it and for the author as a tool to personal development as a service professional.

The aim of this thesis was to find out what would be the ideal customer path in Pharmacy Isokannel. The project results offer two suggestions as the ideal customer path. The service blueprint (Attachment 3) presents ideal customer path for the pharmacy with the development ideas pre-filtered by the pharmacy representatives. The customer path scenario presents the author's view of the ideal customer path (Chapter 5). The results of the thesis are discussed further in the Chapter 6.

5 Results and data analysis

The first part of this chapter explains the results of each tool used in the project. The second part then describes the final results of this project, the ideal customer path with embedded development ideas formed from the data collected earlier in the project.

5.1 Results by tool

5.1.1 Blueprint results

The service blueprint tool was used to create a preliminary description of the customer path in the Pharmacy Isokannel in the beginning of the project (Attachment 2). This blueprint was then enhanced during the project to create an ideal customer path for the Pharmacy Isokannel's non-prescription side customers. The detailed path is described using the service blueprint tool (Attachment 3). The service blueprint tool was found to be useful to help the idea generation for each step of the customer path. It was also used as a basis for the design game.

5.1.2 Shadowing results

The shadowing made in the pharmacy revealed that the service encounters in the pharmacy's non-prescription side were rather short. The average time an over-the-counter customer spent in the pharmacy was 3 minutes 16 seconds, ranging from 44 seconds up to 14 minutes 49 seconds. It seemed that the service in general was fast during the observation times. It took on average 53 seconds for the first pharmacist encounter and the service encounter at the till took around 55 seconds. The longest and shortest times observed in the shadowing are illustrated in the Figure 11.

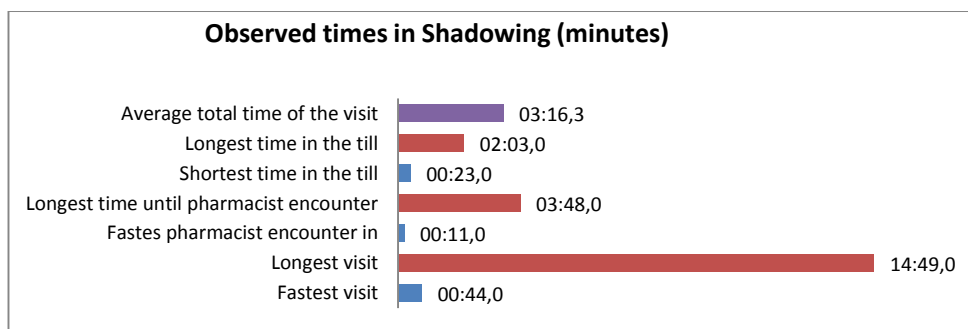


Figure 11. Observed times in Shadowing

From this figure, special attention should be put to the time people have to wait at the till. Though on average time at the till was less than a minute, some customers had to wait over two minutes, which is considerably long time if compared to the average total time of the visits which was little over three minutes. Waiting in queue is something nobody likes, so it should be cut to minimum.

People did not seem to wander around the pharmacy, but focused on the items needed. The customers looked at an average 2,3 different shelves while their visit. The Figure 12 shows the exact spots where the shadowed customers stopped. This map is composed out of the customer path observations made on the floor plan sheets of the pharmacy demonstrated in Attachment 4.

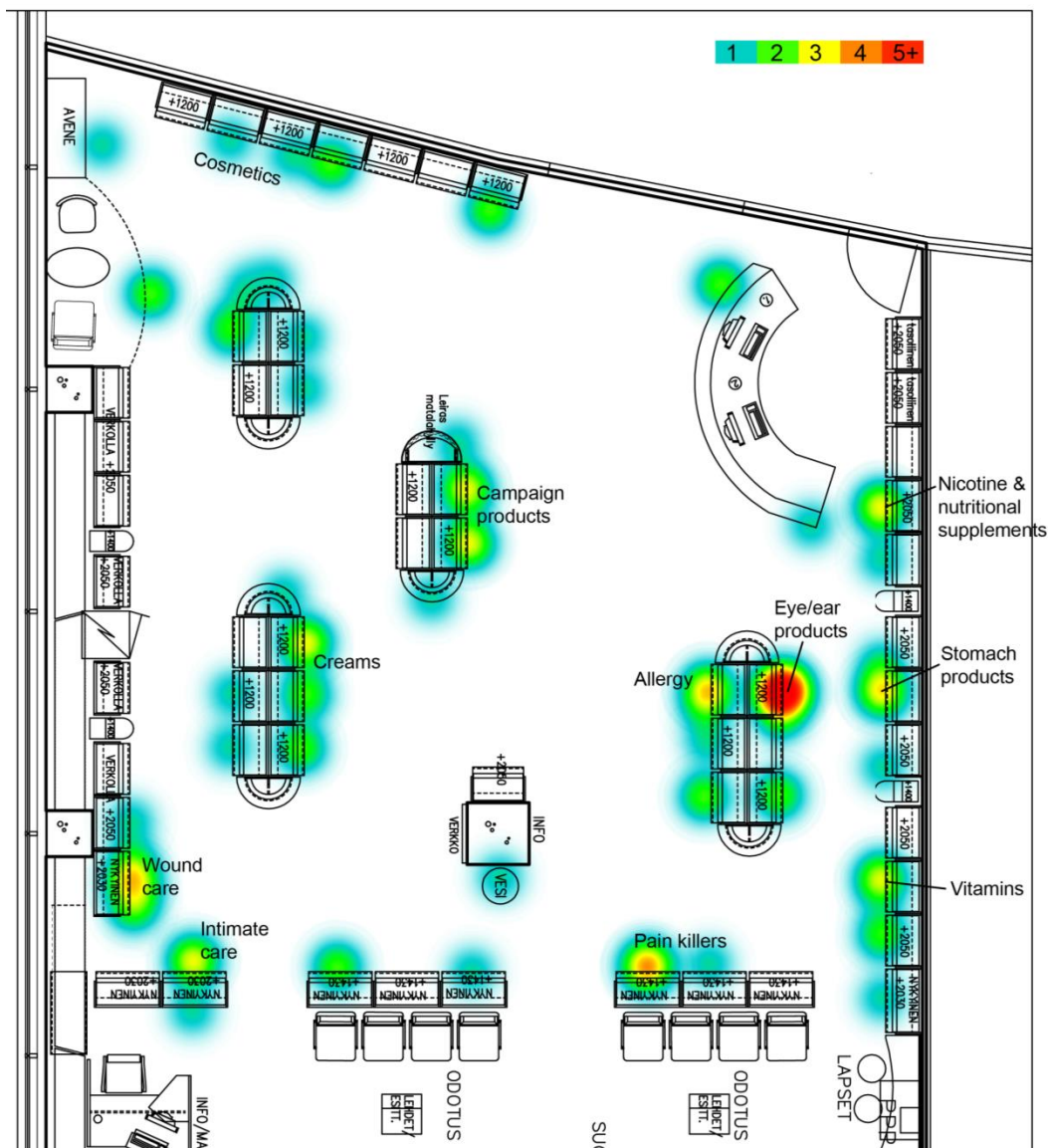


Figure 12. Map of most visited shelves

In this map the color chart on the top of the page explains the colors representing the times a certain spot on the map is visited. For example, spots visited 5 or more times by the shadowed customers are shown in red. The maps shows that most visited shelves were Eye/ear products, Wound care, Creams, Allergy, Campaign and Pain killers. In Figure 13, the number of customers visiting neighboring shelves has been aggregated by product groups. The most visited product groups were: Campaign/bonus offers, Medicinal creams & creams, Nose, flu & allergy, Eyes, ears & herbal supplements; Stomach; and Wound, feet & support products (7 customers stopping by each of them). Photo examples of these popular shelves are included in Attachment 5.

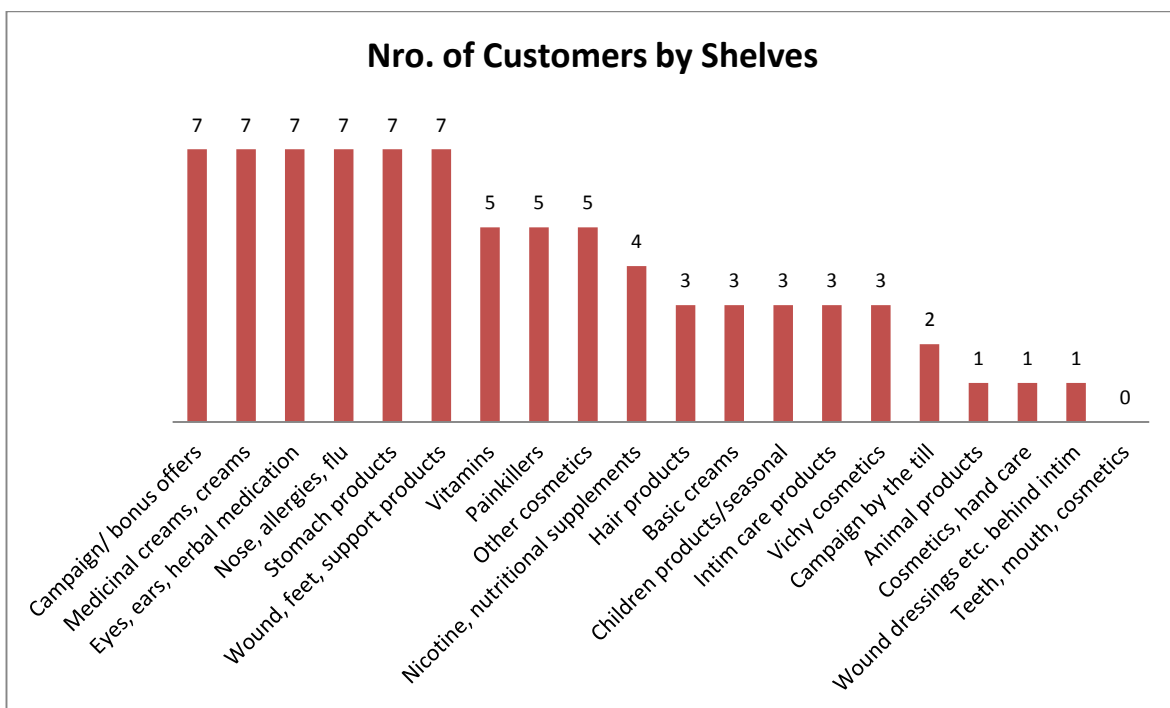


Figure 13. The number of customers visiting each shelf

Not everybody seemed to need service. One person turned down the help offered and 12 people out of 35 did not meet a pharmacist. Three of them left the pharmacy without buying anything. The importance of personal service was evident with these customers. They seemed to look around for something, one of them for over six minutes, and might have needed help, but the pharmacist was not taking contact with these customers. In two cases, the student-pharmacist on duty in the non-prescription side was close by, but a contact between the customer and the student-pharmacist was not created.

The other nine that did not encounter a pharmacist seemed to be familiar with the pharmacy and knew what they were looking for. They did not seem to be looking around or seek for help and their average time in the pharmacy was only 1 minute 11 seconds. The popular shelves with these independent customers were “Pain killers” (four out of nine stopped here), “Stomach products” (2/9) and “Eye/Ear products” (2/9). Especially painkillers are the kind of products that people are using often and may feel they do not need help with. This might be a false belief, since it is estimated that 150-200 persons yearly in Finland die because of side effects caused by painkillers (Karvonen & Helin-Salmivaara 2009).

The routes of the customers were compiled in to a heat map that shows the areas of the pharmacy where there is most “traffic”. In the heat map, shown in Figure 14 on the following page, the areas that most customers pass by are marked red, less visited areas with yellow and the least visited areas of the shop with green and blue. From the heat map it can be seen that the most frequently passed by shelves in the shop are the ones directly in front of the entrance. This will most likely not come as a surprise to the pharmacy, which is also apparent from the current shelf plan. The first shelf is strategically used as the campaign shelf, where the products in offer are displayed. The second shelf that is after the till on the right in the picture displays seasonal top sellers such as flu medicines in the winter and allergy medicines in the summer.

What could be reconsidered, based on these finding, is the location of cosmetics in the pharmacy floor plan. The case pharmacy has wide selection of cosmetics and selling these high profit products should bring the pharmacy a steady money flow. As can be seen from the heat map, the typical customer routes do not go by the cosmetics department. As cosmetics might not be the thing most of them came to look for from the pharmacy, this arrangement does not encourage to the important spontaneous purchases of cosmetics. To improve the customer flow through cosmetics department it should be located more centrally, so that most customers would have to go past by it.

are illustrated in the Figure 15. Half of the interviewees mentioned spontaneously that the service was quick and/or there is normally no long queues in this pharmacy. The location of the pharmacy seemed to be important factor for all interviewees. Seven out of 12 said they came to the pharmacy since they had other business in the Prisma center or the pharmacy was conveniently on their normal route and the main reason for choosing this particular pharmacy was location for all interviewees. In addition, good service and product selection as well as the spaciousness were mentioned as the advantages of this pharmacy. The features connected with the servicescape such as lighting, sounds, smells and signage of the pharmacy were all considered appropriate and functional. The pharmacy was described as new, light, spacious, clear and calm. These positive observations confirm that the pharmacy facilities are functional and the location in the shopping center is good for a pharmacy. The interviewees seemed content with the service, but in order to have competitive advantage over other pharmacies, Isokannel should be able to offer something unique and special to its customers.

