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Freedom of choice patients: awareness and decision-making process

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Abstract

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In Finland, patients have the right to choose where they receive treatment for non-urgent special healthcare needs from any wellbeing services county. However, there is limited information available about the freedom of choice or comparing the quality of different hospitals. It remains unclear how patients become aware of this choice and the criteria they use when selecting their care provider.

The purpose of the study was to investigate and provide insights into how patients in Finland become informed about their freedom of choice, to identify the criteria that influence their decision-making when selecting a care provider, and to reveal the perceived benefits associated with patient choice.

The study design followed a cross-sectional survey design, collecting data via an online questionnaire. The questionnaire consisted of 10 questions across four sections: participants' characteristics and background information, awareness of freedom of choice, decision-making factors and perceived benefits. Participants were patients who exercised their choice by selecting Pirkanmaa wellbeing services county as their care provider, and were treated at Tays Heart Hospital, meeting specific criteria. The questionnaire was sent to 175 electrophysical patients, with response rate of 40,6% (n = 71).

The results highlight the critical role of healthcare professionals in informing patients about their rights. Nearly 60% of respondents learned about patient choice from healthcare staff, and 61.4% exercised this choice based on a physician's recommendation. However, only 60.6% of respondents felt that healthcare staff provided both information and support regarding patient choice when selecting a treatment provider.

According to conclusions, freedom of choice is highly valued and seen as improving access, quality, efficiency, and patient experience, but there is a need for more consistent and effective information-sharing strategies.

Keywords: Freedom of choice, patient choice, choice of healthcare provider, specialized healthcare

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Tiivistelmä

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Suomessa potilaalla on oikeus valita hoitopaikka, kun hän tarvitsee kiireetöntä erikoisairaanhoidoa. Potilas voi valita yhdessä lähettävän lääkärin kanssa minkä tahansa hyvinvointialueen sairaalan. Vapaasta hoitopaikan valinnasta tai eri sairaaloiden laadun vertailusta on saatavilla kuitenkin vain rajatusti tietoa. On epäselvää, kuinka potilaat tulevat tietoisiksi hoitopaikan valinnasta ja millä perusteilla he valitsevat hoitopaikkansa.

Tutkimuksen tarkoituksena oli selvittää ja tarjota tietoa siitä, miten potilaat Suomessa saavat tietoa hoitopaikan valinnasta, tunnistaa ne tekijät, jotka vaikuttavat heidän päätöksentekoonsa hoitopaikan valinnassa, ja tuoda esiin hyötyjä, jotka potilaat kokevat vapaaseen valintaan liittyvän.

Tutkimus noudatti poikkileikkaustutkimuksen menetelmää, ja aineisto kerättiin verkkokyselyllä. Kysely koostui 10 kysymyksestä, jotka oli jaettu neljään osaan: osallistujien taustatiedot, tietoisuus vapaasta valinnasta, päätöksentekoon vaikuttavat tekijät ja koetut hyödyt. Osallistujina olivat potilaat, jotka olivat valinneet Pirkanmaan hyvinvointialueen hoitopaikakseen ja jotka olivat tulleet hoidetuksi Tays Sydänsairaalassa, täyttäneen ennaltamääritellyt kriteerit. Kysely lähetettiin 175 elektrofysiologiselle potilaalle, ja vastausprosentti oli 40,6 % (n = 71).

Tulokset korostavat terveydenhuollon ammattilaisten merkittävää roolia potilaiden oikeuksista tiedottamisessa. Lähes 60 % vastaajista sai tietoa potilaan valinnanvapaudesta terveydenhuollon henkilöstöltä, ja 61,4 % käytti tätä valintaa lääkärin suosituksen perusteella. Kuitenkin vain 60,6 % vastaajista koki, että terveydenhuollon henkilöstö antoi sekä tietoa että tukea hoitopaikan valinnassa.

Johtopäätösten mukaan valinnanvapaus on erittäin arvostettu ja sen koetaan parantavan hoitopaikkaa, hoidon laatua, tehokkuutta ja potilaskokemusta, mutta tarvitaan johdonmukaisempia ja tehokkaampia tiedonjakokäytäntöjä.

Avainsanat: Valinnanvapaus, potilaan valinnanvapaus, hoitopaikan valinta, erikoisairaanhoido

Tämän opinnäytetyön alkuperä on tarkastettu Turnitin Originality Check -ohjelmalla.

Contents

Abstract	2
Tiivistelmä	3
1 Introduction	6
2 Theoretical background	8
2.1 Finnish Healthcare System	8
2.2 Patients' freedom of choice	9
2.3 Process of utilizing patient freedom of choice	10
2.4 Access to non-urgent specialized care	11
2.4.1 Guidelines	11
2.4.2 Waiting time	11
2.5 Potential impact of patient freedom of choice	11
2.5.1 Competition and quality of care	12
2.5.2 Patient engagement and information sharing	13
2.5.3 Effectiveness and patient experience	13
2.5.4 Costs and incentives	15
3 Purpose, aim and research questions	15
4 Methods	16
4.1 Research setting	16
4.2 Study design	17
4.2.1 Sampling	18
4.2.2 Data collection method	19
4.2.3 Data collection instrument	19
4.2.4 Rationale for constructing the data collection instrument	20
4.3 Data analysis	21
5 Results	22
5.1 Response rate and participants' characteristics	22
5.2 Awareness of freedom of choice	23
5.3 Criteria associated with decision-making	24
5.4 Experiences regarding freedom of choice	26
6 Discussion	28
6.1.1 Awareness of freedom of choice	28

6.1.2	Decision-making process	30
6.1.3	Experiences regarding freedom of choice	34
6.2	Validity and reliability	35
6.3	Research ethics	37
7	Conclusion	38
	References	41
	Appendices	
	Appendix 1. Questionnaire	
	Appendix 2. Questionnaire (translated in English)	
	Appendix 3. Questionnaire – theoretical basis	
	Appendix 4. Results	
	Appendix 5. Results (translated in English)	
	Appendix 6. Results of cross-tabulation	
	Appendix 7. Information of the survey	

1 Introduction

Reduced healthcare accessibility and prolonged waiting times pose challenges not only to individuals' health and working capability but also incur costs for society (OECD 2023; Gødøy et al. 2024). Reforms and changes in healthcare policies have been introduced over the years to enhance patient autonomy and choice. Concurrently, healthcare regulators have actively been looking for effective strategies to enhance performance and optimize the use of limited resources in the healthcare sector. (OECD 2020.)

In Finland, patients have the right to choose where they receive treatment for non-urgent special healthcare needs from any public hospital (Health Care Act 1326/2010 § 47). Such reforms have been introduced to enable choice, secure timely access to care and stimulate non-price competition among public hospitals. Studies indicate that the policy has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. Moreover, results suggest that freedom of choice may reallocate patients to large producers and improve public hospitals' performance with minimal impact on clinical quality or average surgical expense. (Kortelainen et al. 2023.) Some of the key findings, beyond Finland, also indicate that the impact is proven to be significant and enduring, notably in reduction of average waiting times but also patient's satisfaction. Furthermore, analysis suggests that the implementation of such a policy has the potential to enhance overall health care systems' performance, especially when coupled with appropriate economic incentives for healthcare providers. (Fernández-Pérez, Jiménez-Rubio, Robone 2022.)

A report from the Competition and Consumer Authority assesses the implementation of patient choice and identified its system-centric nature as the greatest weakness. According to the findings, the reform's primary goal, fostering competition among public providers, has been system-centric and has not significantly altered previous operational models or encouraged competition due to the lack of incentives. (Tuorila 2015.)

Furthermore, there is currently no standardized set of guidelines for communicating details regarding patients' freedom of choice. Each service provider presents information from their own standpoint, leading to a lack of consistency and transparency. Conse-

quently, locating this information is not always straightforward, and comparisons between the information provided by different service providers are challenging. (FCCA 2016; Junnila et al. 2016.) Although many healthcare providers publish hospital performance outcomes and waiting times metrics on their own websites, and the Finnish Institute for Health and Welfare publishes information on waiting times and common procedures on hospital or wellbeing services county level (THL 2024), there are significant development needs in the content, quality, and quantity of publicly available comparative information to support patient choices (Virtanen et al. 2016). Also, in organizations, there has been limited development of operational models or consideration of internal division of work regarding how information is communicated to customers about their choices and how the decision-making process is supported (Junnila et al. 2016). Similar level of findings has also been made in Sweden with regards to interpretation of the information available when choosing primary healthcare center. Comparison of different healthcare providers was found to be challenging and thus reduced the possibility of making informed choices (Ranerup, Norén and Sparud-Lundin 2011). Furthermore, there is unclarity of the requirements and the process among the healthcare providers which is represented for instance by recurring inquiries regarding the necessity of a payment commitment when patient requests to receive treatment based on freedom of choice (Junnila et al. 2016).

The current legislation in Finland is already highly supportive of service users making choices. The main reason for the weak implementation of the policy appears to be the varying interpretations of current legislation, which seems to be linked to the fragmented public field and lack of national steering. (Junnila et al. 2016.) Also, a system-related obstacle is that referring physicians do not have readily available comparative data such as waiting times in order them to be able to better support the patient in the decision making and thus securing effective impact of the patient choice (Syd-änsairaala 2018).

For a freedom of choice mechanism to produce desired and anticipated outcomes, it must meet certain requirements. Patients must be aware of their right to choose and have an adequate range of choices to choose from. They should have access to understandable and reliable comparative information about the service providers. This type of information should entail data such as waiting times, patient experiences, quality of the service and efficiency. Lastly, the system should incentivize healthcare providers to

improve the quality of their services so that the money follows the patient. (Jonsson and Virtanen 2013; Lillrank et al. 2016; Tuorila 2016.)

In conclusion, only limited information exists educating on freedom of choice or comparing the quality in different hospitals, with no centralized source of information available. While research indicates that only 2.5% of Finns reported utilization of the policy in specialized healthcare (Junnila, Hietapakka and Whellams 2016), and 54% of physicians stated that they had not used the option in specialized healthcare with any patient (Sydänsairaala 2018), it remains unclear how patients realize to utilize the freedom of choice and the criteria they employ in selecting their treating hospital.

The aim of the study is to understand how patients become aware of the freedom of choice for non-urgent special healthcare needs in Finland and to explore the decision-making factors when selecting a hospital.

2 Theoretical background

2.1 Finnish Healthcare System

The Finnish healthcare system is structured around public healthcare services, which are accessible to all residents of the country. Additionally, anyone staying in Finland has the right to receive emergency medical care. Since 2023, the responsibility for delivering healthcare services has been transferred to the wellbeing services counties (21 in total). In addition, the City of Helsinki is responsible for organizing health, social and rescue services. The HUS Group is responsible for demanding specialized healthcare duties separately laid down by law. While municipalities were responsible for organizing healthcare and social services until the end of 2022, they continue to oversee public health functions, such as health protection. For health promotion and well-being programs, municipalities collaborate with the wellbeing services counties.

A well-being services county has the flexibility to provide healthcare services independently, in collaboration with other well-being services counties, or by contracting private companies and organizations. They can also offer service vouchers to customers or, if necessary, procure treatment from abroad.

Healthcare services in Finland are categorized into primary healthcare and specialized medical care. Primary healthcare is typically provided at health and social services centers, while specialized medical care is offered mainly at hospitals. The level of care a patient need determines whether they receive treatment in primary healthcare or specialized medical care. A doctor assesses the patient's condition and, if necessary, refers them to specialized care. While patients cannot decide whether their treatment is conducted under basic or specialized medical care, they do have the option to choose their health center and, in consultation with the referring doctor, select the unit providing specialized medical care. (EU-healthcare 2024.)

2.2 Patients' freedom of choice

Reform policies such as patients' freedom of choice are increasingly common in Europe. As per Directive 2011/24/EU, EU citizens have also the right to access healthcare in any EU country. Such legislations are setting right balance between maintaining the sustainability of health systems, while protecting patients' right to seek treatment outside their home country, and thus increase their treatment options. (European Commission 2013.) As a patient, you have the right to participate in decisions concerning your treatment and to receive information on different treatment alternatives and their effects and possible detriments. Healthcare professionals should actively share information about your health condition while you have the right to be informed about all relevant factors that could impact the decisions regarding your treatment. (EU-healthcare 2024.)

The freedom of choice expanded nationwide in Finland as per the Health Care Act in 2014, covering primary health care and, under certain conditions, specialized medical care (FCCA 2016). Patient has the right to choose not only their preferred health center but also their specialized health care location from among all Finnish public hospitals when they require non-emergency care. In cases of sudden illness, the patient is given urgent care regardless of their place of residence, in the nearest hospital with the required expertise and preparedness to treat the patient. (Health Care Act 1326/2010 § 47 and § 50.)

2.3 Process of utilizing patient freedom of choice

The right to opt for specialized care applies to non-urgent examination or treatment given in the hospital. The treatment facility for specialized medical care should be chosen at the stage when the need for treatment is assessed and a referral is written in primary healthcare. Once the need for further examination or treatment has been established, the referring physician and the patient can jointly decide which healthcare provider the patient is referred to. (STM 2023.) The patient should actively express their desire to seek treatment elsewhere than the hospital according to the practices of the healthcare district (Tuorila 2015). The patient ultimately chooses the healthcare provider while the physician ensures that the chosen provider has the required specialty and expertise (Suomi.fi 2024).