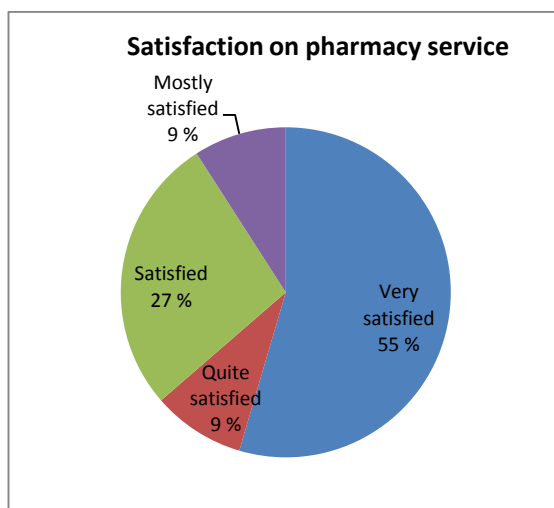


Figure 15. General satisfaction on the service in Pharmacy Isokannel

When asked about the main purpose of a pharmacy, the most common answer was to sell medication and to give instructions on the usage of especially the non-prescription medicines. Also adequate selection was mentioned. The interviewees were not aware that Isokannel offers other services such as health tests (blood pressure, blood tests etc.) or cosmetologist service. Only one person mentioned health tests when asked about extra services. However, five out of ten interviewees thought that it is important that the pharmacy also has cosmetologist services available and different health tests

were mentioned as improvement ideas. Based on these observations, Pharmacy Isokannel would benefit from advertising these services and making sure that they are available also in future. In general, more attention should be directed to advertising. The conservative ways through newspaper advertisements and Internet homepage might not be adequate anymore. Four out of 12 interviewees remembered seeing or receiving pharmacy advertisements and only two of them thought they were useful. Only one person had visited the website of Isokannel.

The atmosphere in Isokannel was described as peaceful, professional, welcoming and generally good. The general impression about the staff was positive to all interviewees. When asked about the staff uniforms, many had not paid attention to them, but they were described as appropriate. However, three persons mentioned that they could be more colorful. Half of the interviewees were greeted and eight out of 12 noticed that they were smiled at. All ten interviewees that had contact with a pharmacist during their visit thought they were noticed fast enough and the pharmacist was not too eager or indifferent. Most of them did not know the role or educational status of the employee serving them, but this did not seem to be an issue. None of the interviewees were asked symptoms or earlier treatments for them and only three interviewees said they were recommended a product, though most of them came to buy a certain product that they had already used before. According to these notions, more focus could be put to greeting each customer when he or she enters. Name tags showing the role of the staff members could be added. Also, the style and color of the uniforms could be re-considered since the interviewees suggested that the uniforms could be more colorful.

Only three persons said that they were recommended a product, but all interviewees said they found everything they were looking for and would not have needed any more help, even the interviewee that spent over 6 minutes searching around the pharmacy without buying anything. When asked about the reason to come to the pharmacy, this interviewee said she came to the pharmacy to buy a specific medicine. Because people sometimes say one thing and do another, most of the interviewees were also shadowed. Though the interviewees seemed not to have needed more help, asking the right questions is an essential part of the pharmacists work. People might not always know

what is the best medication to them even when they come to the pharmacy with a certain brand name in mind. To ensure safe and appropriate care more questions should be asked of each customer. Recommending not only a certain product the customer was looking for, but other products that the customer might need is one good way to enhance the money flow to the pharmacy and, if done right, to ensure a great customer experience. After all, the representatives of pharmacy mentioned that recognizing the needs of the customers and fulfilling them with a “full package” that includes everything they might need, is one of the key principles of service in Isokannel.

Seven of the interviewees were also asked about the service encounter at the till. Only four of these customers said the staff member at the till was smiling, but everyone considered the service to have been friendly. Couple of persons mentioned the till person’s behavior being quite official. The internal actions between the employees were seen as functional and appropriate. In the development suggestions two persons mentioned that there is occasionally queue at the tills, though they did not see this as a big problem. In studies it has been shown that the ending of a service encounter has a big effect on how the customers perceive and remember the whole service encounter (Ariely & Carmon 2000, 199). This is why it is important that the last contacts that the customer has with the service are running smoothly and leave the customer feeling positive. To enhance this last encounter at the till, queues should be kept minimum and service staff should be friendly and polite at all times.

Only five interviewees had some development suggestions to the service. Two of them mentioned the occasional queue at the till that was discussed earlier. Though pharmacy service was considered professional, two persons hoped for more expertise for the cosmetics side. For this an online booking for cosmetologist and special space for skin analysis and cosmetologist consultancy service were suggested. Though the atmosphere was often described as peaceful, one interviewee hoped to get “less hurried”, more customer focused and calmer service. Also, more products on stock for certain items were hoped for. One person said that he was hoping that when he knows what he is looking for, the pharmacists would not “attack” him straight away, though on the same sentence he admitted that actually pharmacy is the only place you get such fast service and

that it is actually a good thing. The same issue of “too fast service” came up in the on-line ethnography.

When asked about the kind of services the interviewees would like to get from a pharmacy in the future, several ideas were presented. The ideas can be divided in to two categories: Medical and Wellness services. Most ideas were concerning medical services, such as guidance service for medical treatment, where the pharmacy would have bigger role in directing the customers to further treatment according to their symptoms. For this, more cooperation between the pharmacy and the doctors and other medical care institutes was hoped. Many interviewees were hoping for the possibility to renew prescriptions in the pharmacy. Doctor and physiotherapist lectures and ophthalmologist check-ups in the pharmacy were also suggested along with different health check-ups such as blood pressure and blood tests, though these health check-up days are already held in Isokannel. Wellness services suggested were different treatments, such as massage and cosmetologist treatments along with guidance to athletes and people doing sports about muscle care and nutrition. One interviewee was hoping for more attention to the encounters with people so that the service employees would have more compassion and time for their customers.

When asked about possibility to have mental health services such as conversation help and guidance in the pharmacy, seven out of 12 thought it was a good idea and considered that it could have a small fee to cover the costs. Many interviewees were concerned of especially the mental health problems with young people. All interviewees thought a nurse service (*terveydenhoitaja*) could be integrated to pharmacies. One person expressed his doubt that it would be away from somewhere else if such service would be offered in the pharmacies. One interviewee thought that the best way to realize such service would be to have a pharmacist with nurse’s education.

The need for more cooperation between pharmacy and the other medical care facilities such as health centers and doctors is visible from the suggestions of the interviewees. In recent years small nurse stations in the proximity of pharmacies have been founded. These station work in cooperation with a doctor through online connection and offer acute help with possible prescriptions for the most common small medical needs (Laastari Lähiklinikka 2012.) Similar cooperation between nurses and pharmacies

would be a logical addition to the existing pharmacy service and would also enhance patient safety. The early stage health guidance in easily reachable place could help to cut the costs and queues of general healthcare in Finland.

5.1.4 Work-along results

Working in the pharmacy revealed some small development areas from the employee perspective and gave a good understanding of the everyday functions of the company. The employees are the key persons in delivering the service experience and the profitability of the service together with customer loyalty are closely linked with the employee productivity and motivation (Cook et al. 2002, 167). This is why it is important to pay attention to how smooth the daily employee processes are and what obstacles stand in the way of delivering excellent service.

Since almost one third of the pharmacy's employees are rental and the persons working change every day, it is important that these employees get enough information to perform their job efficiently and smoothly in a workplace where they may have never worked before. The new employee induction for the rental staff in Pharmacy Isokannel was clear and covered most of the important area needed in the everyday work, such as where different products are located and how the basic procedures are performed. Yet it is still hard to remember the details if they are just told to you once, especially if you work every day in a different pharmacy. Constantly having to interrupt the service encounters for asking help from other employees takes up unnecessary time of the pharmacist, the customer and the person asked for help. This is why it would be recommended to have a short list of the key issues important for smooth customer service such as at what time the customer can come to collect the ordered supplies the next day and how to manage with the prescriptions that need to be ordered. This list could be a simple document file that would be linked from the desktop of each workstation computer, and would then be easily available for the rental staff.

Other observations concern the non-prescription side, where one pharmacist is on duty from 10-18 o'clock. Some days this side seems to have even more customers between 18 o'clock 20 o'clock, when there was no assigned pharmacist. It would be good to have a pharmacist on the non-prescription side also during the evenings. The service

quality should be constantly good regardless of factors such as the time of the day. If the customers do not get assistance from a pharmacist they might turn away without buying anything as observed in shadowing.

Also, the till gets crowded from time to time and another technical worker would be needed. The ring bell system that is already in use should be enhanced somehow to clear queues in the till faster. Even some of the permanent staff members working at the till seemed to be afraid to push the bell for help. This results to the pharmacist on duty having to go for help, leaving the customers on the non-prescription side without assistance. The responsibilities of the cosmetologist seem to be currently contradictory. She does not seem to have much of opportunities to do her job as cosmetologist since she is simultaneously in charge of the busy till. Partly because of this only a few customers even know that the pharmacy offers a cosmetologist service, which was reflected also from the interviews.

Special attention should also be put to answering the telephone. It seems to take a long time even when there are many staff members just next to the phone. In the evenings, the phone might not even be answered at all due to the rush hour. To make the service experience as good as possible, all points of interaction should be considered as a part of the service package.

5.1.5 Online ethnography results

Surprisingly, the issue that rose up in the online conversations researched was that people felt that the pharmacists are sometimes too eager to offer help when a customer steps in to a pharmacy. Some customer would rather like to look the products by themselves, especially if the products were familiar, such as pain killers or non-medical such as cosmetics. The same theme was present in many conversations and came up even if the thesis researcher started the conversation from the opposite opinion i.e. “in pharmacy you have to wait to get service”.

Minna Svensk (2012), the editor in chief of the *Terveysteksti* –pharmacy magazine, had noticed the same about the conversations about pharmacies online. She was pondering if the pharmacy customers were unaware of the pharmacists’ duty have to ensure the

correct use of medication bought in pharmacies. This is probably true since people are used to not having personal service in other retail stores and do not always see the different role of pharmacies when it comes to non-prescription medication and other over-the-counter products.

When people know the pharmacy and they know the products they are looking for they might not need help. This was observed also during the shadowing in this project. Nine out of 35 customers did not look for a pharmacist, but went directly to the shelf and found the needed products without assistance. However, the availability and fastness of service on the non-prescription side seemed to be appreciated by the interviewees of this project. Only one person mentioned that sometimes the service staff is a bit too eager to help and when he knows what he is looking for he does not need assistance. Yet, in the same sentence he said that maybe the eagerness to serve is a good thing since normally only in pharmacies you get such quick service. He was one of the nine persons shadowed who did not seem to look for help.

5.1.6 Personas results

The five personas created were used in the focus group workshops to help the employees to empathize and look at the service process from the customer perspective. For each persona values, behavioral models, motives of action, fears and obstacles were described as suggested by Tuulaniemi (2011, 154). The personas were based on the discussions with the pharmacy representatives about the pharmacy's main customer groups, the observations made during the project and the author's experience gathered from pharmacy customers during the years. The personas, presented in Attachment 10, were "The Chronically ill", "The Care taker", "The Parent of young kids", "The Average healthy person" and "The Health enthusiast".

The chronically ill and the care taker represent the biggest customer group of the pharmacy, the people that use prescription medication regularly and have several health problems that are also treated with non-prescription remedies. The parent of young kids and the health enthusiast represent the younger generation of customers that utilize more the non-prescription side of the pharmacy offering. Especially the families with children are one of the most important customers of Prisma center and therefore

important to the pharmacy as well. The health enthusiasts on the other hand are a customer group that would have great potential to bring in profit if they would be marketed correctly and the product selection would be appealing enough to satisfy their needs. The average healthy persona represents the everyday person that has no serious health issues, but still needs pharmacy services from time to time.

5.1.7 Employee workshop and design game results

The key aims of the employee workshop were to involve the employees to the development process, to enhance their empathy towards the customers in their everyday work and to create ideas for developing the service in their workplace. The pharmacy representatives considered the workshop successful in regards of involving the employees in the process. How much they actually took the empathic approach to their everyday work is hard to evaluate, though many of the employees said in the closing of workshop that the workshop was a good way to “step in to the shoes of the customers”.

When it comes to the idea generation of the workshop, some participants seemed to find it hard to come up with new ideas that have not yet been used in pharmacies. Most of the new ideas generated were similar to the ideas that were already created by the author during this project. This supports the view that the ideas would be suitable for especially this pharmacy. A summary of the ideas generated can be found from Attachment 8. An interesting observation was that some of the most original and creative ideas were generated in the game testing phase where the players were of most part customers instead of pharmacy workers. This would suggest that the game, at least of some parts, could be useful tool in idea generation with the customers as well since diversity among participants provided more convergent ideas.

It was interesting to observe how much the employees thought their role characters used Internet and Facebook as channels to get information. This was then transferred in to ideas of how the pharmacy could advertise through electronic marketing channels. Also good ideas were to get involved with children’s and elderly people’s events, and advertise in other places where the key customer groups are frequently visiting.

Also interesting ideas were to advertise in the local buses and send targeted welcome letters to the new citizens in the area.

Though according to the interviews and work-along results not all customers are greeted when they enter the pharmacy, this was considered important by the employees as a part of the first encounter. Perhaps the first encounter is seen as the duty of the pharmacist even many times the first person the customer sees is the technical worker at the till. When the employees were asked to think of new service ideas that would benefit their role character, many similar ideas came up than in the interviews. Some of the ideas are already existing concepts, but are not yet in use in Isokannel. The nurse service was mentioned as well as health test, massage service, nutritional guidance, prescription renewal service and theme days with doctors or other professionals. Also some new ideas that the author had also thought of were presented such as peer support groups, chance to meet always with the same pharmacist, system to manage prescriptions and mental health services. Totally new ideas included a relaxation room, type 2 diabetes risk mapping, sports group for arthritis patients, vaccination mapping for people going abroad and possibility to get a certificate for a sick child's care leave.

5.1.8 Idea generation results

Though the different idea-generating techniques were helpful in the process, most of the ideas were created spontaneously in everyday life situations, at home and at work. They were inspired by the literature read for this thesis, situations and information gathered while working in different pharmacies and just pondering about the different problems the pharmacy customers are facing. Going through the service blueprint model was also helpful as it helped to focus the attention to each part of the customer journey. As a result of the idea generation process, a big pool of potential ideas was created. Out of these, the author filtered 28 most potential new ideas and service concepts for the case pharmacy and 10 improvement suggestions to the existing service processes that were presented to the pharmacy. (Attachment 9)

5.1.9 Idea filtering with the pharmacy representatives

From the 28 new ideas and concepts and 10 improvement suggestions presented in Attachment 9, the pharmacy representatives considered 33 ideas usable. Eight of the ideas were taken in use immediately, nine ideas were planned to be implemented later on after the move, three ideas were evaluated to be already partly in use, but their usage will be enhanced and 13 ideas were considered usable, but not for the time being. Only 5 ideas were considered not suitable for the pharmacy's current business plan. The results are visualized in the Figure 16.

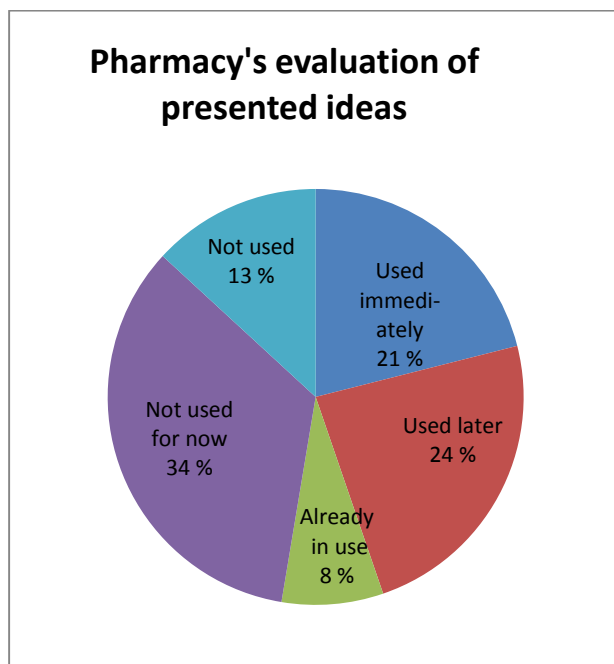


Figure 16. Results of idea filtering of the 38 ideas grouped in categories

5.2 Ideal customer path

The final results of the ideal customer path are presented in this thesis using two formats. The service blueprint (Attachment 3) presents the ideal customer path with the development suggestions approved by the pharmacy representatives. The improvements are marked with red text and areas that need more focus on the current practice are marked with boxes with red lining. The ideal customer path scenario presents the author's view of the ideal customer path in a detailed story format.

The scenario is described from the point of view of a fictional customer character that presents one of the customer groups of Pharmacy Isokannel. The story format was

chosen to emphasize the customer centricity of the developed ideas. In the ideal customer path scenario, also the prescription side is taken in to the story, though the main focus of the project was on the non-prescription side service. This is because during the project good ideas were also developed that were dealing more with the prescription service. Each stage of the customer path is linked with the stages of the project where the development ideas were created.

5.2.1 The actors, the scene and the scheme of the scenario

Minna is a recently divorced single parent of two young children. She has just moved to Kannelmäki and the big life change has made her tired and sad. Her two children are in kindergarten and both suffer from severe allergies and asthma. Today Minna has had a long day at her new job and as she goes to pick up the kids. She hears that the youngest one is coming down with flu and the temperature is rising. Also his asthma inhaler is running out of doses. Minna is exhausted, but she knows she needs to go to the pharmacy and tomorrow she needs to wake up early to go to the healthcare center to get a doctor's note for the work of her sick child.

Minna presents one of the personas that were created to describe the different customer groups of Pharmacy Isokannel. Her persona is closest to “The Parent with young kids” persona. Due to the location of Isokannel at the Prisma center, a big portion of its customers are families with children that often visit super markets and big shopping centers.

5.2.2 Finding the pharmacy

As Minna dresses her kids in the lobby of the kindergarten, her eye catches a notice of the Pharmacy Isokannel on the wall. She remembers that she had just got a welcome letter from the same pharmacy as they have just moved to the area and done the moving notice to maistraatti (local register office). The letter introduced the pharmacy's Facebook pages and offered a discount coupon to all new customers that liked the Facebook page. Because of move and the current family situation, Minna thought to save some money and had printed out the coupon earlier, so she decides to head for the Pharmacy Isokannel. She types the pharmacy name in to Google on her smartphone and the homepage shows up first in the results. From the homepage, she finds a Google map that gives direct driving instructions to the pharmacy. As she gets to her car, she realizes that she has forgotten her wallet home and has only 40 euros

money with her. So she decides to call the pharmacy and ask how much the asthma medication would cost. The pharmacy answers quickly and the price is checked. The technical worker reminds Minna that there is also a price-checking program on the pharmacy homepage where all current medication prices can be found. Sounds good to Minna. This way she can plan ahead with the finance when she knows the prices beforehand.

The ideas for marketing in the kindergarten and through welcome letters rose up during the design game. Also web marketing and social media were mentioned during the game. The author also believes that being involved with social media is important channel to reach the younger generation of pharmacy customers. The pharmacy is currently considering the best way to be involved in social media. Answering the phone was found to be a problem area in Pharmacy Isokannel during the work-along phase. Adding the price check program was an idea developed by the author. It is based on the authors observations made in her work as pharmacist of customer needs for such tool, this idea has already been put to action in the pharmacy webpage.

5.2.3 Arrival to the pharmacy

Minna arrives to the Prisma center and finds a parking space easily. She has visited Prisma before, but has not noticed the pharmacy upstairs. When she steps in to the pharmacy, she sees staff members with either white or colorful uniforms. She determines that “the white coats” are pharmacists from previous experience. A staff member with a colorful coat is filling the shelves but she greets Minna as soon as she steps in. Minna likes to look around first. She notices the prescription side and takes a queue number from the ticket dispenser. Her turn comes straight away. She is positively surprised and remembers that the fast service and easy parking were actually mentioned in the welcome letter.

Advertising the good qualities of the pharmacy came up during the design game workshop and was also presented as an improvement by the author. The more colorful work uniforms were suggested by several interviewees during the theme interviews. When discussed with the staff members in the workshop, also they hoped for at least different uniforms for the pharmacists and the technical workers. This might help the customers to notice the different roles of the pharmacy staff easier. According to the interviews the roles were not very clear for most of the interviewees.

5.2.4 Prescription service encounter

The friendly pharmacist greets Minna and the boys. She tells them that there is a play area just next to the prescription side where the boys could spend the waiting time. Minna is relieved since the kids get bored quickly. This way everyone gets home happier. While the asthma inhaler prescription is being processed, the pharmacist tells Minna about the loyal customer program of the pharmacy. Minna gets interested since her boys have many medications and they need to visit the pharmacy often. The program would give her benefits such as offers and cheaper services like medication lists of the boys' current medication, program to control the prescriptions, "my pharmacist" service where she could always see the same pharmacist and book a time online for her own pharmacist. This sounds good to Minna, since she is frustrated when the doctors in the healthcare center keep changing all the time. She is worried that the ever-changing doctors are no longer on track with all the medicines and prescriptions. A familiar pharmacist with longer time to concentrate on the medications would ease her mind. The prescription control program would also be handy since the prescriptions are often hard to read for Minna and many times the prescriptions have expired without her realizing it. The program would have all the information about the times when each medicine should finish and when the prescriptions need to be renewed. Each event would be notified by text message.

Pharmacy Isokannel already has a small play area for children, but the author suggests that it could be further enhanced, since families with children are a big customer group. The pharmacy representatives were not planning on having a loyal customer program at the time being. Yet the author sees many benefits in a loyal customer program. It would bind the customers more to the pharmacy and through that bring more money. The different extra services could be combined with the program. Loyal customer program was also mentioned during the design game. "My pharmacist" -service and "The prescription control"-program were created by the author mainly based on the customer needs she has faced in her work. The need for more personal and attentive service came up also during the interviews and idea for the prescription control system was also mentioned during the workshop.

Minna subscribes as a loyal customer and is pleased to hear that her own pharmacist has also special training to asthma. The pharmacist recommends Minna to use the electronic prescription pre-order service on the pharmacy web pages. This will allow Minna to not only plan her purchase beforehand but will make the pharmacy visit faster when the medication is already put ready for her. She will also

never have to come back the next day to collect items that had to be ordered to her if she does her pre-order a few days ahead. While the pharmacist finishes the processing of the prescriptions, Minna notices ads changing on the small screen next to her. The advertisement explains that continuous asthma medication may affect bone strength. Also the other ad talks about side effects that Minna is familiar with asthma kids. The pharmacist asks if her boy is already using extra calcium and xylitol to protect the teeth. Minna is surprised. It is as if the ads were designed for her and she asks about it from the pharmacist. She finds out that the screen is synchronized with her prescription data and the pharmacist recommendation program to help the pharmacists to recommend the best supportive treatment for the customers. Before Minna leaves the prescription booth, the pharmacist welcomes her again as a loyal customer and gives her a leaflet that has information about all the activities the pharmacy offers. She mentions about peer support group for asthmatic kids' parents. That would be perfect for Minna since she is new to the area and would like to have new friends that would understand what the family is going through with asthma.

During her career, the author has paid attention to how little the trained specialist pharmacists are being utilized in the pharmacies. Making this expertise visible would bring value to the customers. Another development area would be the pre-order service for electronic prescription. This service may not be technically available for some time though the basic elements for it already exist. The idea for the synchronized advertisement screens and recommendation program came up in discussions with the pharmacy representatives about the new facilities and equipment. Personalized advertising would bring value to the customer as well as have a potentially better response sales wise than the normal, general advertisements. This idea might also need some technical development to be possible. The idea of having peer support groups with the pharmacy acting as a mediator was inspired by the interviews where some interviewees were hoping for deeper and more person focused service encounters. Peer support groups were also mentioned during the design game.

5.2.5 Non-prescription service encounter

Before heading to the till, Minna looks around to find painkillers for the younger son. She stands in front of the pain killer shelf. After a small while the pharmacist arrives and asks how she may help her. After Minna explains her need the pharmacist guides her to the children's shelf and asks further questions to map the whole situation. She shows the painkiller selection and recommends Minna the

soluble paracetamol tablets since she has found out that the boy does not like the taste of the liquid medicine they had before. She also presents the other flu medicines that would make him feel better. Minna is thankful for the advice since it has been a struggle to get him to take his medication before. The pharmacist mentions that by joining a free “kids club” Minna could get special offers of the children’s products. The “kids club” also arranges special program to its members such as doctors’ lectures and children’s programs. Minna decides to join and gets a small welcome gift of product samples. The pharmacist also points out a QR code on the shelf that leads to a professional webpage with more information about flu and its treatment. Minna scans the code with her smart phone’s QR-scanner and decides to finish reading the page at home.