Once a patient has been referred to and transferred to their chosen hospital, the patient's municipality of residence does not affect the order of treatment. The patient is treated in the order of arrival of referrals and based on the urgency of their treatment needs. The primary responsibility for the patient's follow-up care lies with the referring unit. (STM 2023.)

When a patient chooses a healthcare provider based on the freedom of choice under the Health Care Act (1326/2010 § 47), the Social Insurance Institution of Finland (Kela) reimburses the travel expenses but with limitations, based on the expenses that the patient would incur from a trip to the nearest university hospital. (Kela 2022.) The maximum charges for public healthcare and social welfare services are laid down in the Act on Client Charges in Healthcare and Social Welfare. Wellbeing services counties decide on client fees in their region with the given limitation. (STM 2023.)

When patients use their right in cross-border healthcare, patients will be reimbursed maximum the same amount as they would in their own country for the same type of healthcare. In special cases, such as when care requires overnight stay or when treatment is considered as highly specialized and cost-intensive, patients may need to ask for permission in advance from their national health authority. After the treatment, the patient's home country has an obligation to ensure that the medical follow-up is of the same quality regardless of where in the EU the treatment took place. (European Commission 2013.)

2.4 Access to non-urgent specialized care

2.4.1 Guidelines

In specialized medical care, the assessment of the need for treatment must begin within three weeks of receiving the referral. The examinations required for the assessment and the assessment by a specialist must be carried out within three months of receiving the referral. If the examinations indicate that the patient needs specialized medical care, it must be started no later than six months after the need for treatment was ascertained. (STM 2023.)

2.4.2 Waiting time

At the end of April 2024, over 162,000 patients were waiting for non-urgent specialized care in the hospitals of the wellbeing services counties in Finland. Out of these, over 27,000 (16.9%) had been waiting for over six months. The number of patients waiting for over six months has increased nationwide compared to the end of April 2023 when the respective number was 21,000 (12,5%). However, the number of patients waiting has decreased since December 2024 by 10,000. Also, there were nearly 2000 fewer patients waiting for over six months in April 2024 compared to the situation in December 2023. (THL Tilastoraportti 2024.)

2.5 Potential impact of patient freedom of choice

The main priorities of freedom of choice are to ensure better patient rights, increase patient engagement, reduce waiting times, improve healthcare system's overall efficiency and quality of care, and maximize its capacity. (Simões, Augusto and Fronteira 2017; Garcia-Lacalle 2007.)

Overall, patient freedom of choice should not be seen as an isolated measure but rather as an integral component of wider reform within the public sector service framework. Achieving the desired benefits through freedom of choice is not a simple or straightforward process. Reaching the objectives requires prompt, continuous development of legislation, common regulations, and operational models. This requires a significant investment of time, expertise, and a thorough understanding of both the favorable and adverse effects of freedom of choice. Moreover, it demands courage to alter

existing power dynamics and facilitate opportunities for experimentation and regional innovations. If these initiatives prove successful, they hold the potential to bring significant changes. (Junnila, Hietapakka and Whellams 2016.)

2.5.1 Competition and quality of care

Policies, such as patients' freedom of choice, are generally justified by the argument that competition has the potential in driving down costs and improving quality of care (Siciliani, Chalkley and Gravelle 2017). Even though the patient freedom of choice reform has affected costs and continuity, a lack of evidence of improved efficiency and quality has previously been noted (Fotaki et al. 2008). However, more recently, studies have indicated a positive effect of competition on quality specifically in specialized care (Gaynor, Propper and Seiler 2016; Aggarwal et al. 2019). Studies concluded by Gaynor, Propper and Seiler (2016) suggest that patient choice gave hospitals incentives to improve their quality of care due to increased demand elasticity. There is also evidence that with certain limitations such as healthcare setting, regulated prices, and observable quality, competition has a positive impact on quality of care (Gaynor and Town 2011). Another study shows that competition improved short-term outcomes based on the number of readmissions and likelihood of prolonged lengths of stays among prostate cancer surgery patients (Aggarwal et al. 2019). Furthermore, Kortelainen et al. (2023) found that patient freedom of choice shortened length of stays for musculoskeletal surgeries by 8% with little impact on clinical quality such as emergency readmissions. Another finding was that for commonly performed surgeries, patient freedom of choice increased the likelihood of patients being treated outside their own healthcare district by up to 83% and led to a reallocation of patients towards large teaching hospitals. On the contrary, even though patient freedom of choice resulted in reallocation towards teaching hospitals, no evidence was found on enhancing the clinical quality specifically (Kortelainen et al. 2023). Empirical data suggest that patient choice increases demand responsiveness, leading to a reduction in mortality and an increase in patient welfare. Overall, these findings indicate the potential for choice-based reforms to succeed and for competition in health care to enhance quality (Gaynor, Propper and Seiler 2016). However, while competition can contribute to stronger performance, it will not address all performance problems and may also have adverse effects for instance when insufficient measures to prevent the emergence of local or regional monopolies (Barros 2016).

2.5.2 Patient engagement and information sharing

One of the aims of freedom of choice is to establish a customer-oriented service system, where the patient's autonomy is strengthened, and commitment to treatment improves. Based on a survey conducted 2014, 85% of Finns considered patient freedom of choice in specialized healthcare either as very important or quite important (Kaikkonen et al. 2014). Based on a survey, physicians seem to endorse the principle of patient-centered freedom of choice, where the mechanism is supposed to ensure the best possible treatment for the patient. Only 4.3% of respondents considered freedom of choice in specialized healthcare as not important (Sydänsairaala 2018). Nevertheless, organizations have invested limited development of operational models in how information is communicated to patients. (Junnila et al. 2016.)

It is considered important that the consequences of patient choice would motivate public sector actors to market their services like commercial entities. Public healthcare does not have the same motivation to market their services as commercial entities because the pursuit of economic gain does not guide their operations in the same way. (Tuorila 2015.) On the other hand, it is seen that the factors that increasingly influence patient choice include the quality of services, availability, waiting times, customer-centricity, and the price of services (HUS 2012). While acknowledging the different factors and limitations, identifying areas where patient awareness could be improved may thus guide organizations to implement targeted quality improvement initiatives. Furthermore, a better understanding of how patients in Finland become aware of their freedom of choice, may guide health organization towards further development relating to information sharing guidelines and contribute to the development of targeted educational programs aimed at increasing public awareness of healthcare options and thus empowering patients to make informed decisions about their healthcare.

2.5.3 Effectiveness and patient experience

Study conducted by Kortelainen et al. (2023) indicates that freedom of choice has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. Based on the study, after the reform, all hospital types treated more patients with shorter waiting times and were able to use resources more efficiently. The results of

the study suggest that freedom of choice may reallocate patients to large producers with better resources and capacity, potentially easing the pressure in crowded hospitals with long waiting lists and unsustainable demand relative to their capacity. These outcomes lead to improved public hospitals' performance with minimal impact on clinical quality or average surgical expense. (Kortelainen et al. 2023.)

Prolonged waiting times has many recognized possible drawbacks that patient freedom of choice has the potential to mitigate both on health system level but also on patient level (Begley & Dong 2020). Some of the key findings, beyond Finland, indicate that the impact of patient choice is proven to be significant and enduring, notably in reduction of average waiting times but also patient's satisfaction (Fernández-Pérez, Jiménez-Rubio and Robone 2022). Prolonged waiting times and thus delayed treatment or intervention creates dissatisfaction among the patients but can also have a negative impact on person's health-related quality of life (Begley and Dong 2020). Another study suggests that waiting for surgery can intensify feelings of anxiety and depression among patients (Gomes, Oliveira and Bezerra 2018). Knee and hip replacement surgery patients may experience worsening pain, reduced mobility, and deteriorating health when waiting for operation (Dawson et al. 2022).

Based on a study, delays of cancer treatment were associated with increased mortality across surgical, systemic treatment, and radiotherapy indications for number of cancers (Hanna et al. 2020). Another study found an association between patient wait time for non-prioritized health conditions and increased mortality (Martinez, Zhang and Bastias 2019). Research by Nikolova, Harrison and Sutton (2016) suggests that the potential impact of prolonged waiting time depends also on the patient group. It was identified that waiting time has a negative and statistically significant impact on the health gain from hip and knee replacement surgery but no impact on the effectiveness of varicose vein and hernia surgery. Furthermore, conclusions by Hanna et al. (2020) suggest that policies aimed at reducing system level delays to treatment initiation could enhance population level survival outcomes.

Having better knowledge of the patient's awareness regarding freedom of choice may thus mitigate the negative impacts of reduced healthcare accessibility.

2.5.4 Costs and incentives

Based on a study, total surgical expenditures increase on average after introducing patient freedom of choice (Kortelainen et al. 2023). Another study found an association in monetary value between additional waiting time and health losses (Nikolova, Harrison and Sutton 2016). Results by Madeira, Moutinho and Fuinhas (2021) suggest that longer waiting times have significant effects on operating costs and the costs of healthcare professionals which indicates that health system has potential to reduce health expenditure by shortening patient waiting times. Furthermore, another analysis suggests that the implementation of freedom of choice policies has the potential to enhance overall health care systems' performance, especially when coupled with appropriate economic incentives for healthcare providers. (Fernández-Pérez, Jiménez-Rubio and Robone 2022.)

Within public healthcare, the central problem with freedom of choice is that service providers lack clear incentives to attract patients and engage in non-price competition with each other (Tuorila 2015). Understanding how patients perceive and exercise their freedom of choice can contribute to designing healthcare systems that better align with their preferences and needs. Empowering patients to make more informed decisions about their healthcare is essential.

3 Purpose, aim and research questions

The purpose of the study is to investigate and provide insights into how patients in Finland become informed about their freedom of choice for non-urgent specialized healthcare, to identify the criteria that influence their decision-making when selecting a care provider, and to reveal the perceived benefits associating with patient choice.

The aim is to understand a patient's decision-making process related to freedom of choice in the context of non-urgent specialized healthcare.

The thesis seeks answers to the following questions.

1. How do patients in Finland become aware of their freedom of choice for non-urgent specialized healthcare needs?

2. What key criteria are associated in their decision-making process in selecting a hospital?

4 Methods

4.1 Research setting

This thesis is conducted as part of a Master of Business Administration degree at Metropolia University of Applied Sciences' Health Business Management degree programme. Data collection was carried out in collaboration with Tays Heart Hospital.

Heart Hospital provides specialized healthcare services for heart patients on a contractual basis in the regions of Pirkanmaa, Tavastia Proper and Central Finland. The services include the diagnosis, examination, and demanding procedures related to heart diseases and thoracic surgical conditions. Heart Hospital is a public law entity as defined in the Public Procurement Act and is owned by the wellbeing service counties of Pirkanmaa, Central Finland, and Tavastia Proper. Heart Hospital operates in Tampere, Valkeakoski, Hämeenlinna, Riihimäki and Jyväskylä.

When a patient requires cardiological, heart or thoracic surgery examination or care, and chooses one of the wellbeing service counties that own Heart Hospital as the treatment location, Heart Hospital will provide the service.

In 2023, Heart hospital treated 92919 outpatients, 13383 inpatients and performed 13719 cardiological exams and operations. In 2022, the respective numbers were 97150, 13014 and 12810. In total, Heart Hospital treated 2509 freedom of choice patients in 2023. In 2022, the respective number was 2627. (Sydänsairaala 2023; Sydänsairaala 2022.)

Heart Hospital's governance model has enabled the development of faster, more agile operations. The transition to a limited partnership has driven efficient improvements across the hospital's operating models, including the optimization of patient care pathways. By blending public and private sector practices, Heart Hospital has established a globally distinctive approach to healthcare. Waiting time for electrophysiological procedures at Tays Heart Hospital was 32.5 days (median) in May 2024. Furthermore, Heart Hospital has had only two instances exceeding the treatment guarantees for access to

care since 2019. Heart Hospital has been granted the healthcare SFS-EN 15224 :2016 quality certificate, which covers patient care at all Heart Hospital's locations (Sydänsairaala 2024; Sydänsairaala 2023).

4.2 Study design

The study design followed the cross-sectional survey design as it allows for the collection of data at a single point in time from a representative sample of the population. (Babbie 2016.) The approach is suitable for examining relationships between variables and identifying patterns or trends within a specific population. By utilizing a cross-sectional survey design, comprehensive data can be gathered that provides valuable insights into the research questions and objectives of the study, within a reasonable timeframe and resource allocation.

In quantitative research, data is collected through questions, which can be either open-ended or structured, meaning they come with predetermined options. The use of a survey questionnaire was justified due to data privacy limitations, the potential for a large number of respondents, and geographical dispersion (Hakala et al. 2010). Structured questions, with predetermined options, were prioritized as especially with a large respondent group, the use of multiple open-ended questions can be problematic in terms of management and analysis (Coombes 2001).

The effectiveness of the questions generally depends on three factors: the respondent must understand the questions correctly, possess the information required by the questions, and be willing to provide the information related to the questions for the research. All three of these conditions must be met for each question to ensure the success of the survey. (Kananen 2006.) Furthermore, when creating a survey instrument, it is crucial to clarify the objectives: what specific information does the research aim to achieve? The objectives determine the questions that will be asked and from whom. Every question posed in the research should also be able to be linked to the objectives of the study. (Sue and Ritter 2007: 18.) For these reasons, each question of the survey questionnaire was conducted based on the theoretical background and linked with the objectives of the study.