As a result from the online ethnography, some customers prefer to look around in the pharmacy first on their own without instant assistance from the pharmacists. This is why the author recommends that the customers that do not instantly take contact with the staff should be left to look around in peace for a moment before asking if they need help. In the actual service encounter it was found important in the design game that the pharmacist listens carefully and asks the right questions in order to fulfil the customer needs. The “kids’ club” idea was created by the author to make the pharmacy more inviting for the families with children. This feature could include the specialist lectures that some interviewees were hoping for. The interviews also revealed that especially younger people tend to look information about medication from the Internet. The QR codes could be good way to provide the customers reliable information about treatments and medication in a convenient way using the latest technology.

She has almost forgotten how tired she is when she spots a nurse station inside the pharmacy. She remembers the doctor’s note she needs and the long queue she has to face tomorrow in the healthcare center. While she stands in front of the nurse station, the nurse comes out and greets her happily. Minna finds out that the nurse happens to be free and she and her sick child could visit the nurse straight away and she could get the needed note of a sick child to her work without queuing at the healthcare center. Minna does not mind paying a little bit more of the nurse visit since it saves her so much trouble. The nurse invites them in and asks routine questions about his health and current symptoms. She takes his temperature, checks ears and looks in to his throat. Then she opens the video connection to the doctor through Internet and explains his situation shortly. After a few questions to Minna about

the little patient, the doctor gives her diagnosis and sends it on-line to the nurse station. Minna gets the doctor's paper in her hand for her work. It is just the common cold.

During the same visit Minna is able to renew the boy's asthma prescriptions since he has been using them regularly for years and it is just a short while since his last visit to his own doctor. Before they go, the nurse reminds them that the flu shots can also be administered through the pharmacy nurse station on a special day next week when the doctor is also present in person. She also tells that every other day there is a mental health nurse at the station. Minna gets interested since she has gone through a lot lately and would need someone to talk to, but when she called to the healthcare center the next available times would have been for the next month. It was a big step for her to even call, since she feels that the mental health unit is full of insane people and she would not fit there. "What if someone from work would see her going in there?" The pharmacy seems more neutral place for meeting a mental health nurse. Maybe she will book a time online and drop by next week on her day off.

The attitudes towards nurse (terveydenhoitaja) working in the pharmacy were examined in the interviews. All interviewees saw that this could be useful addition to the pharmacy services. The most common new pharmacy service requested in the interviews was the possibility to renew prescriptions. Another similar idea developed by a customer in the design game testing was the possibility to get a doctor's note of a sick child. All these ideas could be realized through a nurse station. These stations with Internet connection to a doctor already exist in Finland and they all operate in the same building with a pharmacy. The mental health services could be connected to this station as most of the interviewees saw that offering guiding mental health services could be added to the pharmacy services.

She starts to head towards the till when she walks by the cosmetics department. The cosmetologist greets her. She stops at the shelf to look at a product marked with "our pharmacists recommend"- sign and the cosmetologist comes to ask if she could help her. Minna was not planning to buy cosmetics since she normally uses the products from the grocery shop, but she is running out on day crème. Together with the cosmetologist, they find a crème that would be suitable for her sensitive skin. The cosmetologist gives her a card with the instructions to book a free consultancy appointment online at the pharmacy web page. A scheduled appointment would give her the opportunity to get a skin analysis and find more products that are suitable for especially Minna's skin type.

During the project the pharmacy had a rental cosmetologist. However, as the work-along and the interviews showed, her other duties at the till seemed to prevent her from helping customers in the shop in many cases. This might have resulted in customers not knowing that the pharmacy even had a cosmetologist that was found out during the interviews. Some interviewees expressed a desire to have improved service in the cosmetics department. They were mainly hoping for better product knowledge from the employees. This problem could be fixed with the cosmetologist being constantly present at the cosmetics department. When asked, most of the interviewees also felt that it was important to have a cosmetologist in the pharmacy. They suggested the opportunity to book appointments and get small cosmetologist treatments as new extra services for the pharmacy. “Our pharmacists recommend” notes were the author’s suggestion for boosting the sales.

5.2.6 Cashier and leaving

Now Minna gets to the till and calls the boys from the play area. A few people are at the queue before her and when the till person notices this, he rings the bell and another staff member arrives quickly to open the other till. The girl smiles and greets Minna. After she has paid, the girl offers her a complimentary gift of a product sample and a small note informing customers of future events in the pharmacy. Tomorrow there are product representatives and tastings of chewable vitamins and on Friday, there is a physiotherapist giving a lecture about sport injuries and healthy eating for athletes. Minna leaves home happily surprised with her pharmacy visit. Everything turned out perfect and she got a lot of new important information. This must be the first pharmacy where all her needs were met at the same visit, even those that she had not come to think of. Yet she did not feel like the staff members were trying to sell her as much as possible, but to solve her problems. It felt as if the staff members were mind readers.

The occasional queue at the till came up in the interviews and was also noticed during the work-along. Queuing and other negative actions should be kept to minimum since the ending of a service encounter has been found to be the key point that determines how the customers remember the whole encounter. Ariely and Carmon (2000, 199) stated in their study that the ending of an experience has a big effect on how people summarize and remember it. Service personnel’s positive behavior is one of the key factors in creating a positive ending. Other ideas to improve the ending such as free

samples and information leaflets were created by the author and the staff during the workshop.

5.2.7 After the service

On the next day, when Minna is home with the kids, the other boy gets sick too. The information that the QR codes link gave her about flu has come in handy now. Minna is not sure of the pain killer dosage for the older boy. She remembers that the pharmacy's Facebook pages had a mention of online pharmacist hours. As she logs in, she notices that the pharmacist is currently online and she gets an answer to her question quickly and conveniently. The pharmacist online gives her a tip that in case she has questions later on she could either call the pharmacy or call the 24 hour medication information hotline that is free for loyal customers. Minna feels secure and peaceful since she knows that she can always turn in to the professionals for help if she has problems with medication issues. In a few days the boys are feeling healthy again and Minna is happy she has found a great pharmacy that helps her with all her medicinal problems.

According to the interviews, most people would try to find information after leaving from the pharmacy from health care professionals, the Internet and the pharmacy. Author feels that the professional knowledge in the pharmacies is not utilized enough when it comes to after service needs of the customers. The customers should be encouraged to contact the pharmacy in case they have problems, whether it is through phone, e-mail or for example social media. The Facebook pharmacist idea was created by the author. It is based on the fact that around 40 % of Finns are currently registered in Facebook and many especially younger customers are using Facebook daily (Socialbakers 2012). This is why Facebook presence in general would be good marketing channel for the pharmacy. In the interviews, calling was still seen as the most convenient way to contact the pharmacy. This is why the author suggests an information hotline service that is already used in some pharmacies. These national medication information centers operate either 24 hours or 8-22 daily (Lääketietokeskus 2012; Yliopiston Apteekki 2012).

6 Discussion

As stated in the earlier chapters, continuous development and innovations are becoming ever more important to companies in all fields of work. The customer experience has become the new “buzz-word” in recent years with more and more companies focusing their competitive strategies on customer centric approach. Finnish pharmacies have been faced with diminishing profits in recent years and to keep up with the competition over customers, new means have to be taken in to action.

Service design is a user-centric and holistic approach to developing services. Though developing and designing services has been around for ages, the field of service design is a still rather new and unknown to most people. This thesis has focused on creating a functional service design process framework for developing service in pharmacies and applying that framework to a project done in the case pharmacy to develop an ideal customer path.

6.1 Key findings

During the thesis process, various service design process models along with different tools for information gathering and processing were researched and a new process model was created for this project. The process model was then successfully put to action in the service development project in the case pharmacy, which implies that the model could be suitable for similar development projects in pharmacies.

The other aim of this thesis was to create an ideal customer path for Pharmacy Isokannel. To support this development process a service blueprint the ideal customer path was to be made. The service design process in the case pharmacy produced over 50 new ideas out of which 10 improvement ideas and 28 new service concepts, presented in Attachment 9, were introduced to the pharmacy. The pharmacy representatives considered the process very useful for the pharmacy and at least 17 of the ideas were put in action directly or in the near future. This indicates that the customer experience in the case pharmacy can be developed using the service design process constructed by the author. The service blueprint embedded with the approved ideas can be found in

Attachment 3. In order to explore all possible options in enhancing the customer experience the author created an ideal customer path scenario that expresses her vision of the ideal customer path. This story includes elements that were assessed impossible at this moment due to the current limitations the Pharmacy Isokannel faces, but which would with some financial investments make the pharmacy the most advanced and modern pharmacy in Finland.

6.1.1 Functionality of the service design process

The five principles of service design presented in the chapter 1.5 are reflected in the process model developed. Interviews, shadowing, work-along, online ethnography and the customer and employee workshops are bringing valuable customer knowledge as well as information about the employee point of view to the project making it *user-centered*. The *co-creative* workshops help to create new ideas together with the customers and the employees. During the process, the customer path is *sequenced* in to separate touch points and researched separately to get a detailed view on each part. The current and the ideal customer paths and services are *evidenced* through the service blueprint and the new service ideas are further visualized through scenarios in the Specifying phase. The many different tools and methods used in the process ensure that the pharmacy service is developed *holistically*, taking all aspects in to consideration.

The stages of the process used in this project were found to be functional for the purpose of pharmacy service development. The orientation stage was conducted as planned with meetings with the company management and marketing group. In this stage it was found to be important to present the project plans for the company and hear their thoughts and wishes for the realization of the project, so that the company could fully integrate to the project and the aims of the projects would be clear to all parties. Mind-maps were found to be helpful in expressing and categorizing thoughts and plans throughout the project.

In the discovery phase, the best results for gathering customer information were achieved through the customer interviews and the work-along tools. These tools provided good insight on the customer satisfaction and to the internal functions of the pharmacy. The key findings of the observations were the average times of the first

pharmacist encounter and the observations of customers that did not meet a pharmacist. Personas that were developed using insight from the discovery stage were then used in the later phases of the project.

In the Generating stage co-creation, focus group workshop, service blueprint and different idea generation tools were used to produce solutions. Co-creation with the pharmacy staff in the focus group workshop was found to be a good way to involve staff to the project. For this purpose a design game was created that helped the employees to empathize with different customer groups and create ideas throughout the customer journey based on this role play experience.

6.1.2 Project results

This project was aimed at enhancing customer experience and through that giving the case company a competitive advantage towards other pharmacies. This was done through examining the total service offering of the pharmacy. Special attention was put to the functionality of the facilitating services and to creating new supporting services that add value to the service experience. As a result of the project an ideal customer path blueprint was created (Attachment 3). It includes all steps of the ideal customer path from discovering the need to go to the pharmacy, until the post-service contacts to the pharmacy in case of problems. New ideas and development suggestions of the non-prescription side are marked in red to the ideal blueprint.

The path is also presented in a scenario story format in chapter 5.2, and it includes the ideas considered most usable by the author from all the ideas created during the project. Most of them are presented in Attachment 8 and Attachment 9. From the 28 pre-filtered ideas and 10 improvement suggestions presented in Attachment 9, the pharmacy considered useful more than 80% and many ideas and improvements were put to practice right away. The pharmacy representatives considered the project to have been very useful for the pharmacy. The pharmacy management expressed that they would be interested to continue cooperation with the author in the implementing stage.

6.1.3 Applicability of results

As most pharmacies in Finland utilize similar internal processes and target similar customer groups it can be assumed that the service design process model constructed in this thesis could be applied to other pharmacies in Finland. Since the constructed model is based on general service design models, it could also be used in other service companies, not only pharmacies. Also many of the tools used in the project were found to be functional for especially pharmacy settings, but based on their earlier use in service design on various different fields they too could be applicable to other service companies.

As for the project findings, many of the ideas created could be applied directly to other pharmacies, based on the homogeneity of the Finnish pharmacy field. Even some of the ideas that were turned down by the case pharmacy could be functional in some other company with slightly different aims and competitive strategies. On the other hand, some of the improvements were more specific to this pharmacy and its service processes. Most of these improvement areas were discovered through the author working in the pharmacy. The service blueprint embedded with the ideas is therefore not directly applicable to other pharmacies, though the service blueprint technique was found to be a useful tool in developing pharmacy processes also in the study of Kumar and Kwong (2010).

6.1.4 Limitations of the project

Due to the limited time available for the thesis project, the final service design process stages of Implementing and Evaluating had to be left out of theses scope. Plenty of new ideas and improvement suggestions along with the ideal customer path blueprint were delivered to the pharmacy. The execution of these changes was left to the management and the staff. In this case, the full benefit of the service design process was not yet achieved since according to the feedback, the pharmacy representatives felt that these implementing and evaluating steps of the process would benefit the pharmacy the most. This observation indicates that all of the service design process stages are important and should not be skipped or assigned for the pharmacy to deliver, but need to be run through by the service designer in order to achieve the best results.

The interviews were the most time consuming technique of the discovering phase due to transcribing of recordings, and thus only 12 persons were interviewed. This was found to be a relatively small sample. The interview could be formed in to a more questionnaire based form to shorten the processing time and to allow bigger sample size. Though the shadowing gave precise information about the most visited shelves and the efficiency of the service staff when it comes to taking contact with the customer, the benefits of this method stayed moderate to the project. This was partly due to the limited time span of the observations, which were only done between 10:45 and 17:20. The most problematic times for the case pharmacy were before 10:00 and after 18:00 when there was no assigned pharmacist working in the non-prescription side. Observations during these times could have been more informative. The observations could be replaced with another technique, especially if the pharmacy is not considering redesigning the shop layout or no problematic timeslots in the non-prescription side are expected.

Developing the design game from scratch was taking considerably long time with game creation and two testing rounds. Due to the arrangement difficulties, the time appointed to the workshop was only two hours and to fit the game to the given 1,5 hour time slot meant that it had to be shortened significantly. Though the game was considered to be a good way to empathize and create ideas, the short time available was diminishing the benefit that could have been gained with adding open conversation and sharing ideas among the groups. This would mean that the workshop should last at least 3 hours.

Another workshop was planned for the customers of the case pharmacy, but though customers were invited through various ways, not enough attendees signed up to the event. This would have been a useful way to get more insights of the customer point of view and to co-create ideas with the customers. The three hour workshop scheduled for a weeknight including the unfamiliar service design techniques might have sounded too long and complicated way to participate for the customers. To get customers participating to idea generation, shorter workshop with participating prizes and a more familiar form of interacting might be more effective.

6.2 Recommendations for further study

Service design is a new field and it has not been used in developing pharmacy services in Finland before. Therefore, more research should be done in defining and testing the best tools to use in different steps of the service design process in pharmacies. In addition, the final steps of the process left out from this case study should be tested and their functionality for the pharmacy field should be evaluated to provide more knowledge of the functionality of the constructed service design process. Another subject for further study would be to investigate the actual benefits in regards of the improvement in customer experience and the economic value of the service design process to the pharmacy. The benefits of this project to the pharmacy are at this stage based solely on the opinions of the pharmacy representatives that took part in the project.

6.3 Professional development & learning

This thesis process has been a truly interesting journey that has taught so much to the author about not only about service design and working with companies in the role of an expert, but from co-design and customer centric business strategies. It has combined the knowledge from more than three years of studies in Haaga-Helia UAS with the understanding of the pharmacy field accumulated during years of work experience and earlier degree of the author. It has also given direction to the future plans and professional aims of the author.

It has been fascinating to discover inspiration to new ideas from all the different sources used in this work and to see the created ideas put in action and perhaps making a difference in how the customers experience the service from now on. It has given the author a sense of accomplishment and given more self-confidence as a service professional.

Hardly ever a long project goes without some alterations and obstacles. In this project the biggest setbacks were perhaps the customer workshop that had to be left out because of lack of participants and the too short time for the employee workshop. These

workshops could have brought more important ideas and knowledge from the key persons of any service design process; the people who make the actual service. Despite of these problems the project itself went well leaving the pharmacy representatives as well as the author satisfied with the results.

Writing the thesis has not been such a painful process as could have been thought beforehand. Perhaps the subject that was personally and professionally interesting to the author helped at this, together with the guidance and support that the author got from especially Teemu Moilanen and Mario Passos Ascencao as well as friends and family members throughout the thesis process. Thank you for all your help!

The author would like to end with a quote from the case pharmacy's notice board on 14.4.2012:

“Customer – Who is she/he?”

Customer is the most important person in our company.

He is not dependent of us, but we are from him.

She is never interrupting our work, but is the focus of it.

When he turns to us, he is doing us a favor. It is our duty to serve him.

She is not an outsider, but a part of our company.

He is not merely a statistical number, but a person made of flesh and blood, who has the same feelings and thoughts that we have.

She makes requests, buys services and pays our salary so that we can support ourselves and our families.

That is why he or she deserves the best possible there is and the most polite service we can offer.”

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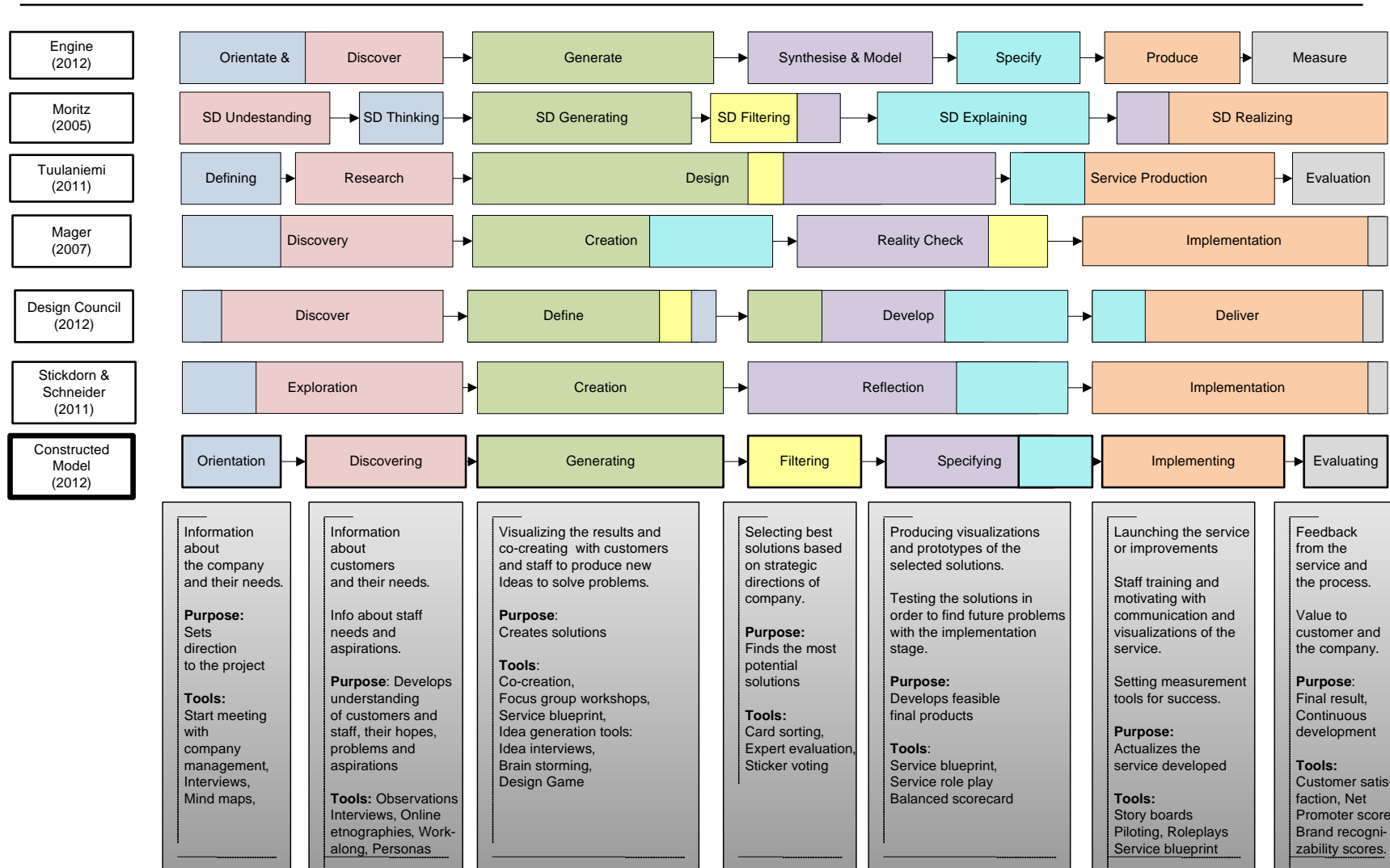
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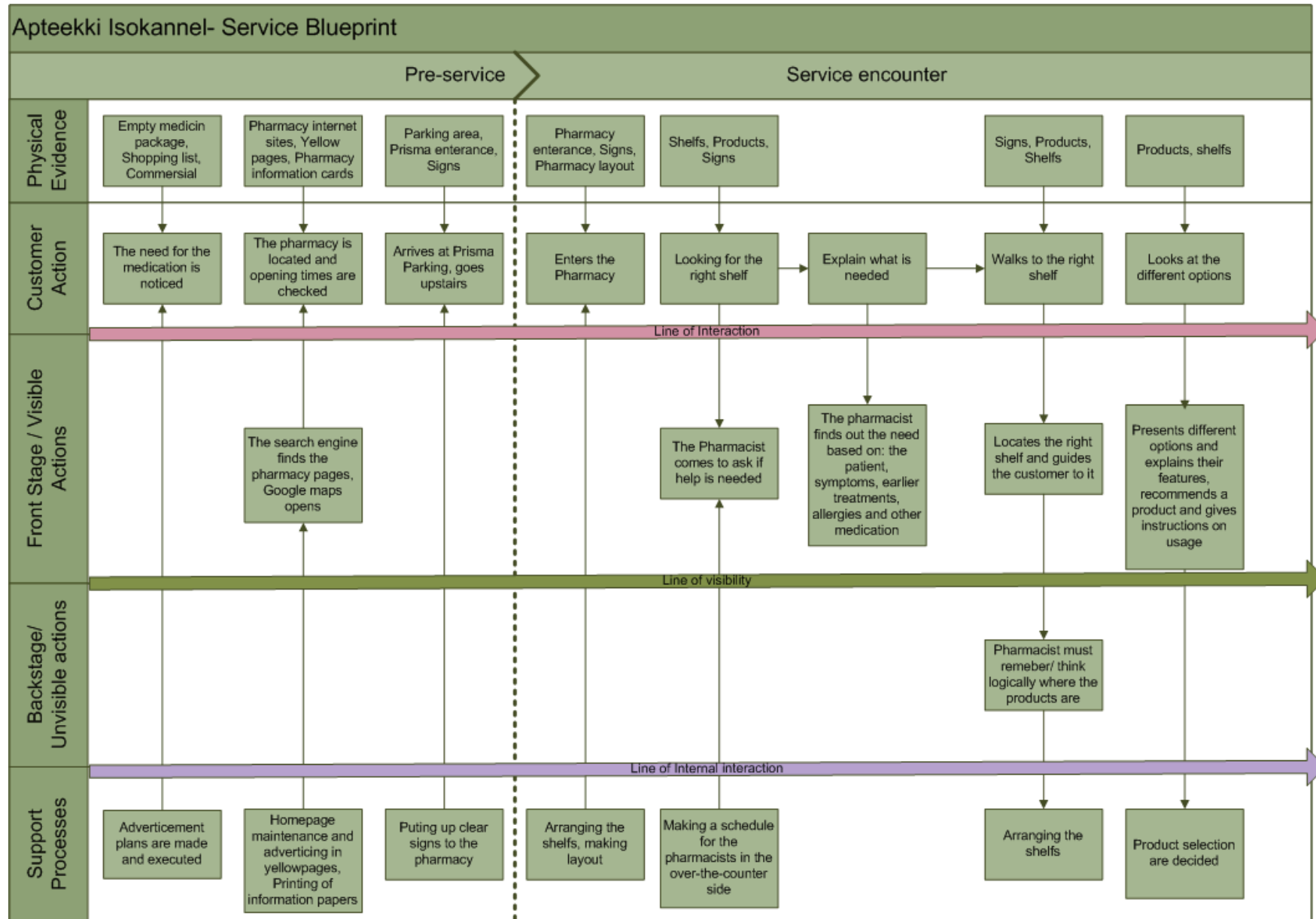
Attachments