It was also advisable to review the objectives and questions of the research with experts in the field. Industry professionals are best equipped to identify the strengths and

weaknesses of survey research (Sue and Ritter 2007: 20). Due to this, the questionnaire was reviewed with Tays Heart Hospital representatives after which also a pilot test was carried out with three independent individuals. The pilot test was conducted to assess the clarity of the questions, measure the time required for responses, and make any necessary adjustments to the questionnaire. Based on the feedback, modifications were made to clarify the terminology of the answer options regarding the awareness of freedom of choice. Also, the question formulation was clarified to better define the distinction between the key factors associated in the decision to use freedom of choice overall, and the key criteria based on which the specific hospital was chosen.

4.2.1 Sampling

The sampling method was a combination of convenience and purposive sampling techniques. Convenience sampling techniques allowed collecting data from a pool of potential participants who were considered accessible or available. Purposive sampling was deemed appropriate as it allowed for the selection of participants based on predetermined criteria, targeting a specific group considered most suitable for the subject matter under investigation.

Patients who exercised their freedom of choice by selecting Pirkanmaa Wellbeing Services County as their treatment provider and who were treated at Tays Heart Hospital were used as the research sample, with the following dependencies:

- Electrophysical patient
- Over 18 years of age
- Treated between Jan 1, 2022, and April 30, 2024
- Email address documented in the system
- Valid e-authorization permit exists
- No non-disclosure order registered
- Non-deceased

In total, sample size (patients that met the defined requirements) was 175.

4.2.2 Data collection method

The questionnaire data was collected by Tays Heart Hospital using an online survey tool, SurveyPal. A specific research permit from Tays Heart Hospital was required to conduct the survey, which involved submitting a research plan, the survey questionnaire, and a declaration of the study. Additionally, privacy statements and data protection and handling assessment were necessary for approval. The research permit was granted on May 17, 2024.

The survey, accompanied by a declaration outlining the study's purpose, research procedures, data collection methods, confidentiality measures, data handling, voluntary participation, privacy notice, publicity clause, and researcher contact information, was distributed electronically. The questionnaire was sent out on June 4, 2024, and the response period closed on June 19, 2024.

4.2.3 Data collection instrument

The survey questionnaire was composed of 10 questions and statements comprised of four sections: participants' characteristics and background information (3), awareness of freedom of choice (2), decision-making factors (3) and perceived benefits (2) using structured closed questions, as described in Appendix 1. The last two questions of the survey were open-ended, encouraging participants to share their views more broadly relating to patient freedom of choice awareness and perceived experiences.

The questionnaire was constructed based on literature review and desk research. It was then reviewed by Tays Heart Hospital representatives but also a pilot test was conducted with independent individuals to identify the strengths and the weaknesses of the survey (Sue and Ritter 2007: 20).

4.2.4 Rationale for constructing the data collection instrument

Patients' characteristics

To describe the sample population in more detail and comprehensively, data collection comprised of three questions focusing on the participants' background information (municipality of residence, age, gender). The Municipality of residence was also of interest to understand if geographical distribution is a significant factor as studies indicate that limitations on patient choice are imposed by significant regional disparities in the availability and range of services (Junnila et al. 2016).

Awareness of freedom of choice

As previously stated, it remains unclear how patients realize to utilize freedom of choice. Only limited information exists educating on the patient freedom of choice, and there are no standardized set of guidelines for communication (FCCA 2016). Furthermore, studies suggest that there is limited development of operational models or consideration of internal division of work regarding how this level of information is shared with patients (Junnila et al. 2016).

Two questions were asked to better understand how patients become aware of the freedom of choice for non-urgent special healthcare needs. The first question was to understand whether the patients' freedom of choice was a new concept to the participant before using it this time. The second question was to understand from where/who/via which channel they became aware of the freedom of choice.

Decision-making factors

As previously stated, it remains unclear based what criteria and information the patients use to choose their treatment hospital, and how the decision-making process is supported by healthcare providers (Junnila et al. 2016). Only limited information exists comparing the quality in different hospitals, with no centralized source of information available. Each service provider presents information from their own standpoint, leading to a lack of consistency and transparency. Consequently, locating this information is not always straightforward, and comparisons between the information provided by different service providers are challenging. (FCCA 2016; Junnila et al. 2016.) There are

significant development needs in the content, quality, and quantity of publicly available comparative information to support patient choices (Virtanen et al. 2016).

Three questions were asked to explore the decision-making factors when selecting a hospital. The first question was to understand the factor associated with the decision to utilize patient freedom of choice overall. The second question was to understand the key reason in the decision to choose the specific hospital. The third question was to understand how and on what level the healthcare provider shared information regarding the freedom of choice and supported with the utilization of freedom of choice.

Perceived benefits

Studies indicate that freedom of choice has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. (Kortelainen et al. 2023.) The impact has proven to be significant and enduring, notably in the reduction of average waiting times but also patient satisfaction. (Fernández-Pérez, Jiménez-Rubio and Robone 2022.)

Two questions were asked to identify the perceived benefits of freedom of choice. The first question is to understand, based on the participants' experiences, how they consider overall satisfaction of using freedom of choice. The second question consisted of a set of statements for the participant to weigh-in the perceived benefits using the Likert scale (Demetriou et al. 2015).

4.3 Data analysis

The survey research generated quantitative data, which was analyzed using frequency analysis. The aim was to understand how often particular responses occur within the sample and identify patterns or trends in the data. Cross-tabulation of background factors with the determinants was conducted to explore potential relationships between demographic characteristics and key variables. The data analysis was performed using Microsoft Excel.

5 Results

The results of the thesis are presented in three parts, aiming to address the two research questions. The first part discusses the awareness of the freedom of choice among the participants, while the second part concentrates on the criteria that is associated in their decision-making while choosing Pirkanmaa wellbeing services county as their care provider. The third part was to understand how patients perceive the potential benefits of freedom of choice. Only the significant deviations identified through cross-tabulation of the background factors with the determinants are mentioned. The respondents' age was not found to be significant, and only subgroups with sufficiently large sample sizes were cross-tabulated for meaningful comparison (Appendix 6).

5.1 Response rate and participants' characteristics

The response rate for this study was 40.6% (71 out of 175). According to Nulty (2008), the appropriateness of a response rate depends on the purpose and intended use of the gathered data. Response rate of 40,6% is acceptable for academic online surveys. In health research, an online survey response rate of 30% may be deemed acceptable.

Of the respondents, 54% were male ($n = 38$) and 46% were female ($n = 32$). 1 respondent did not verify the gender. As illustrated in Figure 1, most participants were aged either 55-64 years or 65-74 years. One-fifth of the participants were over 74 years old, while the other age groups were represented as minorities.

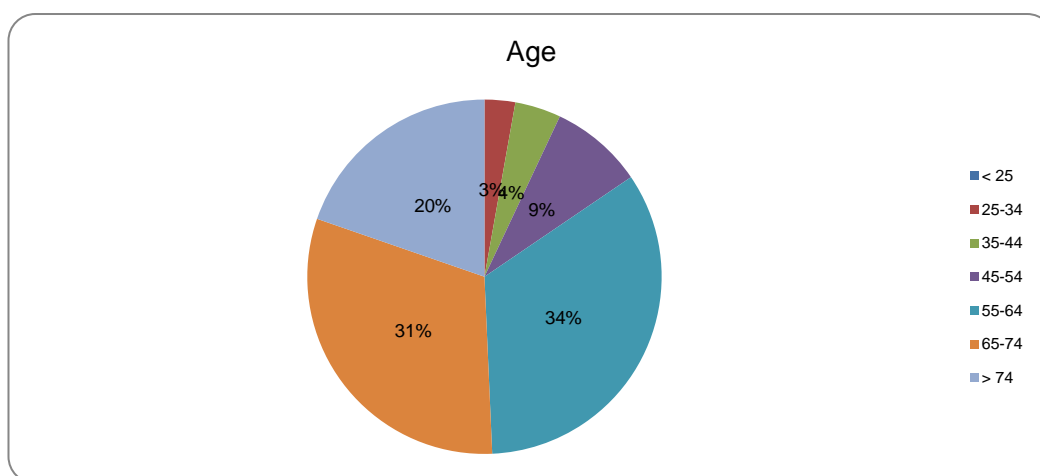


Figure 1. Respondent's age group

Regarding the municipality of residence, as shown in Figure 2, most respondents were from Uusimaa. Tavastia Proper accounted for 13%, South Ostrobothnia 10%, Central Finland 9%, and Päijänne Tavastia 7%, with the remaining municipalities collectively representing 10%.

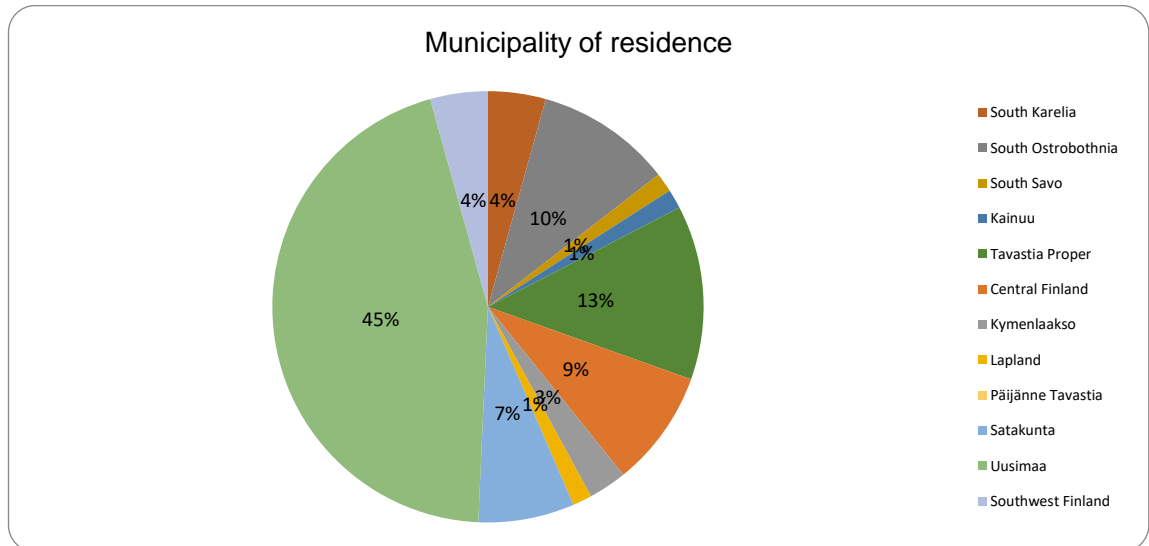


Figure 2. Respondent's municipality of residence

5.2 Awareness of freedom of choice

As illustrated in figure 3, 59.2% ($n = 42$) of the respondents were informed of the existence of freedom of choice by the healthcare staff. Respectively 16.9% ($n = 12$) received this information from a friend or relative, 8.5% ($n = 6$) read about it online, and 7.0% ($n = 5$) learned about it from news. Additionally, 8.5% ($n = 6$) received information about freedom of choice from other sources. 43.7% of the respondents had used freedom of choice more than once.

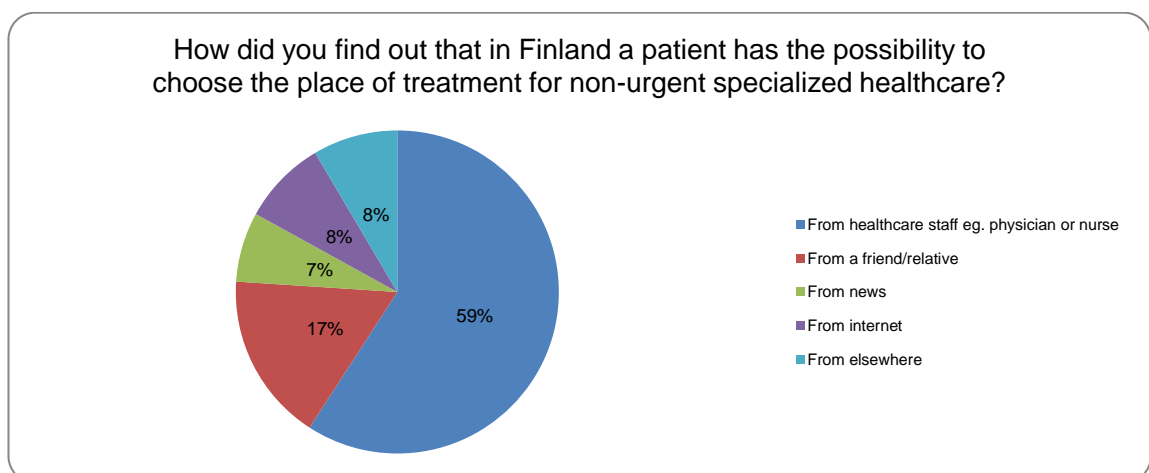


Figure 3. Respondents' awareness

Among male respondents, 82% (31 out of 38) reported becoming aware of freedom of choice by healthcare staff, compared to 31% (10 out of 32) of female respondents who reported the same. Additionally, 5% (n = 2) of males obtained the information from a friend or relative, whereas 31% (n = 10) of females did. Furthermore, 19% (n = 6) of female respondents reported becoming aware of freedom of choice via other sources, with 5 out of these 6 indicating their awareness was due to their background in healthcare. No male respondents indicated that this was a source of knowledge.