Attachment 1. Service design models

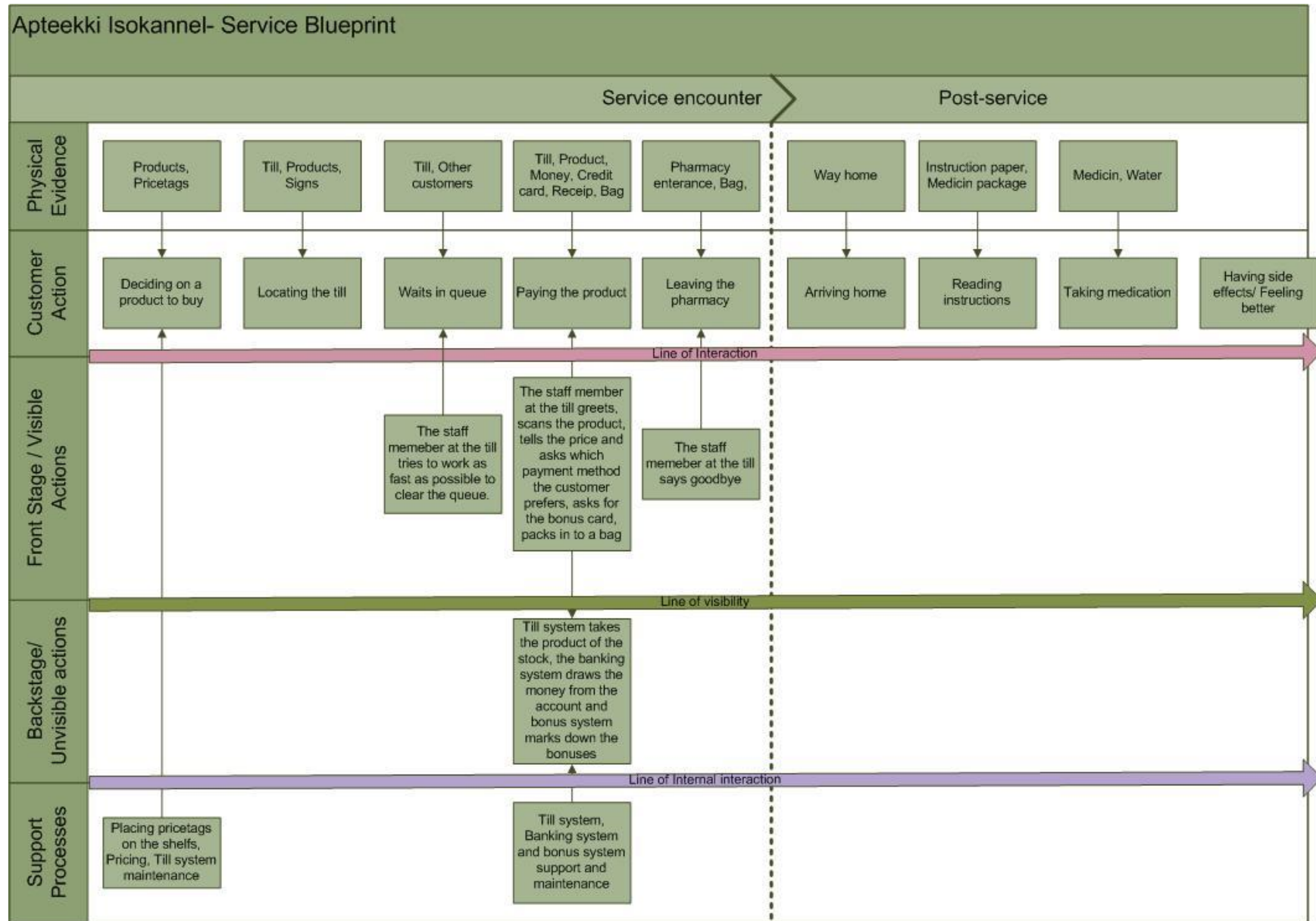
Service Design Process Models



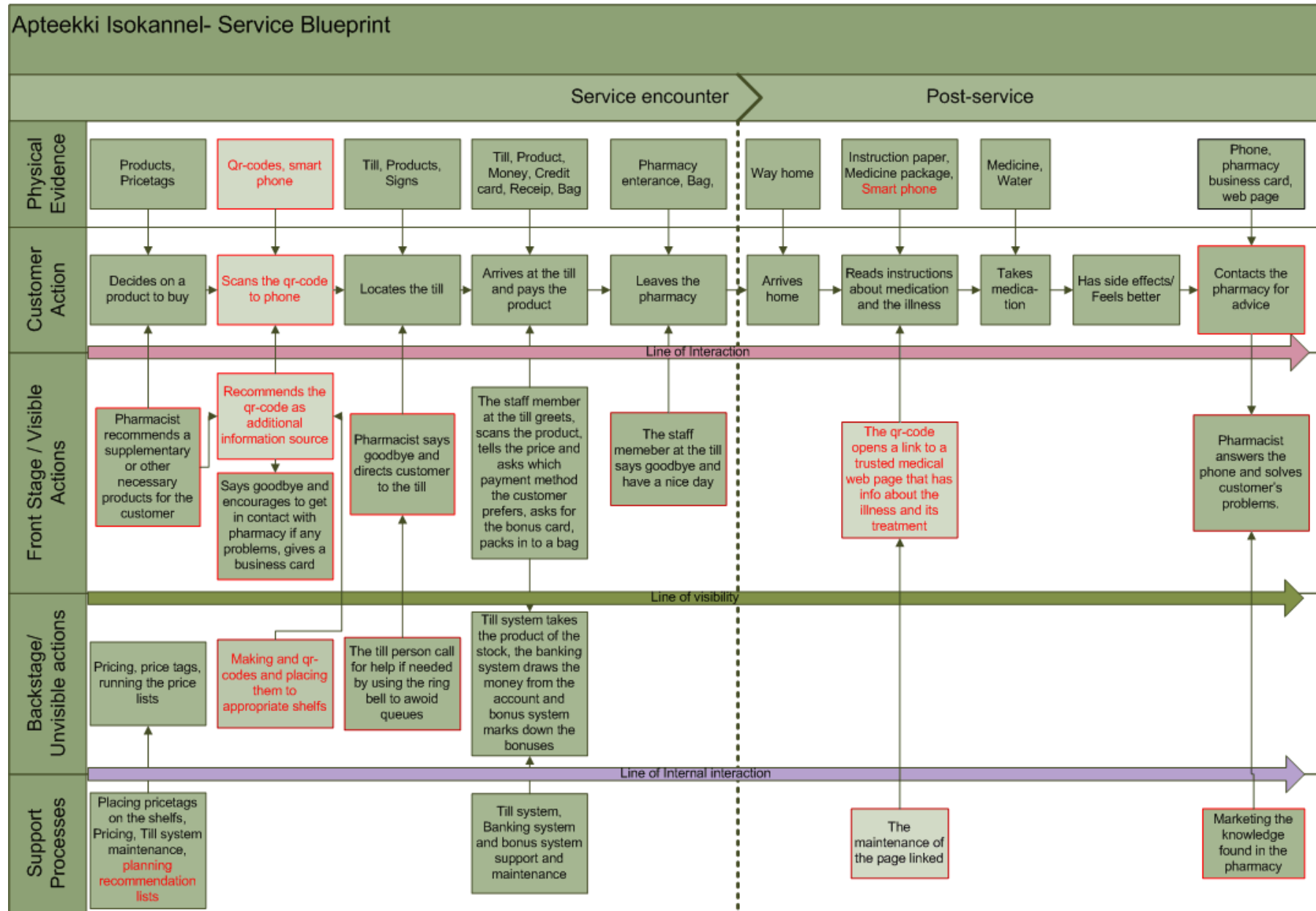
Attachment 2. Observed customer path as service blueprint model



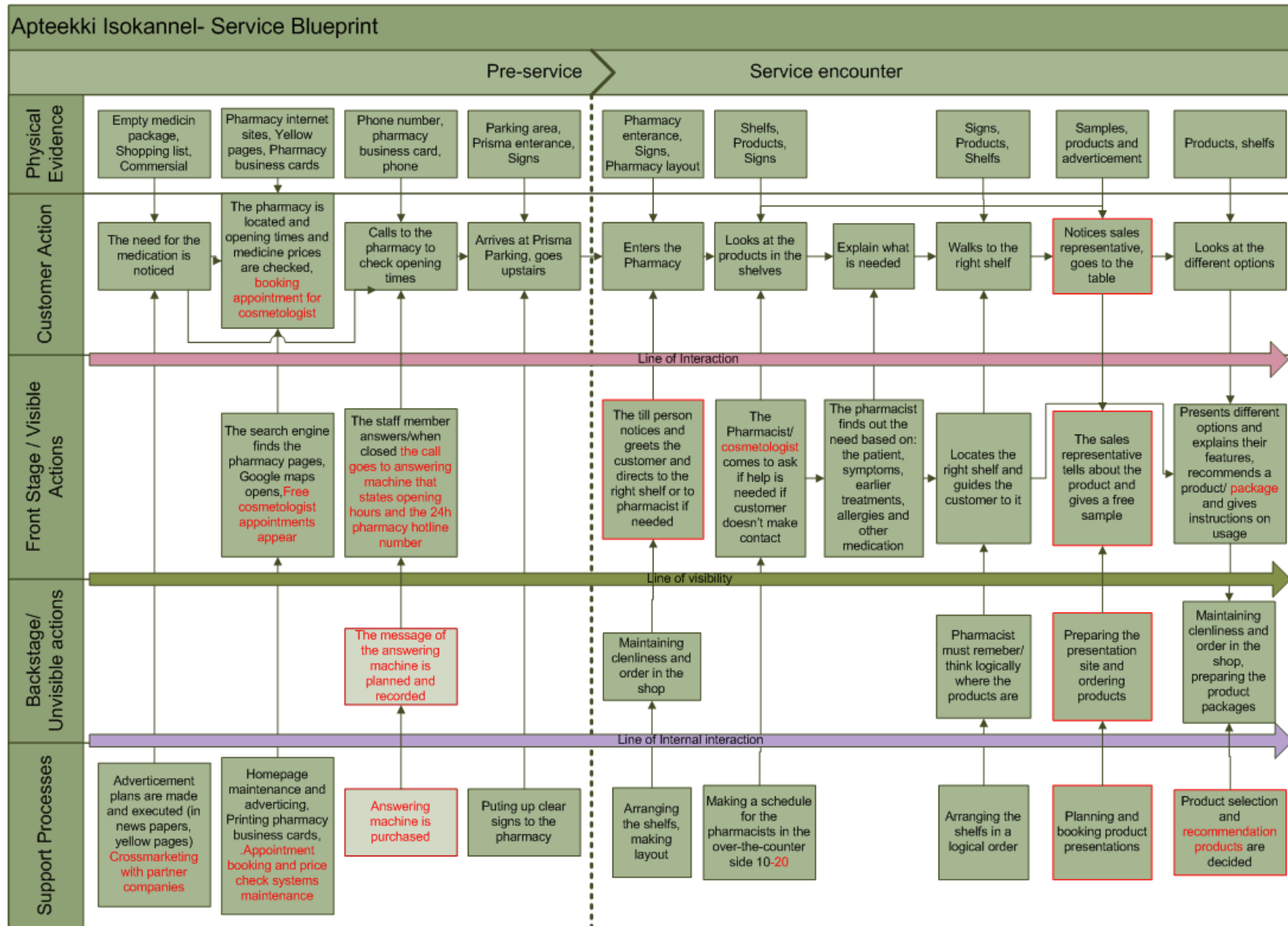
(Observed customer path as service blueprint model continued)



Attachment 3. Suggested service blueprint of an ideal customer path



(Suggested service blueprint of an ideal customer path continued)



Attachment 5. Photos of product groups & shelves in case pharmacy



Creams shelf



Eye & ear products



Stomach products



Wound care

Attachment 6. Interview questions (in Finnish)

1. Perustiedot

- a. Ikä
- b. Sukupuoli
- c. Ammatti
- d. Perhetilanne (monta taloudessa)

2. Perustietoa suhteesta Apteekki Isokanteleeseen

- a. Oletko ennen käynyt Apteekki Isokanteleessa?
 - i. Kuinka usein käyt tässä apteekissa?
- b. Mikä on yleisvaikutelmasi tästä apteekista? Millä adjektiiveilla kuvaisitte apteekkia?
- c. Mikä on mielestäsi apteekin tärkein tehtävä?
- d. Mitä apteekkipalveluja käytät eniten?
(Itsehoito, resepti, kosmetologi palvelut, terveystmittaukset, tupakastavieroitus palvelu?)
- e. Mitä palveluja tiedät, että Apteekki Isokannel tarjoaa?
 - i. Onko mielestäsi tärkeää, että apteekin henkilökunnassa on myös kosmetologi? Miksi?

3. Ennen vierailua apteekissa

- a. Miksi päätit tulla apteekkiin tänään?
- b. Miten löysit Apteekki Isokanteleen (Tiesitkö apteekin entuudestaan vai etsitkö tietoa jostain? Mitä tietolähdettä käytit?)
 - i. Kävitkö apteekin nettisivulla/ etsitkö tietoa esim. keltaisilta sivuilta? Löysitkö kaiken tarvitsemasi tiedon? Mitä tietoja etsit/kaipasit?
 - ii. Oliko jotain asioita apteekista tai apteekin tuotevalikoimasta joita olisit halunnut tietää etukäteen, mutta tietoa ei ollut saatavilla?
- c. Vertailitko eri apteekkeja ennen apteekin valintaa?
- d. Miksi valitsit juuri tämän apteekin?
- e. Oliko apteekkiin helppo löytää Prisma keskuksessa?
- f. Muistatko nähneesi/saaneesi apteekin mainoksia? Mitä ne olivat?
 - i. Oliko niistä teille hyötyä? Saitteko niistä ideoita mitä voisi ostaa?