5.3 Criteria associated with decision-making

A physician's recommendation led 61.4% (n = 43) of the respondents to use freedom of choice, while 30.0% (n = 21) suggested it proactively themselves. Additionally, 5.7% (n = 4) decided to use patient choice based on suggestions from friends or relatives, and 2.9% (n = 2) chose it for other reasons (Figure 4). One respondent did not answer the question.

Among male respondents, 71% (27 out of 38) decided to exercise freedom of choice based on a physician's recommendation, whereas 47% (15 out of 32) of female respondents reported the same. Respondents from Uusimaa indicated that 19% (6 out of 31) had proactively suggested utilizing the freedom of choice themselves, compared to 38% (15 out of 40) in other municipalities. Additionally, 71% (n = 22) of respondents from Uusimaa used freedom of choice based on a physician's recommendation, while 53% (n = 21) of those from other municipalities did so.

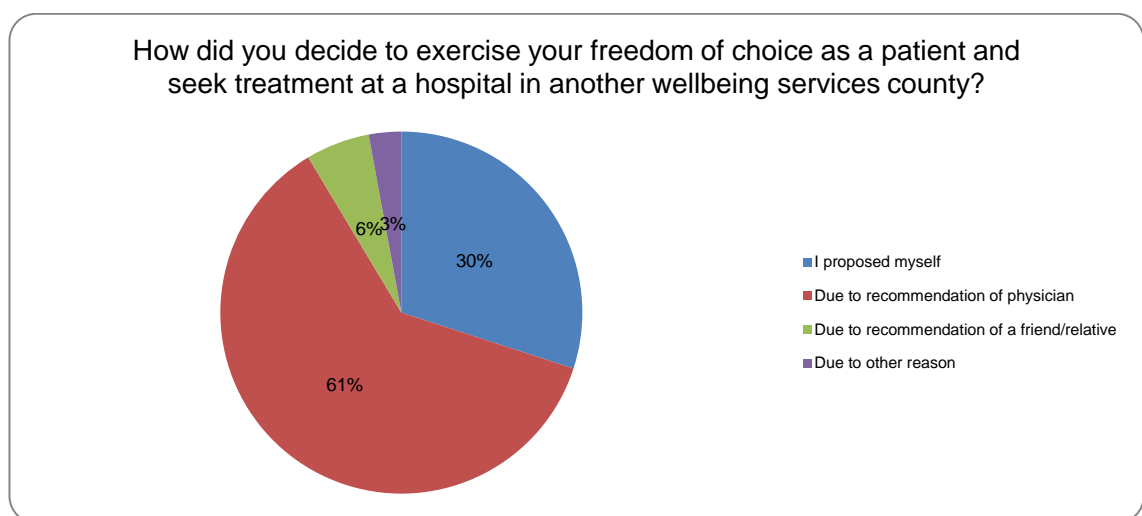


Figure 4. Decision to use freedom of choice

Furthermore, 60.6% (n = 43) of the respondents considered that healthcare staff provided freedom of choice information and supported them when choosing the treatment place. 31.0% (n = 22) felt that no information or support was provided by the healthcare staff, while 8.5% (n = 6) were not able to tell if support was provided. (Figure 5)

Among male respondents, 68% (26 out of 38) felt that healthcare staff provided information on the freedom of choice and supported them in selecting the place of treatment, compared to 50% (16 out of 32) of female respondents. Additionally, 24% (n = 9) of males reported that no information or support was provided by healthcare staff, whereas this was true for 41% (n = 13) of female respondents.

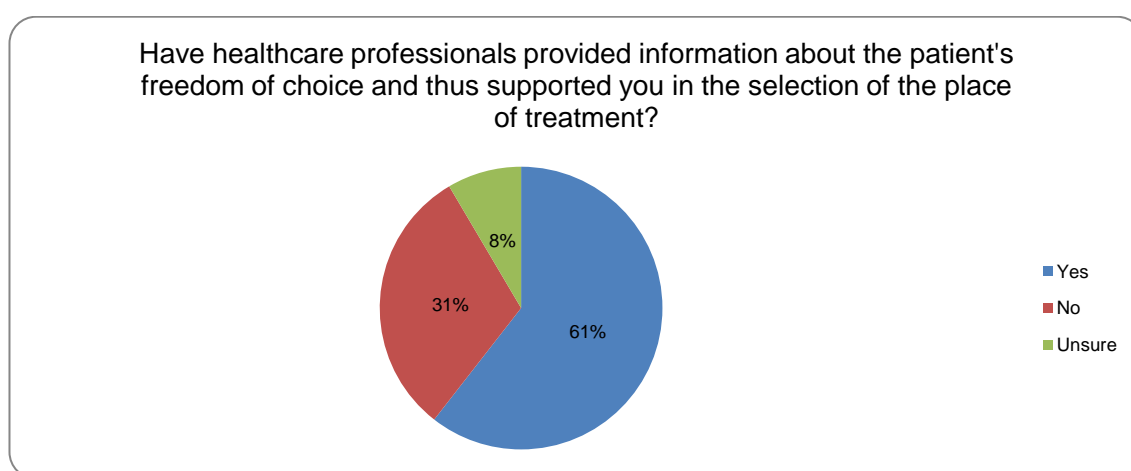


Figure 5. Support from healthcare provider

The primary reason that Pirkanmaa wellbeing services county was chosen as the treatment provider was due to the good reputation of Tays Heart Hospital (49.3%, n = 35). 26.8% (n = 19) of the respondents chose Pirkanmaa primarily due to the fast access to treatment, 9.9% (n = 7) chose Pirkanmaa due to the previous experiences from the hospital, and 1.4% (n = 1) due to the distance from home. 12.7% (n = 9) of respondents chose Pirkanmaa primarily due to other reasons. (Figure 6)

Among respondents from Uusimaa, 55% (17 out of 31) indicated that the primary reason for their choice was the fast access to care, whereas 5% (2 out of 40) of respondents from other municipalities cited this reason. Additionally, 32% (n = 10) of Uusimaa respondents reported that the good reputation of Tays Heart Hospital was the main factor influencing their choice, in contrast to 63% (n = 25) of respondents from other municipalities who identified it as their primary reason.

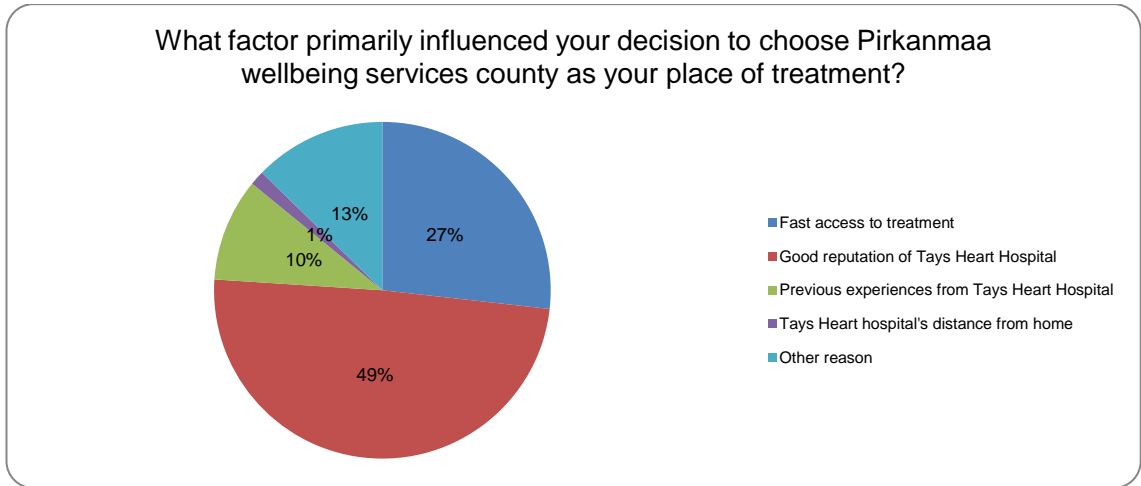


Figure 6. Primary reason why Pirkanmaa wellbeing services were chosen

5.4 Experiences regarding freedom of choice

Based on their experiences, 98.6% of respondents (68 out of 69) would recommend freedom of choice. One respondent was not able to tell. Two participants did not answer the question.

Of the respondents, 74.6% (53 out of 71) experienced that freedom of choice expedites access to care, while 22.5% (16 out of 71) were unsure, and 2.8% (2 out of 71) did not agree with the statement. (Figure 7)

Among respondents from Uusimaa, 97% (30 out of 31) agreed that freedom of choice expedites access to care, while 58% (23 out of 40) of respondents from other municipalities shared this sentiment.

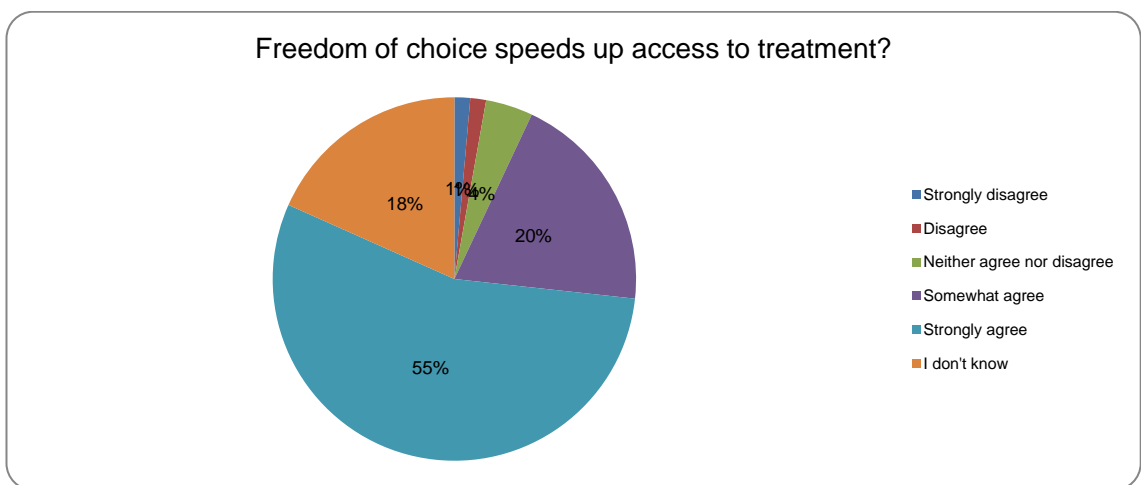


Figure 7 Respondent's perception whether freedom of choice expedites access to treatment

Among the respondents, 74.6% (53 out of 71) experienced that freedom of choice improves the quality of care, while 24.0% (17 out of 71) were not able to say, and one respondent did not agree with the statement. (Figure 8)

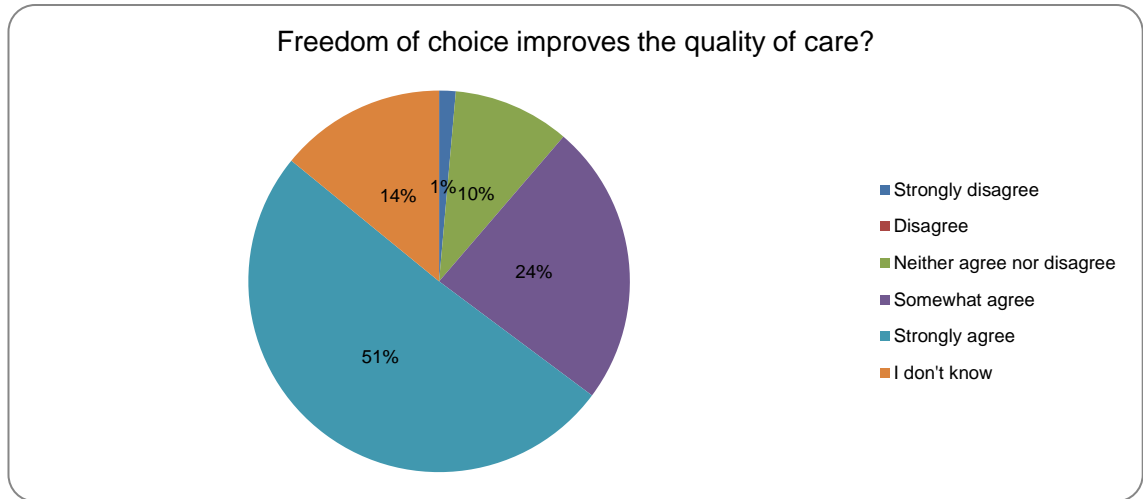


Figure 8. Respondent's perception whether freedom of choice improves quality of care

The survey revealed that 76.0% (54 out of 71) of the participants experienced that freedom of choice enables more efficient special healthcare, while 22.6% (16 out of 71) were not able to say, and one respondent did not agree with the statement. (Figure 9)

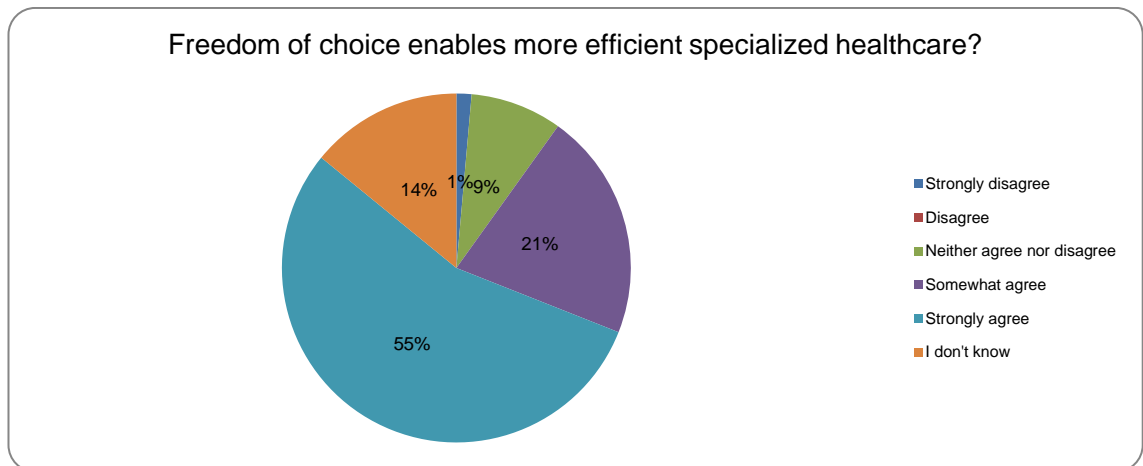


Figure 9 Respondent's perception whether freedom of choice enables more efficient care

Among the respondents, 94.3% (67 out of 71) experienced that freedom of choice improves patient experience, while 4.2% (3 out of 71) were not able to say, and one respondent did not agree with the statement. (Figure 10)

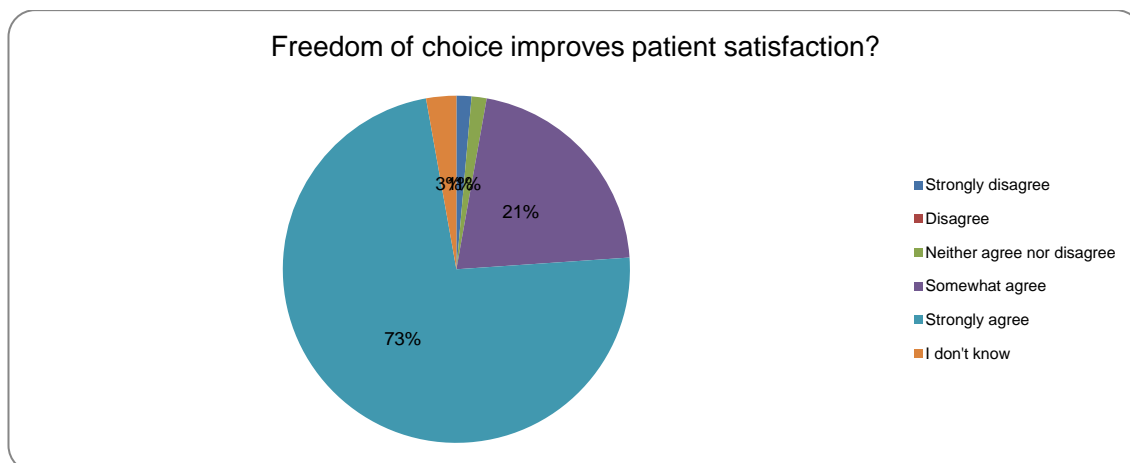


Figure 10 Respondent's perception whether freedom of choice improves patient satisfaction

6 Discussion

6.1.1 Awareness of freedom of choice

The results of the survey indicate that the primary source of information about the existence of freedom of choice for the majority of respondents was healthcare staff, with 59.2% reporting they were informed by this channel. While this indicates a significant role for healthcare professionals in disseminating critical information to patients, it also suggests that there is room for improvement. As healthcare professionals seem to be often the most trusted and accessible sources for information regarding healthcare rights and options, and given their direct interaction with patients, healthcare staff should ideally be the primary source of information, ensuring that all patients are adequately informed about their rights and options within the healthcare system. Efforts to enhance patient awareness of patient choice should focus on training and empowering healthcare providers to effectively communicate this information. Additionally, healthcare institutions should consider implementing standardized protocols to ensure that information about patient rights, such as freedom of choice, is consistently conveyed during patient interactions. This finding is supported by Berger et al. (2020) who argue that a more dynamic role must be given to the patient, who being well informed by the physician, can help in the decision-making process. Policy schemes need to be implemented as a way of changing physicians' behavior, forcing them to better construct and utilize this dyadic relationship (Berger et al. 2020).

Conversely, 40.8% of the respondents learned about freedom of choice from other sources than from the healthcare staff, which underscores a notable reliance on alternative channels for this critical information. This finding suggests that while healthcare professionals play a significant role in disseminating information, there remains a substantial portion of patients who are informed through avenues other than interaction with healthcare staff. This further highlights the need for healthcare providers to consider diverse communication strategies to ensure comprehensive awareness of healthcare rights among all patients.

16.9% of respondents learned about their freedom of choice through friends or relatives, which suggests that personal networks do contribute to the dissemination of information quite significantly. A smaller portion of respondents (8.5%) obtained the information from online sources such as from hospital's web pages. This relatively low figure is intriguing, given the increasing reliance on the internet for health information (Fox & Duggan, 2013). While the internet is a valuable resource for general health information, specific rights and policies such as freedom of choice are not as prominently featured or easily accessible. This could indicate lack of awareness about where to find reliable information regarding healthcare rights and thus a need to improve the accessibility and visibility of information about healthcare rights on digital platforms. (FCCA 2016; Junnila et al. 2016.) Healthcare organizations, policy makers, and advocacy groups should collaborate to create and promote comprehensive online resources that are easily accessible to the public. This may include developing dedicated websites, utilizing social media platforms, and ensuring that information is presented in a clear and understandable manner. As concluded also by Alkhatib et al. (2024), new strategies must be implemented to reach patients and educate them about health. While social media has provided a platform for patients to participate in peer groups, research studies, and advocacy, healthcare providers should leverage these tools to disseminate accurate information and establish themselves as trusted and reliable sources of medical knowledge. (Alkhatib et al. 2024.) 7.0% of respondents reported learning about their freedom of choice from news. This finding raises questions about the role of media in public awareness and education, while it could also indicate that individuals do not typically turn to news sources as their primary means of obtaining detailed healthcare information. The rest (8.5%) indicated that their awareness stemmed from their own background in healthcare. This underscores that individuals with a background in healthcare likely have greater access to, and understanding of, information related to healthcare policies and patient rights.

When inquiring about how information regarding clinical freedom of choice should be disseminated or awareness improved, the majority of respondents (61%) indicated that healthcare staff should provide details about the policy. At the latest, this information should be shared by the referral physician, but on many occasions earlier information sharing was considered beneficial. Other channels mentioned included bulletin boards at hospital sites, news campaigns, articles, and especially Kanta, which refers to the national digital health service system that includes services such as an online portal where individuals can view their health records, prescriptions, and other medical information, and would thus be natural setting for such information sharing.

The findings indicate also a notable gender disparity in the awareness of freedom of choice among respondents. A significantly higher proportion of male respondents (82%) reported becoming aware of freedom of choice through healthcare staff, compared to only 31% of female respondents. In contrast, 31% of female respondents obtained this information from friends or relatives, while only 5% of men did so. Furthermore, 19% of female respondents reported receiving information from other sources, which reflect their healthcare background, whereas no male respondents indicated the same. This suggests that female respondents are more likely to rely on personal networks or other sources when learning about the freedom of choice policy. These disparities regarding sources of information further underscore the need for targeted communication strategies to ensure equitable access to information regarding freedom of choice, as respondents' backgrounds and circumstances also influence their awareness and understanding of their rights and choices.

6.1.2 Decision-making process

The survey results indicate that 61.4% of respondents decided to exercise their freedom of choice based on the physician's recommendation. This underscores the significant influence that physicians have on patients' decision-making processes. Their recommendations are often perceived as informed and reliable, which can significantly influence patients' decisions. This finding aligns with existing research that highlights the central role of physicians in patient decision-making, particularly in contexts where patients may lack the necessary expertise or confidence to make autonomous decisions. Furthermore, it highlights the trust and credibility that patients often place in their healthcare providers. (Truglio-Londrigan et al. 2012; O'Keefe 2013.)

Conversely, the fact that 38.6% of respondents decided to use freedom of choice for reasons other than the physician's recommendation raises considerations. This suggests that a significant portion of patients have arrived at their healthcare decisions through alternative channels or considerations. 30.0% of respondents reported they utilized freedom of choice proactively themselves. These findings collectively suggest that while physician recommendations remain the predominant factor in patients' decisions to utilize their freedom of choice in healthcare, there is also a growing trend of patient proactivity. Patients are becoming more engaged and proactive in managing their health, potentially due to increased access to information and a growing emphasis on patient autonomy and shared decision-making in modern healthcare practices (Alkhatib et al. 2024; Coulter 2012). This further underscores the importance of supporting both informed physician-patient interactions and patient education initiatives. Enhancing patient access to reliable information and fostering an environment that encourages patient engagement, and shared decision-making can further empower patients to take an active role in their healthcare choices.

Lastly, 5.7% of respondents decided to use their freedom of choice based on suggestions from friends or relatives. This suggests that while personal networks can influence healthcare decisions, their impact is considerably less compared to professional recommendations or individual decision-making.

The findings indicate also a notable disparity behind the decision to exercise freedom of choice, both between genders and across regions. Male respondents (71%) utilized freedom of choice significantly more often than female respondents (47%) based on a physician's recommendation, suggesting that females rely extensively also on other channels. Similarly, 71% of respondents from Uusimaa exercised freedom of choice based on a physician's recommendation, whereas only 53% of respondents from outside Uusimaa reported the same. These findings further emphasize the importance for tailored strategies to ensure equal guidance in the utilization of freedom of choice, ultimately fostering greater awareness and understanding among all patients, regardless of gender or region.

The survey results indicate that only 60.6% of respondents felt that healthcare staff provided both information and support regarding freedom of choice when selecting a treatment provider. Furthermore, in a small minority of cases the initiation came from a friend who works in the healthcare sector, or the support was automatically provided as

the treatment required was not available in the home hospital. While this figure represents a majority, it also reveals that significant, close to 40% of respondents did not feel adequately informed or supported. This relatively high percentage highlights a substantial gap in the provision of essential patient guidance and support. The importance of comprehensive communication and support from healthcare providers cannot be overstated, as it is critical for patients to make informed decisions regarding their healthcare.

Furthermore, 31% of respondents reported receiving no information or support from healthcare staff, which is concerning. This lack of support can leave patients feeling isolated and uncertain about their treatment options, potentially leading to suboptimal health outcomes. It underscores the variability in the quality of care and the inconsistency in communication practices within healthcare systems. Addressing this issue requires targeted efforts to standardize communication protocols and ensure that all healthcare professionals are equipped to provide necessary information and support to patients (Alkhatib et al. 2024; Junnila et al. 2016; O'Keefe et al. 2013).

Additionally, 8.5% of respondents were unsure if they received support, which indicates a potential problem with the clarity and effectiveness of communication. This uncertainty could stem from inconsistent or unclear messaging, suggesting that while information may be provided, it is not always communicated in a way that patients can easily understand and recall. Effective communication requires not only the provision of information but also ensuring that it is conveyed in an accessible and memorable manner. Healthcare providers must be trained to verify patient understanding and to engage in clear, patient-centered communication (Berger et al. 2020).

The findings also indicate a gender disparity in perceptions of healthcare staff support. Among male respondents, 68% felt that healthcare staff provided adequate information and support in selecting a care provider, compared to only 50% of female respondents. Furthermore, 24% of male respondents reported receiving no information or support from healthcare staff, whereas this was true for 41% of female respondents. These findings point to the necessity of enhancing physician-patient communication and support from healthcare providers, particularly to meet the diverse needs of all patients.

The survey results reveal that Pirkanmaa wellbeing services county was predominantly chosen as the treatment provider due to Tays Heart hospital's good reputation, with

49.3% of respondents citing this as their primary reason. This finding underscores the significant impact of hospital reputation on patient choice. A hospital's reputation, often built on perceived quality of care, success rates, and patient satisfaction, can serve as a powerful determinant in patient decision-making. This aligns with existing research that highlights the importance of hospital reputation in influencing patient preferences when choosing a hospital (Garcia-Lacalle 2007).

Additionally, 26.8% of respondents selected the hospital primarily for the fast access to treatment. This indicates that timely access to healthcare services is a crucial factor for a significant portion of patients. The importance of quick access to care cannot be overstated, as delays in treatment can lead to worsened health outcomes and increased anxiety among patients (Aggarwal et al. 2019; Gaynor, Propper and Seiler 2016; Prentice and Pizer 2007). The results also highlight significant regional differences, with 55% of respondents from Uusimaa citing fast access to care as their primary reason for hospital selection. This disparity, that may be attributed to the longer waiting times in region, suggests that access to care is a crucial element in the decision-making process, particularly in Uusimaa.