4. Apteekkivierailun aikana

- a. Miten kuvailisit tämän apteekin tunnelmaa?
- b. Miten kuvaisit apteekin
 - i. puhtautta
 - ii. äänimaisemaa
 - iii. tuoksua
 - iv. valaistusta
 - v. opastusta

- c. Millainen oli ensivaikutelmasi apteekin henkilökunnasta?
 - i. Tervehdittinkö teitä?
 - ii. Hymyilivätkö he?
 - iii. Miten kuvaisit henkilökunnan uniformuja?
 - iv. Tiesittekö oliko teitä palvellut henkilö farmaseutti, proviisori, tekninen työntekijä tai kosmetologi?
 - 1. Onko tällä tiedolla teille merkitystä? Miksi?
- d. Asioitteko käyntinne aikana muiden, kuin kassahenkilön kanssa? -> Ei, siirry kohtaan f
- e. Miten teidän kanssanne asioinut asiakaspalvelija (farmaseutti) käyttäytyi?
 - i. Huomasiko hän teidät tarpeeksi nopeasti? Oliko hän liian innokas/välinpitämätön?
 - ii. Selvittikö hän tarpeen tarpeeksi hienovaraisesti?
 - iii. Kysyttiinkö seuraavia asioita:
 - 1. Oireet
 - 2. Muu käytössä oleva lääkitys
 - 3. Onko jotain muuta hoitoa jo kokeiltu
 - iv. Suositeltiinko jotain tuotetta? Olitteko tyytyväinen suositeltuun tuotteeseen? Miksi/ Miksei?
 - v. Saitteko tarpeeksi tarkat ohjeet tuotteen käyttöön?
 - 1. Olisitteko tarvinnut lisäinformaatiota? Mistä asiasta?
- f. Löysittekö kaikki mitä olitte etsimässä?
 - i. Oliko apteekin sisäinen opastus (sem. kyltit, mainokset) selkeää?
 - ii. Oliko tuotteiden löytäminen hyllyistä helppoa?
 - 1. Jos ei, miten tätä voitaisiin muuttaa?
 - iii. Olisitteko tarvinnut apua jonkun tuotteen löytämisessä/valitsemisessa?

5. Tuotevalikoima

- a. Mitkä ovat päätuoteryhmät / palvelut, joita apteekeista yleensä ostatte?
 - i. Onko tässä apteekissa tarjolla niitä tuotteita/tuotenimiä, joita yleensä käytätte?
 - ii. Haittaako teitä, jos apteekissa ei ole teidän yleensä käyttämää tuotenimeä vaan apteekissa suositellaan toista vastaavaa tuotetta, jos hinta on melkein sama?
 - iii. Entä jos teille tarjotaan toisen tyyppistä tuotetta, joka antaa yhtä hyvän avun?
 - iv. Olisitteko valmiita tulemaan takaisin seuraavana päivänä, jos puuttuva tuote tilattaisiin teille?
 - v. Minkä tuotteiden valinnassa erityisesti tarvitsisitte farmaseutin apua? / Mitkä tuotteet valitsisitte mieluummin itse?
- b. Mikä tuotekategoria voisi tässä apteekissa olla isompi/monipuolisempi?

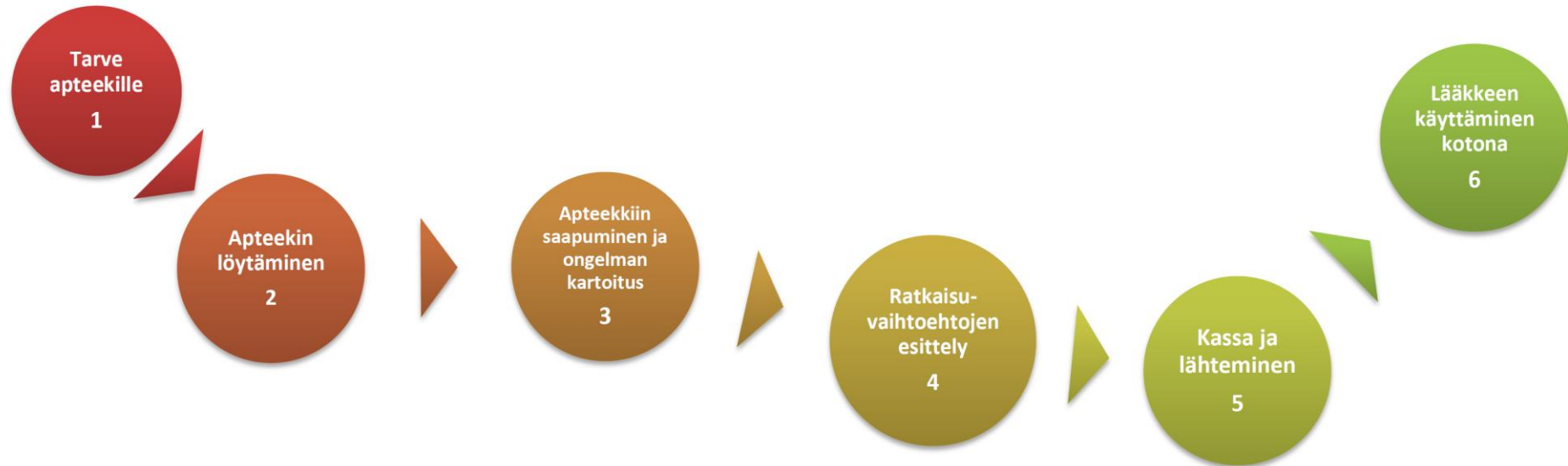
6. Vierailun jälkeen
 - a. Onko teistä joskus tuntunut, että olisitte tarvinnut lääkkeestä lisätietoa apteekista lähdön jälkeen?
 - i. Mistä etsitte tietoa tällaisissa tilanteissa?
 - ii. Ottaisitteko yhteyttä apteekkiin, jos se olisi tehty helpommaksi?
 - iii. Mikä olisi teille helpoin tapa saada vastauksia kysymyksiinne? (e-mail, chat, soittaminen, facebook..)

7. Koettu palvelun Apteekki Isokanteleessa yleensä
 - a. Asteikolla 1-5 kuinka tyytyväinen olette palveluun Apteekki Isokanteleessa?
(1 =Erittäin tyytymätön ja 5=Erittäin tyytyväinen)
 - b. Mistä asioista piditte erityisesti apteekkikäyntinne aikana?
 - c. Mitä voisi parantaa?
 - d. Miten kuvailisitte työntekijöiden keskinäistä toimintaa?
 - e. Jos ei olisi mitään rajoituksia, mitä palveluja haluaisitte saada apteekista tulevaisuudessa?
 - f. Olisiko apteekki mielestänne hyvä paikka tarjota esimerkiksi keskusteluapua ja neuvoja masennuksesta tai mielenterveysongelmista kärsiville?
 - i. Jos olisi tämmönne palvelu niin saisiko se maksaa vai pitäiskös sen olla ilmaista.
 - g. Voisiko esimerkiksi terveydenhoitajapalvelut yhdistää apteekkeihin?

8. Olisiko vielä jotain, mitä haluaisitte kommentoida Apteekki Isokanteleesta?

Attachment 7. Design game board (in Finnish)

Apteekin asiakaspolku -pelilauta



Peliä pelataan 3-4 hengen ryhmissä. Kukin pelaaja saa roolihahmon, joka kuvastaa jonkin asiakasryhmän arkkityyppiä. Pelin aluksi pelaajat täydentävät oman hahmonsensa ominaisuuksia.

Pelin tavoitteena on toteuttaa kussakin toimintaruudussa annetut tehtävät ja tuottaa mahdollisimman paljon uusia ideoita.

Kukin pelaaja saa tehtävä paperit, joihin ideat kirjataan. Jokaiseen paperiin merkitään roolihahmon nimi ja numero. Tämän voi tehdä jo pelin alussa.

Joukkuekavereita kannattaa pyrkiä auttamaan mahdollisimman paljon, eli kannattaa miettiä ääneen ja keskustella tehtävistä. Kehitettyjen ideoiden pitäisi kuitenkin olla oman roolihahmon näkökulmasta luotuja.

Pelin on tarkoitus olla rento ja leikkimielinen, joten anna ajatusten laukata ja älä pelkää keksiä myös mahdottomuuksia. Kaikki ideat, hulluimmatkin, ovat tärkeitä.

Attachment 8. Summary of workshop ideas (in Finnish)

1. Apteekin tarve ja sen löytäminen

Tietolähteet mitä roolihahmojen oletettiin käyttävän: TV, Lehdet, Tuttavat, Facebook, Internetin keskustelupalstat.

Yleisimmät paikka etsiä tietoa apteekista: Internet, lehdet, tuttavat, terveyskeskus, mainoslehdet

Uusia mainostus ideoita apteekille: Facebook mainokset, mainokset lääkeyhtiön sivuilla, mainos lapsiperheiden suosimalla nettisivulla, mainos terveyskeskuksessa/lääkäriasemalla/neuvolassa, apteekin osallistuminen lastentapahtumaan, lehtimainokset, tuttavien hyvien kokemusten kautta (esim. alennuksia, tuote-esittelyjä jne.) radiomainos paikallisradiossa, etulehtiset lähialueen postiluukuista, s-lehden mainokset ja tarjoukset, apteekin etujen (vaivaton asiointi, hyvä parkkitilanne jne.) mainostus, sähköinen markkinointi facebookin ja sähköpostin kautta, netti-kauppa, hyvä asiakaspalvelu kaikille -> sana leviää, kanta-asiakkuus, vanhusten tapahtumissa mukana oleminen, mainos paikallisbussien istuimissa, kutsukirje/tarjous uusille asukkaille väestökisterin tietojen kautta, google näkyvyyteen panostaminen

2. Apteekkiin saapuminen ja ongelman kartoitus

Ensikohtaamisessa tärkeäksi koettiin: mm. Tervehtiminen, nopea kontaktin ottaminen asiakkaaseen (esim. kysymällä Kuinka voin palvella?) iloisuus, ohjaaminen farmaseutille/hyllylle, asiakkaan kuunteleminen, teitittely, tilanteen sujuvuus, farmaseutin nopea saapuminen ja kuuluva puhe, asiakas huomioidaan, vaikka olisi juuri tekemässä muuta (esim. hyllyn täyttöä/toisen asiakkaan kanssa)

Farmaseutin ja asiakkaan kohtaamisen ongelmia: F:lla kiire, eikä ehdi palvella, F ei kuuntele, hienotunteisuus puuttuu arkaluontoisissa tilanteissa, asiakas kaavoihin kangistunut ja ostaa aina vaan samaa, A uskoo tietävänsä tarpeeksi tuotteista yksinkin, A ei uskalla vaihtaa toiseen valmisteeseen, kun on käyttänyt yhtä iät ja ajat, kielimuuri, F ei osaa kysyä oikeita kysymyksiä ja A ei osaa selittää ongelmaansa, A joutuu selittämään asiansa uudelleen F:lle (jonka on jo selittänyt tekniselle), F olettaa, että lääke on tuttu, jos sitä kysytään nimellä, eikä anna tarkempia ohjeita/kysele käyttötarkoitusta

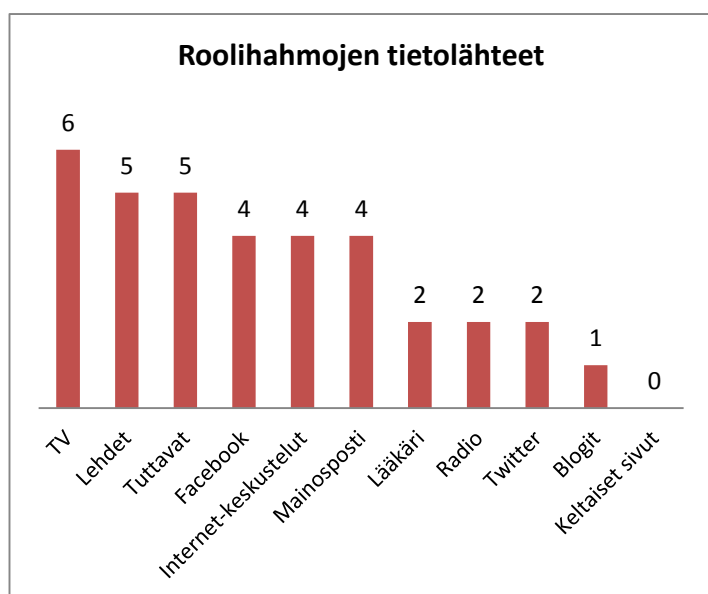
3. Ratkaisuvaihtoehtojen esittely

Vaihtoehdoissa tärkeinä pidettiin: Yhteensopivuutta, hintaa, kotimaisuutta, valmisteen tutuus, alkuperäisyys, käyttöohjeiden selkeys (ettei farmaseutti käytä liian hienoja sanoja), turvallisuus,

Uusia lisäpalveluja: sairaanhoitajan arviointi palvelu, reseptin uusinta, LHKA, migreenipäiväkirja, terveystmittaukset, terveystietoiskut, eläinpäivä, hierontapalvelu, reseptien hallinta ja uusimispalvelu, annosjakelu, yhteisvaikutusten tarkistaminen, lääkkeiden kotiinkuljetus, vertaistukiryhmä, lisäkorvausoikeuden täyttymisen seuranta (kanta-asiakkaalle), terveysseuranta (sairaanhoitajan), tuttu farmaseutti jonka kanssa voisi usein asioida, ravitsemusneuvonta, rentoutushuone, mielenterveyshoitajan/sosiaali-ihmisen matalan kynnyksen hoitoonohjauspalvelu, diabetes 2. kartoitus, nivelrikkopotilaan liikuntaryhmä, silmänpohjakuvaus, lista eläinkokeilla testaamattomista tuotteista/suomalaisista tuotteista, rokotuskartoitus ulkomaille lähtevälle, todistus sairaan lapsen hoitovapaasta, verikokeiden ottopiste

4. Kassa ja lähteminen

Keinoja asiakkaan ilahduttamiseksi: ystävällisyys, anna aikaa asiakkaalle, selkeä ja tarpeeksi kova puhe, kaupanpäälliset, ilmaisnäytteet, kosmetiikkanäytteet, tiedote apteekin tulevista tapahtumista, kassien kantopalvelu vanhuksille, ”hyvää päivänjatkoa”, nopea palvelu, ystävälliset toivotukset, välittäminen, kohtaamisen aitous, hymy, ilmaislehti



Attachment 9. Service development ideas

Pharmacy's evaluation of the ideas: Green= Used immediately, Blue= Already in use, Orange= Used on later stage, Red= Good ideas, but not used for now, Black = Not used at all

Pre-service

1. Using the pharmacy's good qualities in marketing. (fast service, easy parking, spaciousness)
2. Current offers visible at the pharmacy web pages.
3. Social media presence. Marketing through Facebook and blogs.
4. Price check program to the pharmacy web pages.
5. Cross marketing with partner businesses (for example private doctors and dentists in the area).
6. "My pharmacist"- service with opportunity to always see the same pharmacist by appointment.
7. Online pre-order of medication with electronic prescription. Speeds up the service in pharmacy.
8. "Book a time to our specialist pharmacist" –service (online.)
9. "Book a time to our cosmetologist"-service (online).