A smaller portion of respondents (9.9%) chose the hospital based on their previous experiences with the hospital, suggesting that past positive interactions and satisfactory treatment experiences play a role in shaping patient loyalty and trust in a healthcare provider. Based on an earlier study (Doyle, Lennox and Bell 2013) patient experience is positively associated with clinical effectiveness and patient safety, making them more likely to return to the same provider for future healthcare needs.

Only 1.4% of respondents chose the hospital due to its proximity to home, indicating that distance is a less significant factor compared to reputation and access speed. This may reflect the high value placed on reputation, quality and timeliness of care over convenience. Furthermore, 12.7% of respondents cited other reasons for their choice, suggesting a diversity of factors such as personal preferences and specific treatment options influencing healthcare decisions that were not captured by the most common reasons.

These findings highlight the multifaceted nature of patient decision-making in selecting a care provider. While hospital reputation and fast access to treatment are predominant factors, previous experiences and other personal considerations also play important

roles. To attract and retain patients, healthcare providers must focus on building and maintaining a strong reputation, ensuring timely access to care, and consistently delivering high-quality patient experiences.

6.1.3 Experiences regarding freedom of choice

The survey results reveal overwhelmingly positive perceptions regarding freedom of choice, with 98.6% of respondents indicating they would recommend utilizing the right based on their experiences. This high level of endorsement underscores the perceived benefits and satisfaction associated with freedom of choice. Such strong approval suggests that allowing patients to choose their healthcare provider can significantly enhance their overall experience and engagement with the healthcare system. This finding is well in line with the study conducted by Kaikkonen et al. (2014) stating that 85% of Finns considered patient freedom of choice in specialized healthcare either as very important or quite important.

Notably, 74.6% of respondents felt that freedom of choice led to faster access to care, highlighting a crucial advantage of this policy. Faster access is essential for improving patient outcomes and satisfaction, as timely care can prevent the progression of illnesses and reduce anxiety (Aggarwal et al. 2019; Gaynor, Propper and Seiler 2016; Prentice and Pizer 2007). 22.5% were unsure if access to care was quicker, and 2.8% disagreed, indicating that while the majority experienced faster access to care, a minority did not perceive this benefit consistently. This discrepancy points to the need for further investigation into the barriers that prevent some patients from experiencing expedited care through freedom of choice. Furthermore, the findings reveal strong perceived benefits of freedom of choice among respondents specifically from Uusimaa, with 97% agreeing that it expedites access to care. This significant difference may be attributed to diverse priorities and needs in Uusimaa, which heighten the perceived value of having options for quicker access to healthcare, underscoring the importance of addressing regional disparities.

Similarly, 74.6% of respondents believed that freedom of choice improves the quality of care, suggesting that the ability to select providers potentially drives competition and enhances service standards. This perception is supported by the notion that competition can lead to improvements in quality as providers strive to attract and retain patients

(Gaynor, Propper and Seiler 2016; Aggarwal et al. 2019). 24.0% were uncertain if quality of care improves due to freedom of choice, and 1.4% disagreed, which highlights the variability in individual experiences and perceptions of quality improvement. Efforts should be made to ensure that quality improvements are uniformly experienced across all patients.

Additionally, 76.0% of respondents experienced that freedom of choice enables more efficient specialized healthcare, pointing to the policy's role in facilitating access to appropriate and timely specialist services. Efficiency in specialized care is crucial for managing complex health conditions and improving patient outcomes (Kortelainen et al. 2023; Fernández-Pérez, Jiménez-Rubio and Robone 2022; Gomes, Oliveira and Bezerra 2018). 22.6% were unsure if there is interconnection between freedom of choice and more efficient specialized healthcare, and the 1.4% who disagreed suggests that there might be inconsistencies or barriers in accessing specialized care.

Moreover, 94.3% of respondents felt that freedom of choice enhances the overall patient experience, which is a critical indicator of healthcare system performance. A positive patient experience is associated with better adherence to treatment, higher satisfaction, and improved health outcomes (Fernández-Pérez, Jiménez-Rubio and Robone 2022; Doyle, Lennox, and Bell, 2013). The 4.2% who were unsure if patient experience was improved, and the 1.4% who disagreed indicate that while the majority benefit from an improved experience, there is still room for improvement in ensuring that all patients have a positive experience.

Overall, these findings strongly suggest that freedom of choice is highly valued by patients and is perceived to improve access, quality, efficiency, and overall patient experience. However, the variability in responses also highlights the need for ongoing efforts to address gaps and ensure that the benefits of freedom of choice are experienced consistently by all patients.

6.2 Validity and reliability

In the context of self-report surveys, the instrument's validity can be assessed by comparing scores with similar instruments. There are four main types of validity: construct validity, criterion validity, content validity, and face validity. Construct validity concerns

the extent to which the survey assesses what it is supposed to measure. Criterion validity assesses how well the score of the instrument correlates with other existing instruments. Content validity assesses how comprehensively the survey addresses all relevant aspects of the construct it is designed to measure. Face validity assesses if the survey items measure the intended content. (Demetriou et al. 2015; Kimberlin and Winterstein 2008.) In this study, the validity of the research instrument was assessed by constructing a questionnaire based on literature review and desk research. Furthermore, the content of the questionnaire was reviewed by Tays Heart Hospital representatives and a pilot test conducted with independent individuals.

The pilot test was carried out with three independent participants to ensure that the questions in the survey were understandable, and to identify sources of potential errors. The participants had similar characteristics to those in the aimed population (awareness of the patient freedom of choice) and came from different backgrounds (age, gender). A participant was shared with the research setting after which he/she answered the questionnaire which was then reviewed and discussed. Based on the pilot test, modifications were made to clarify the wording of the questions, and to better define the separation between the key factors associated in the decision to utilize freedom of choice and the key criteria based on which the specific hospital was chosen.

Reliability refers to the repeatability or dependability of the measurement. Demetriou et al. (2015) stress the importance of verifying the reliability of self-report questionnaires. This is to make sure that if the same question is asked to a person multiple times over different occasions, the response remains consistent. Moreover, a result from a measuring instrument is always considered as a “true” score. (Kimberlin and Winterstein 2008). In this study, reliability was assessed by evaluating the consistency and stability of the research instrument through its development process, which included constructing the questionnaire based on extensive literature review and desk research and ensuring content validity through review by Tays Heart Hospital representatives. The pilot test with independent individuals helped identify and address potential issues, further enhancing the reliability of the questionnaire. While the questionnaire was developed based on general principles and literature, the results may offer insights applicable to similar healthcare settings. However, the extent to which these findings can be generalized to broader populations depends on the characteristics of the study sample and the research context. Notably, some deviations were identified through cross-tabulation of

the background factors with the determinants, particularly regarding gender and municipality of residence, which may affect the generalizability of the results to wider populations.

6.3 Research ethics

Research ethics are essential to ensure proper conduct and integrity in research. Good research methods rely on core principles of research integrity. These principles offer guidance to individuals, institutions, and organizations, aiding them in navigating the practical, ethical, and intellectual complexities inherent in research. Good research is guided by four key principles: reliability, honesty, respect, and accountability. This study adhered to these principles outlined by All European Academies (2023).

An ethical pre-assessment was conducted before beginning the study as part of the Tays Heart Hospital research permit process. Additionally, a data management plan was created using Metropolia's DMPTuuli tool, addressing considerations related to personal data, ethical principles, and relevant legislation, which formed an integral part of the permit process.

Research participants were provided with an informed consent to ensure they understood their survey responses would be used for research purposes. To protect participants' identities, all responses were anonymized. Heart Hospital supplied the raw survey data in an anonymized format via secure email. Upon receipt, the anonymized data was stored in a password-protected file on the institution's secure server. The data will be permanently deleted upon the completion of the thesis.

Additionally, conducting research on this topic is ethically justified as it addresses a significant area of concern within the healthcare system. The insights gained from this study have the potential to improve patient care and inform policy decisions, contributing to the overall enhancement of healthcare services. By exploring this subject, the research not only adheres to ethical standards but also responds to critical needs, ensuring that the findings can have meaningful and beneficial impacts on the broader community.

7 Conclusion

In conclusion, the result of this study highlights the critical role of healthcare professionals in informing patients about their rights, particularly the freedom of choice in healthcare. While personal networks, online sources, and news media also contribute to information dissemination, their impact is significantly less pronounced. To improve patient awareness and empowerment, efforts should focus on enhancing the communication skills of healthcare providers, improving online information accessibility, and utilizing a diverse array of communication channels. By addressing these areas, healthcare systems can better support patients in making informed decisions about their care. Further analyses of patient surveys should reveal whether efforts to promote patient-centered approaches and strategies for equal care will achieve the intended results.

Previous studies suggest that the weak implementation of freedom of choice is primarily due to varying interpretations of current legislation, which appear to be connected to the fragmented public sector and a lack of national coordination (Junnila et al. 2016). Thus, it would be valuable to study on what level the healthcare setting incentives healthcare professionals sharing information related to freedom of choice, or whether the policy is discouraged for instance due to current incentive scheme or the implications to the referring hospital.

Furthermore, the findings highlight the critical role of physicians in influencing patients' decisions to exercise their freedom of choice in healthcare, with majority reported to follow their physician's recommendation. This underscores the trust and authority that healthcare professionals hold in patient decision-making processes. Additionally, 30% of patients actively suggested using the freedom of choice option indicates a growing trend of patient empowerment and engagement in healthcare decisions. The overall pattern shows that both professional guidance and patient autonomy play crucial roles in patient choice. Enhancing physician-patient communication and supporting patient education initiatives are key strategies to further empower patients and promote informed healthcare choices, such as patient autonomy.

The findings highlight an important area for improvement with regards to patient decision-making support. Although most patients feel supported by healthcare staff, a sig-

nificant minority does not indicate a need for more consistent and effective communication strategies. By focusing on comprehensive training for healthcare staff and implementing standardized communication protocols, healthcare systems can improve patient support and ensure that all patients are empowered to make informed decisions about their treatment options. Additionally, the healthcare system should provide readily available comparative data, such as waiting times, to further assist referring physicians in better supporting patient decision-making. As already mentioned, future research is needed to explore why healthcare staff may not proactively share information and support decision-making, which could uncover underlying barriers and inform targeted interventions.

The results clearly indicate that the hospital's reputation plays a pivotal role in patient choice, with 50% of respondents selecting the care provider primarily for this reason. This underscores the significant influence of perceived quality of care, success rates, and patient satisfaction on healthcare decisions. Additionally, fast access to treatment, cited by 25% of respondents, emerges as another crucial factor, highlighting the importance of timely healthcare services in patient preferences. The findings also reveal that previous positive experiences (10%) and various personal factors (5%) influence patient decisions, though proximity to home is a less significant consideration (1%). These insights emphasize the multifaceted nature of patient decision-making, suggesting that healthcare providers should prioritize maintaining a strong reputation, ensuring prompt access to care, and delivering consistently high-quality patient experiences to attract and retain patients effectively.

The results show that freedom of choice in healthcare is overwhelmingly supported by patients, with 98.6% of respondents expressing a willingness to recommend it based on their positive experiences. This strong endorsement highlights the perceived advantages of freedom of choice, such as improved access to care, enhanced quality of services, and greater overall patient satisfaction. These findings are consistent with previous research, which highlights the role of patient autonomy in specialized healthcare settings and suggests that freedom of choice may contribute to enhancements in service quality through fostering competition.

Some variability in responses points to areas needing further investigation. A minority of respondents did not perceive the benefits consistently, suggesting potential barriers

or inconsistencies in the implementation of freedom of choice. This variability emphasizes the need for continued efforts to address these gaps and ensure that the benefits of freedom of choice are uniformly experienced across all patient demographics and regions. Overall, enhancing patient autonomy through freedom of choice appears to be a valuable strategy for improving healthcare delivery and patient outcomes.

Furthermore, the findings of study highlight some notable gender disparities and regional differences in how individuals became aware of and decided to utilize freedom of choice. They underscore the need for both targeted and tailored communication strategies that address these disparities, ensuring that all patients, regardless of gender or location, are adequately informed, addressed and supported. By improving access to information and fostering a clearer understanding of available options, healthcare providers can enhance the utilization of freedom of choice across diverse populations. Understanding and addressing these diverse needs can also further inform healthcare policy and improve service delivery across regions.

In general, enhancing performance and accountability requires a common goal that aligns the interests of all stakeholders. In healthcare, however, stakeholders often have diverse and sometimes conflicting goals, such as access to care, profitability, quality and patient satisfaction. This lack of a unified objective may result in inconsistent strategies, even manipulation of the system, and slow progress in improving overall performance. (Porter 2010.) While the results highlight the perceived benefits of freedom of choice, further research is needed to explore the dependencies of market-based mechanisms and their implications. Alongside, it would be crucial to examine how the healthcare setting could be reformed in a way that freedom of choice would be optimized, but also prioritized among the wellbeing services counties, to enhance efficiency in service delivery, increase resource allocation and minimize the waiting times. Also to be considered, whether reorienting the health system towards value-based care could further reinforce the implementation of freedom of choice. As per Perelman (2021), value-based model would also direct financial rewards to those who achieve better results in terms of health, quality of care or satisfaction.

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Questionnaire

Question	Answer options
1 Asuinpaikka	Suomen kunnat
2 Ikä	Ikä
3 Sukupuoli	Mies, Nainen, muunsukupuolinen, ei halua kertoa
4 Oletko käyttänyt potilaan valinnanvapautta erikoissairaanhoidossa useammin kuin kerran?	Kyllä En En osaa sanoa
5 Mistä sait tietää, että Suomessa potilaalla on mahdollisuus valita kiireettömässä hoidossa erikoissairaanhoidon hoitopaikka?	Hoitohenkilökunnalta esim. lääkäriltä tai sairaanhoitajalta Ystävältä/tuttavalta/sukulaiselta Uutisista Internetistä Muuta kautta
6 Miten päädyit käyttämään potilaan valinnanvapautta ja hakeutumaan toisen hyvinvointialueen (ent. sairaanhoitopiirin) sairaalaan?	Ehdotin itse Lääkärin suosituksesta Ystävän/tuttavan/sukulaisen suosituksesta Muuta kautta
7 Mikä tekijä ensisijaisesti vaikutti siihen, että valitsit juuri Pirkanmaan hyvinvointialueen (ent. sairaanhoitopiirin) hoitopaikaksesi?	Hoitopääsyn nopeus Tays Sydänsairaalan hyvä maine Aiemmat omat kokemukset Tays Sydänsairaalaista Tays Sydänsairaalan etäisyys kotoa Muu syy
8 Ovatko terveydenhuollon ammattilaiset antaneet tietoa potilaan valinnanvapaudesta ja siten tukeneet sinua hoitopaikan vapaassa valinnassa?	Kyllä Ei En osaa sanoa
9 Voisitko suositella erikoissairaanhoidon valinnanvapautta muille perustuen omiin kokemuksiisi?	Kyllä En En osaa sanoa
10 Arvioi kokemuksesi perusteella seuraavia väittämiä (1 Täysin eri mieltä, 2 Jotseenkin eri mieltä, 3 Ei samaa eikä eri mieltä, 4 Jotseenkin samaa mieltä, 5 Täysin samaa mieltä) Miten tietoisuutta potilaan valinnanvapaudesta voisi mielestäsi lisätä? Missä ja miten tietoa potilaan valinnanvapaudesta olisi hyvä tarjota? Onko jotain muuta, mitä haluaisit kertoa kokemuksistasi liittyen potilaan valinnanvapauteen?	Valinnanvapaus nopeuttaa hoitoon pääsyä (1-5) Valinnanvapaus parantaa hoidon laatua (1-5) Valinnanvapaus mahdollistaa tehokkaamman erikoissairaanhoidon (1-5) Valinnanvapaus parantaa potilaiden tyytyväisyyttä (1-5) (avoin kenttä) (avoin kenttä)

Questionnaire (translated in English)

Question	Answer options
1 Municipality of residence	Municipalities in Finland
2 Age	Age groups
3 Gender	Male, Female, Non-binary, prefer not to tell
4 Have you used the patient's freedom of choice in specialized healthcare more than once?	Yes No I do not know
5 How did you find out that in Finland a patient has the possibility to choose the place of treatment for non-urgent specialized healthcare?	From healthcare staff eg. physician or nurse From a friend/relative From news From internet From elsewhere
6 How did you decide to exercise your freedom of choice as a patient and seek treatment at a hospital in another wellbeing services county?	I proposed myself Due to recommendation of physician Due to recommendation of a friend/relative Due to other reason
7 What factor primarily influenced your decision to choose Pirkanmaa wellbeing services county as your place of treatment?	Fast access to treatment Good reputation of Tays Heart Hospital Previous experiences from Tays Heart Hospital Tays Heart Hospital's distance from home Other reason
8 Have healthcare professionals provided information about the patient's freedom of choice and thus supported you in the selection of the place of treatment?	Yes No Unsure
9 Could you recommend freedom to choice to others based on your own experiences?	Yes No I do not know
10 Evaluate the following statements based on your experiences (1 Strongly disagree, 2 Disagree, 3 Neither agree nor disagree, 4 Agree, 5 Strongly agree)	Freedom of choice speeds up access to treatment (1 -5) Freedom of choice improves the quality of care (1 -5) Freedom of choice enables more efficient specialized healthcare (1 -5) Freedom of choice improves patient satisfaction (1 -5)
How do you think awareness of patient freedom of choice could be increased?	(free text field)
Where and how would it be beneficial to provide information about freedom of choice.	(free text field)
Is there anything else you would like to share about your experiences related to patient freedom of choice?	(free text field)

Questionnaire – theoretical basis

Question	Answer options	Reasoning
1 Asuinpaikka	Suomen kunnat	In order to describe the sample population more in detail, and to understand are the freedom of choice patient limited to regions that are close to treating hospital
2 Iki	Iki	there is evidence that limitations on patient choice are imposed by significant regional disparities in the availability and range of services. Long distances to the nearest care facility also complicate choices. (Junnila et al. 2016)
3 Sukupuoli	Mies, Nainen, muunsukupuolinen, ei halua kertoa	In order to describe the sample population more in detail
4 Oletko käyttänyt potilaan valinnanvapautta erikoissairanhoidossa useammin kuin kerran?	Kyllä En En osaa sanoa	To understand whether the patients' clinical freedom of choice was a new concept for the patient before using it this time. - Limited development of operational models or consideration of internal division of work regarding how information is communicated to customers about their choices and how the decision-making process is supported (Junnila et al. 2016). - No standardized set of guidelines for communicating details regarding patients' freedom of choice (FCCA 2016)
5 Mistä sait tietää, että Suomessa potilaalla on mahdollisuus valita kiireettömässä hoidossa erikoissairanhoidon hottopaikka?	Hoitoerikoiskunnalta esim. lääkäriltä tai sairaanhoitajalta Ystäviltä/tuttavilta/sukulaiselta Lähtöistä Internetistä Muuta kautta	To understand how the patient became aware of the clinical freedom of choice. - No standardized set of guidelines for communicating details regarding patients' freedom of choice (FCCA 2016) - Limited development of operational models or consideration of internal division of work regarding how information is communicated to customers about their choices and how the decision-making process is supported (Junnila et al. 2016).
6 Miten päädyit käyttämään potilaan valinnanvapautta ja hakeutumaan toisen hyvinvointialueen (ent. sairaanhoitopiirin) sairaalaan?	Ennen lähtöä Lääkärin suosituksesta Ystäviltä/tuttavilta/sukulaiselta suosituksesta Muuta kautta	To understand the key criteria associated in the decision to utilize clinical freedom of choice. - Studies indicate that freedom of choice has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. (Kortelainen et al. 2023) - No standardized set of guidelines for communicating details regarding patients' freedom of choice (FCCA 2016)
7 Mikä tekijä ensisijaisesti vaikutti siihen, että valitsit juuri Pirkanmaan hyvinvointialueen (ent. sairaanhoitopiirin) hottopaikkasi?	Hoitopaikkayritys Tays Sydänsairaalaa hyvä maine Aiemmat omat kokemukset Tays Sydänsairaalasta Tays Sydänsairaalaa etäisyys kotoa Muusyy	To understand the key reason associated in the decision to choose a specific hospital. - Comparisons between the information provided by different service providers are challenging. (FCCA 2016) - There are significant development needs in the content, quality, and quantity of publicly available comparative information to support patient choices (Virtanen et al. 2016) - Tampere Heart Hospital's interest
8 Ovatko terveydenhuollon ammattilaiset antaneet tietoa potilaan valinnanvapaudesta ja siten tukeneet sinua hottopaikan vapaassa valinnassa?	Kyllä Ei En osaa sanoa	To understand on what level patient has received information from the healthcare provider regarding their option with regards to freedom of choice. - The implementation of freedom of choice and identified its system-centric nature as the greatest weakness (Tuuri 2015) - Limited development of operational models or consideration of internal division of work regarding how information is communicated to customers about their choices and how the decision-making process is supported (Junnila et al. 2016).
9 Voititko suositella erikoissairanhoidon valinnanvapautta muille perustuen omiin kokemuksiisi?	Kyllä En En osaa sanoa	NPS - to understand how patients see the benefits of using freedom of choice. - Studies indicate that freedom of choice has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. (Kortelainen et al. 2023) - Impact is proven to be significant and enduring, notably in reduction of average waiting times but also patient's satisfaction. (Fernández-Pérez, Jiménez-Rubio, Robone 2023)
10 Anvot kokemukse perusteella seuraavia väittämiä (1 Täysin eri mieltä, 2 Jotkeenin eri mieltä, 3 Ei samaa eikä eri mieltä, 4 Jotkeenin samaa mieltä, 5 Täysin samaa mieltä)	Valinnanvapaus nopeuttaa hoitoon pääsyä (1-5) Valinnanvapaus parantaa hoidon laatua (1-5) Valinnanvapaus mahdollistaa tehokkaamman erikoissairanhoidon (1-5) Valinnanvapaus parantaa potilaiden tyytyväisyyttä (1-5)	To understand how patients see the process and the benefits of using freedom of choice. - Studies indicate that freedom of choice has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. (Kortelainen et al. 2023) - The number of patients waiting for over six months has increased nationwide in 2023. (THL, 2023) - To understand how patients finds the process of utilizing freedom of choice. - There are significant development needs in the content, quality, and quantity of publicly available comparative information to support patient choices (Virtanen et al. 2016) - Studies indicate that freedom of choice has the potential to reduce waiting times, shorten hospital stays, and optimize resource allocation. Moreover, results suggest that freedom of choice may reallocate patients to large producers and improve public hospitals' performance with minimal impact on clinical quality or average surgical expense. (Kortelainen et al. 2023) - The analysis suggests that the implementation of freedom of choice policies has the potential to enhance overall health care systems' performance, especially when coupled with appropriate economic incentives for healthcare providers. (Fernández-Pérez, Ji-ménez-Rubio, Robone 2022).
Miten tietoisuutta potilaan valinnanvapaudesta voisi mielestäsi lisätä? Missä ja miten tietoa potilaan valinnanvapaudesta olisi hyvä tarjota.	(avoin kenttä)	To cover anything else that would have an impact - There are significant development needs in the content, quality, and quantity of publicly available comparative information to support patient choices (Virtanen et al. 2016) - Tampere Heart Hospital's interest
Onko jotain muuta, mitä haluaisit kertoa kokemuksistasi liittyen potilaan valinnanvapauteen?	(avoin kenttä)	- Tampere Heart Hospital's interest

Results

Oletko käyttänyt potilaan valinnanvapautta erikoissairaanhoidossa useammin kuin kerran?	Kyllä	43,7%	31
	En	56,3%	40
	En osaa sanoa	0,0%	0
Mistä sait tietää, että Suomessa potilaalla on mahdollisuus valita kiireettömässä hoidossa erikoissairaanhoidon hoitopaikka?	Hoitohenkilökunnalta esim.	59,2%	42
	Ystävältä/tuttavalta/sukulai	16,9%	12
	Uutisista	7,0%	5
	Internetistä	8,5%	6
	Muuta kautta	8,5%	6
Miten päädyit käyttämään potilaan valinnanvapautta ja hakeutumaan toisen hyvinvointialueen (ent. sairaanhoitopiirin) sairaalaan?	Ehdotin itse	30,0%	21
	Lääkärin suosituksesta	61,4%	43
	Ystävän/tuttavan/sukulaise	5,7%	4
	Muuta kautta	2,9%	2
Mikä tekijä ensisijaisesti vaikutti siihen, että valitsit juuri Pirkanmaan hyvinvointialueen (ent. sairaanhoitopiirin) hoitopaikaksesi?	Hoitoonpääsyn nopeus	26,8%	19
	Tays Sydänsairaalan hyvä m	49,3%	35
	Aiemmat omat kokemukset	9,9%	7
	Tays Sydänsairaalan etäisyys	1,4%	1
	Muu syy	12,7%	9
Ovatko terveydenhuollon ammattilaiset antaneet tietoa potilaan valinnanvapaudesta ja siten tukeneet sinua hoitopaikan vapaassa valinnassa?	Kyllä	60,6%	43
	Ei	31,0%	22
	En osaa sanoa	8,5%	6
Voisitko suositella erikoissairaanhoidon valinnanvapautta muille perustuen omiin kokemuksiisi?	Kyllä	98,6%	68
	En	0,0%	0
	En osaa sanoa	1,4%	1
Arvioi kokemuksesi perusteella seuraavia väittämiä			
Valinnanvapaus nopeuttaa hoitoon pääsyä	Täysin eri mieltä	1,4%	1
	Eri mieltä	1,4%	1
	Ei samaa eikä eri mieltä	4,2%	3
	Jokseenkin samaa mieltä	19,7%	14
	Täysin samaa mieltä	54,9%	39
	En osaa sanoa	18,3%	13
Valinnanvapaus parantaa hoidon laatua ()	Täysin eri mieltä	1,4%	1
	Eri mieltä	0,0%	0
	Ei samaa eikä eri mieltä	9,9%	7
	Jokseenkin samaa mieltä	23,9%	17
	Täysin samaa mieltä	50,7%	36
	En osaa sanoa	14,1%	10
Valinnanvapaus mahdollistaa tehokkaamman erikoissairaanhoidon ()	Täysin eri mieltä	1,4%	1
	Eri mieltä	0,0%	0
	Ei samaa eikä eri mieltä	8,5%	6
	Jokseenkin samaa mieltä	21,1%	15
	Täysin samaa mieltä	54,9%	39
	En osaa sanoa	14,1%	10
Valinnanvapaus parantaa potilaiden tyytyväisyyttä ()	Täysin eri mieltä	1,4%	1
	Eri mieltä	0,0%	0
	Ei samaa eikä eri mieltä	1,4%	1
	Jokseenkin samaa mieltä	21,1%	15
	Täysin samaa mieltä	73,2%	52
	En osaa sanoa	2,8%	2
Miten tietoisuutta potilaan valinnanvapaudesta voisi mielestäsi lisätä? Missä ja miten tietoa potilaan valinnanvapaudesta olisi hyvä tarjota.			56
Onko jotain muuta, mitä haluaisit kertoa kokemuksistasi liittyen potilaan valinnanvapauteen?			30
Ikä	Alle 25 vuotta	0,0%	0
	25-34 vuotta	2,8%	2
	35-44 vuotta	4,2%	3
	45-54 vuotta	8,5%	6
	55-64 vuotta	33,8%	24
	65-74 vuotta	31,0%	22
	yli 74 vuotta	19,7%	14
Sukupuoli	Mies	54,3%	38
	Nainen	45,7%	32
	Muunsukupuolinen	0,0%	0
	En halua kertoa	0,0%	0
Asuinpaikka	Ahvenanmaa	0,0%	0
	Etelä-Karjala	4,2%	3
	Etelä-Pohjanmaa	9,9%	7
	Etelä-Savo	1,4%	1
	Kainuu	1,4%	1
	Kanta-Häme	12,7%	9
	Keski-Pohjanmaa	0,0%	0
	Keski-Suomi	8,5%	6
	Kymenlaakso	2,8%	2
	Lappi	1,4%	1
	Pirkanmaa	0,0%	0
	Pohjanmaa	0,0%	0
	Pohjois-Karjala	0,0%	0
	Pohjois-Pohjanmaa	0,0%	0
	Pohjois-Savo	0,0%	0
	Päijät-Häme	7,0%	5
	Satakunta	2,8%	2
	Uusimaa	43,7%	31
	Varsinais-Suomi	4,2%	3