During the service (prescription- side)

10. Emphasizing the side-effect and synergic effect screening service.
11. Opportunity to print a medication listing from Procuco -program.
12. Help notes that tell the customer the possible date to pick up the medication.
13. Medication evaluation service especially for the elderly and people with many medicines.
14. Recommendation program that gives the pharmacist a list of additional products that would enhance the customer's treatment or help with side effects.
15. Small screens to each prescription booths that can be used to show instruction videos and tailored advertisements to each customer according to his/her medication or other information.
16. Prescription control program that helps people with multiple medication to synchronize the collection times and the renewal of the prescriptions.

During the service (all customers)

17. "Our pharmacists recommend"- notes by good products.
18. QR codes by the shelves to give additional information about the common symptoms.
19. Clubs for special customers groups such as child families with offers and special program.
20. Product packages with selected products for certain symptoms such as flu or allergies.
21. Loyal customer program
22. Having product presentations and tastings in the pharmacy with special offers.
23. Personal medication check-up –program online where customer's medication information is saved and can be used to quickly check the suitability of new non-prescription etc. medication.

24. Nurse Service with online connection to the doctor. Enables treatment instructions and prescriptions to the acute illnesses, that do not need permanent treatment relationships.
25. Discussion- and guidance service for people with mental health problems.
26. Stamp collecting cards – with every 10. purchase the customer gets a discount etc.

After the service

27. Simpill technology for kids and people with memory problems. The small device added to a medication package will send a text message alert to care taker if the package is not opened within certain time frame. Helps to take medication regularly.
28. Customer evenings with specialist guests and opportunity to have a say in pharmacy service.

Improvement suggestions to current practices

1. Addressing the queues at the till as effective as possible. The ring bell system should be used more to prevent the queues from forming.
2. Appointing another pharmacist on duty to the non-prescription side after six o'clock to ensure constant service to all customers.
3. Improving the call answer speed by encouraging all staff members to respond to the ringing phone as soon as possible. During the rush hour the technical staff should pay special attention to the phone.
4. An answering machine could be installed with recording stating the opening hours. The machine could be used during the times that the pharmacy is closed and if a call would not be answered during the rush hour it would state that all personnel is currently busy, tell the opening hours and ask the person to hold or call back later.
5. The cosmetologist could be utilized more. If she has to take care of the till, she cannot fully do her job selling cosmetics and helping customers with their skin problems. Separate person should be appointed to the till and more advertisement of the cosmetologist could be added. For example “a cosmetologist on duty” -sign so that the customers would be more aware of this service.
6. A short welcome letter for the rental staff with the most important issues about the daily functions of the pharmacy could be placed on the desktop of each computer to speed up the service and prevent unnecessary interruptions of service encounters.
7. A list of the products in the prescription booth shelves could be placed inside the booths to help the pharmacists to sell these products that they cannot see from the other side of the shelf.
8. The work division between the technical workers and the pharmacist could be reconsidered so that part of the time consuming tasks now done by the pharmacists could be transferred to the technical staff which would save the more expensive time of the pharmacists.
9. Feedback could be collected from the rental pharmacist of the functionality of the pharmacy processes. This could be done through free Internet software during the work day.
10. The drug information program could be integrated to the prescription program so that the notices and warnings would pop up instantly after the prescriptions are processed.

Attachment 10. Personas

1. The long term ill**Basic information**

Has more than two long-term illnesses that need regular medication

Age and social status: 71 years old, married, retired, lower income.

Relationship to sickness: Might not feel so sick and refuses to admit the limitations of the long-term illness. Sickness can control life.

**Behavioral models**

Visits pharmacy: more than three times /month, uses mostly the same pharmacy.

Typical purchase: Prescription medicine and over-the-counter (OTC) medicines.

Gets information: from doctor on yearly appointments, also from the neighbor lady with the same illness.

Other health habits: uses also many vitamins and herbal medications etc. non-prescription products. Is not motivated to healthy lifestyle, but would rather fix everything with a pill.

Suffers from side effects and synergic affects and sometimes "forgets" to take his/her medication regularly.

Motives of actions (to come to pharmacy)

Motto: "I eat these because they told me I have to."

Tries to follow doctors' orders to take care of him/her, sometimes even by not taking some medications.

Pharmacy is also a place of social contact.

Treats side effects with over-the-counter medication and does not consider the synergic effects of them.

Fears and obstacle for the actions

Is afraid of the side/synergic affects. -> May skip medications if affects occur. Treats them with OTC.

The adaptation to the long-term illnesses might cause rebellious feelings, depression or fear of death. -> Motivation to treatment may suffer and may not take medication regularly.

Prescriptions may be hard to interpreter. -> When can I get the next patch? When does it expire? Is there anything left?

Medication may be expensive -> Problems with affording treatment and with KELA. Also lowers motivation especially if the positive response to medication is not clear.

Values

The few social contacts that he/she has are important.

Needs the feeling of being in control as well as support and acceptance from others.

Appreciates knowledge and professionals.

2. The Health Enthusiast

Basic information

Try to be healthy in all aspects of life. Eats healthy and does sports.

Age and social status: Young adult, single and no kids, highly educated with higher income.

Relationship to sickness: No long-term illnesses, aim to be as healthy as possible. Uses vitamins and supplements to enhance wellness.



Behavioral models

Visits pharmacy: Irregularly, uses the pharmacies that are on his/her normal routes and have good selection.

Typical purchase: Vitamins and mineral supplements.

Gets information: From various sources, mainly Internet. Is often very knowledgeable about supplements and health issues. Does not rely on pharmacy as a knowledge source.

Other health habits: Searches information constantly. Puts a lot of money to wellbeing. Has a gym card and buys organic products.

Motives of actions

Motto: "I believe that I can always feel even better"

Wants to enhance health by any means.

Trusts the quality of pharmacies, but is not loyal to one pharmacy and can shop also in herbal medication shops and on Internet.

May have sports injuries, but mainly shops for non-medicational products.

Fears and obstacles for actions

Is afraid of getting sick and sees that as a weakness.

Can be suspicious about chemicals since would want everything to be natural.

Price might be an obstacle since supplement are often cheaper in Internet.

May not consider that supplements have side effects and synergic affects too.

May misuse the products in his/her attempts to get the maximum benefit of the supplements.

Values

Appreciates high quality and natural products.

Is searching for eternal youth along with maximum health and wellbeing in all aspects of life.

Likes to pamper him/her with expensive products if convinced of the benefits.

3. The Parent with young kids

Basic information

Mom of two young children. Both parents are working and children in kindergarten.

Age and social status: 35 year old, married, working in a mid-waged job. Sometimes economic troubles.

Relationship with sickness: Kids are sick often with flu, have allergies and accidents. This makes the life of the family difficult. Mom would do anything to help the kids to be healthier.



Behavioral models

Visits the pharmacy: rather often, every 2-3 months. Uses the closest most convenient pharmacy.

Typical purchase: children's vitamins, flu medicine, creams and prescription antibiotics

Gets information: from Internet and friends. Trusts pharmacy and doctors as knowledge source.

Other health habits: does not have time to take care of one self. Want to be extra sure about the safety of medication for children. Is stressed and often sick with flu etc. herself. Has insurances for kids.

Motives of action

Motto: "Better play it safe with kids"

Wants to be sure of the safety and gets worried of small symptoms easily sometimes for no reason.

Comes to the pharmacy to get information and support when kids are sick.

Fears and obstacles of actions

Is afraid of chemicals and can under medicate children because of this.

Fears that the symptoms might be caused by something more serious.

Does not want to queue with a sick kid, but often come straight from the doctors.

Sometimes short on money, but doesn't want to compromise the treatment ordered by doctor.

Insecure of the needs of her kids – needs support and guidance.

Values

Safety and wellbeing of her children is the most important thing for her.

Appreciates professionalism and knowledge of pharmacists.

The convenience and affordability are important in pharmacy and medications.

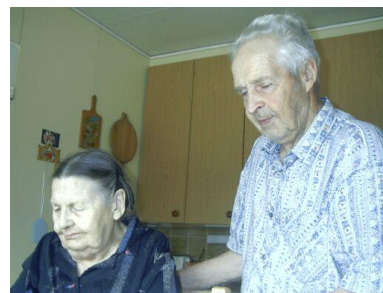
Needs support in her decisions and especially if the child gets seriously ill.

4. The Caretaker

Basic information

Is the caretaker of a chronically ill family member that is no longer able to handle her business herself. Takes care also of her pharmacy needs.

Age and social status: 70 year old man, married, retired, low income



Relationship to sickness: Has had to deal with the illness for years, is an expert on the treatment, but often tired and in a need of support. Has less severe long-term illnesses himself.

Behavioral models

Visits pharmacy: At least every 3 months, but usually more often. Uses the same pharmacy.

Typical purchase: Prescription medicine

Gets information: from doctor and pharmacy, but also from other relatives.

Other health habits: is used to other small care duties such as changing dressings etc. Does not have time/opportunity to take care of himself and can get exhausted and depressed because of that.

Motives of action

Wants to take care of his loved one as well as he can. Is often disappointed on the society's help.

Wants reassurance from the pharmacy that the treatment is the best possible option for her.

Fears and obstacles for actions

Is afraid of side-affects and synergic affects, therefore doesn't like to change to cheaper generic drug.

Does not always trust the doctors. Is afraid of wrong treatment choices.

Is afraid that her health collapses and she dies, even it would also be a small relief.

Is afraid of what would happen if something would happen to him. Can be depressed, exhausted and alone.

There are conflicts when she would like to take care of her own business, but is mentally incapable.

Is organized, but prescriptions markings can be confusing. For example how much there is left and when to pick up the next patch.

Values

Taking good care of the loved one. He is responsible and wants the best care for her.

Needs the feeling of being in control and the support from others.

5. The Average Healthy



Basic information

An average citizen that has already older children is not in good health but is not sick either.

Age and social status: Middle-age female, married, has a dog, mid-wage earner, travels from time to time.

Relationship to sickness: No severe long-term illnesses, suffers from occasional flus and headaches etc. Does not think about health, because has no particular problems with it.

Behavioral models

Visits pharmacy: couple times per year only when the need occurs. Uses which ever pharmacy is conveniently on her route. No special relationship to the pharmacy.

Typical purchase: Pain killers, flu medicine, animal supplies. Asks them by product name.

Gets information: From doctor, from friends and relatives. Trusts in her common knowledge and since she uses only few meds, she uses always the same ones and does not consider she needs any assistance.

Other health habits: Does not live a particularly healthy lifestyle, but treats the acute illnesses and aches when they arrive. Does not search information about health issues or medication. Sees doctor rarely.

Motives of action

Motto: "This medicine has always helped me so I will not change it"

Comes to pharmacy only if is sick or goes abroad and wants to have the familiar painkiller with her.

Knows what she is looking for and thinks she knows all about the meds she is using.

Fears and obstacles of action

Does not see the need to try anything new, even better meds could have been developed.

May have some other symptoms or problems, but is not aware that they could be solved by a treatment.

Has not considered that the medication she uses might cause side-effects or may not go together with other meds.

Values

Likes familiarity in the medication she takes. Since she feels she knows them.

Practicality and convenience are important in choosing the pharmacy.