Results (translated in English)

Have you used the patient's freedom of choice in specialized healthcare more than once?	Yes	43,7%	31
	No	56,3%	40
	I do not know	0,0%	0
How did you find out that in Finland a patient has the possibility to choose the place of treatment for non-urgent specialized healthcare?	From healthcare staff eg. ph	59,2%	42
	From a friend/relative	16,9%	12
	From news	7,0%	5
	From internet	8,5%	6
	From elsewhere	8,5%	6
How did you decide to exercise your freedom of choice as a patient and seek treatment at a hospital in another wellbeing services county?	I proposed myself	30,0%	21
	Due to recommendation of	61,4%	43
	Due to recommendation of	5,7%	4
	Due to other reason	2,9%	2
What factor primarily influenced your decision to choose Pirkanmaa wellbeing services county as your place of treatment?	Fast access to treatment	26,8%	19
	Good reputation of Tays Hei	49,3%	35
	Previous experiences from	9,9%	7
	Tays Heart hospital's distanc	1,4%	1
	Other reason	12,7%	9
Have healthcare professionals provided information about the patient's freedom of choice and thus supported you in the selection of the place of treatment?	Yes	60,6%	43
	No	31,0%	22
	Unsure	8,5%	6
Could you recommend freedom to choice to others based on your own experiences?	Yes	98,6%	68
	No	0,0%	0
	I do not know	1,4%	1
Evaluate the following statements based on your experiences			
Freedom of choice speeds up access to treatment?	Strongly disagree	1,4%	1
	Disagree	1,4%	1
	Neither agree or disagree	4,2%	3
	Somewhat agree	19,7%	14
	Strongly agree	54,9%	39
	I dont know	18,3%	13
Freedom of choice improves the quality of care?	Strongly disagree	1,4%	1
	Disagree	0,0%	0
	Neither agree or disagree	9,9%	7
	Somewhat agree	23,9%	17
	Strongly agree	50,7%	36
	I dont know	14,1%	10
Freedom of choice enables more efficient specialized healthcare?	Strongly disagree	1,4%	1
	Disagree	0,0%	0
	Neither agree or disagree	8,5%	6
	Somewhat agree	21,1%	15
	Strongly agree	54,9%	39
	I dont know	14,1%	10
Freedom of choice improves patient satisfaction?	Strongly disagree	1,4%	1
	Disagree	0,0%	0
	Neither agree or disagree	1,4%	1
	Somewhat agree	21,1%	15
	Strongly agree	73,2%	52
	I dont know	2,8%	2
How do you think awareness of patient freedom of choice could be increased? Where and how would it be beneficial to provide information about freedom of choice.			56
Is there anything else you would like to share about your experiences related to patient freedom of choice?			30
Age	Under 25 years	0,0%	0
	25-34 years	2,8%	2
	35-44 years	4,2%	3
	45-54 years	8,5%	6
	55-64 years	33,8%	24
	65-74 years	31,0%	22
	Over 74 years	19,7%	14
Gender	Male	54,3%	38
	Female	45,7%	32
	Non-binary	0,0%	0
	Pfefer not to tell	0,0%	0
Municipality of residence	Åland	0,0%	0
	South Karelia	4,2%	3
	South Ostrobothnia	9,9%	7
	South Savo	1,4%	1
	Kainuu	1,4%	1
	Tavastia Proper	12,7%	9
	Central Ostrobothnia	0,0%	0
	Central Finland	8,5%	6
	Kymenlaakso	2,8%	2
	Lapland	1,4%	1
	Pirkanmaa	0,0%	0
	Ostrobothnia	0,0%	0
	North Karelia	0,0%	0
	North Ostrobothnia	0,0%	0
	North Savo	0,0%	0
	Paijätne Tavastia	7,0%	5
Satakunta	2,8%	2	
Uusimaa	43,7%	31	
Southwest Finland	4,2%	3	

Results of cross-tabulation

	Oletko käyttänyt potilaan valinnanvapautta erikoissairaanhoidossa useammin kuin kerran?		Mistä sait tietää, että Suomessa potilailla on mahdollisuus valita kiireettömässä hoidossa erikoissairaanhoidon hoitopaikka?					Miten päädyttiin käyttämään potilaan valinnanvapautta ja hakeutumaan toiseen hoivapaikkaan luen (pot. sairaanhoitopiiri) sairaalaan?					Mikä teki juuri erikoissairaanhoidon valinnanvapautta vaikeaksi? (Potilaan hoitopaikka)					Ovatko läheisten uolion ammattilaiset antaneet tietoa potilaan valinnanvapautta ja siten tukeneet sinua hoitopaikan valinnassa?					Voisiko suositella erikoissairaanhoidon valinnanvapautta muille perustuen omiin kokemuksiisi?				
	Kyllä	En	En osaa sanoa	Ystävästä/kuulusta	Uutisista	Internetistä	Muuta kautta	Ehdin itse	Lääkärin suosituksesta	Ystäväni/huoltajan suosituksesta	Muuta kautta	Hoitopaikan synopeus	Tays Sydänsairaalasta	Aiemmat omat kokemukset Tays Sydänsairaalasta	Tays Sydänsairalan etäisyys kotiin	Muu syy	Kyllä	Ei	En osaa sanoa	Kyllä	En	En osaa sanoa					
ALL (n=71)	44%	56%	0%	59%	17%	7%	8%	8%	30%	61%	6%	3%	27%	49%	10%	1%	13%	61%	31%	8%	96%	0%	1%				
Men (n=38)	45%	55%	0%	82%	5%	8%	5%	0%	26%	71%	3%	0%	29%	50%	11%	0%	11%	68%	24%	8%	92%	0%	3%				
Female (n=32)	41%	59%	0%	31%	31%	6%	13%	19%	34%	47%	9%	6%	25%	50%	6%	3%	16%	50%	41%	9%	100%	0%	0%				
Uusimaa (n=31)	35%	65%	0%	61%	19%	6%	10%	3%	19%	71%	6%	3%	55%	32%	6%	0%	6%	61%	29%	10%	94%	0%	0%				
Outside Uusimaa (n=40)	50%	50%	0%	58%	15%	8%	8%	13%	38%	53%	5%	3%	5%	63%	13%	3%	18%	60%	33%	8%	98%	0%	3%				
Difference	15%	-15%	0%	-4%	-4%	1%	-2%	9%	18%	-18%	-1%	-1%	-50%	30%	6%	3%	11%	-1%	3%	-2%	4%	0%	3%				
55-64 years (n=24)	38%	63%	0%	58%	21%	8%	4%	8%	29%	50%	13%	4%	29%	50%	8%	0%	13%	63%	38%	0%	96%	0%	0%				
Vs other age groups (n=47)	5%	-6%	0%	-1%	-4%	-1%	4%	0%	0%	9%	-7%	-1%	-1%	-1%	0%	1%	0%	-3%	-7%	8%	-1%	0%	1%				
Over 74 years (n=14)	50%	50%	0%	64%	14%	7%	14%	0%	29%	64%	7%	0%	29%	50%	14%	0%	7%	57%	36%	7%	86%	0%	7%				
Vs other age groups (n=57)	8%	-6%	0%	7%	-3%	0%	6%	-8%	-1%	5%	2%	-3%	2%	1%	6%	-1%	-6%	-2%	5%	-1%	-9%	0%	6%				

	Valinnanvapautta nopeuttaa hoitoon pääsyä (I)					Valinnanvapautta parantaa hoidon laadua (I)					Valinnanvapautta mahdollistaa tehokkaamman erikoissairaanhoidon (I)					Valinnanvapautta parantaa potilaan tyytyväisyyttä (I)									
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
ALL (n=71)	1%	1%	4%	20%	55%	18%	1%	0%	10%	24%	51%	14%	1%	0%	8%	21%	55%	14%	1%	0%	1%	21%	73%	3%	
Men (n=38)	3%	3%	5%	29%	45%	16%	3%	0%	8%	34%	42%	13%	3%	0%	13%	32%	42%	11%	3%	0%	0%	32%	63%	3%	
Female (n=32)	0%	0%	3%	6%	69%	22%	0%	0%	13%	59%	16%	0%	0%	3%	9%	69%	19%	0%	0%	3%	9%	84%	3%		
Uusimaa (n=31)	0%	0%	0%	19%	77%	3%	0%	0%	3%	29%	48%	19%	0%	0%	3%	29%	58%	10%	0%	0%	0%	16%	84%	0%	
Outside Uusimaa (n=40)	3%	3%	8%	20%	38%	30%	3%	0%	15%	20%	53%	10%	3%	0%	13%	15%	53%	18%	3%	0%	3%	25%	65%	5%	
Difference	3%	3%	8%	1%	-40%	27%	3%	0%	12%	-9%	4%	-9%	3%	0%	9%	-14%	-6%	8%	3%	0%	3%	9%	-19%	5%	
55-64 years (n=24)	0%	0%	4%	17%	63%	17%	0%	0%	0%	25%	54%	21%	0%	0%	8%	17%	54%	21%	0%	0%	0%	13%	83%	4%	
Vs other age groups (n=47)	1%	1%	0%	2%	-8%	2%	1%	0%	10%	-1%	-5%	-7%	1%	0%	0%	4%	-1%	-7%	1%	0%	1%	9%	-12%	-1%	
Over 74 years (n=14)	0%	7%	0%	7%	64%	21%	0%	0%	0%	21%	64%	14%	0%	0%	7%	14%	71%	7%	0%	0%	0%	14%	86%	0%	
Vs other age groups (n=57)	-1%	6%	-4%	-11%	9%	3%	-1%	0%	-10%	-3%	15%	0%	-1%	0%	-1%	-7%	18%	-7%	-1%	0%	-1%	-7%	14%	-3%	

Information of the survey

Arvoisa vastaanottaja,

Pyydämme Teitä osallistumaan tähän tutkimukseen, jossa tutkitaan erikoissairaanhoidon vapaata hoitopaikan valintaa Suomessa. Tutkimuksessa selvitetään Pirkanmaan hyvinvointialueen (ent. sairaanhoitopiirin) hoitopaikakseen valinneiden potilaiden valintaperusteita, kun potilas on tullut hoidetuksi Tays Sydänsairaalaan. Tutkimuksen tuloksia käytetään Tays Sydänsairaalan toiminnan kehittämisessä.

Tutkimuksen tekijä opiskelee ylemmän ammattikorkeakoulun Health Business Management -koulutusohjelmassa (Metropolia Ammattikorkeakoulu) ja tutkimus on osa opinnäytetyötä. Opinnäytetyön valmistuttua tutkimustulokset ovat luettavissa yleisesti ammattikorkeakoulujen opinnäytetöiden sähköisessä verkkokirjastossa Theseuksessa.

Tutkimuksessa käytetään sähköistä kyselylomaketta. Kyselyyn vastataan nimettömänä ja yksittäisiä vastaajia ei voida tutkimuksessa tunnistaa. Tutkimukseen ja kyselyyn osallistuminen on vapaaehtoista eikä siitä makseta erillistä palkkiota. Kyselyyn vastaaminen vie noin 5 minuuttia.

Vastausaikaa on to 20.6.2024 asti.