

Petra Nowak

More Business for a Small Health Company

Case Study of Service Expansion in Changing Health Market

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<p>The purpose of this case study was to present supportive information for a small health company in managerial decision-making concerning business development and service portfolio expansion into equine assisted activities (EAA). The aim was to produce valid data through market research and information through statistical analysis.</p> <p>This case study utilised web survey for data collection. The sample was selected by purposive sampling and a questionnaire was sent to 45 locally operating healthcare and/or social service organisations in public, private and third sector. The questionnaire received 14 responses that were statistically processed and analysed with frequency analysis and cross-tabulation.</p> <p>The information received from the analysis stated that there is a lack of information regarding EAA services in multiple sectors and various fields of healthcare and social services. EAA service producers are not visible in the health business market and buyers and end-users are unaware of the impacts or usability of the service in their own field.</p> <p>This indicates that before implementing these services, case company must focus on connecting with possible customers in informative manner and focus on individual needs in preferred channel of information. This requires further delving into marketing strategy and networking to build up a meaningful service portfolio and a strong position in health business market.</p>	
Keywords	Health Business, Business Development, Marketing Research, Equine Assisted Activities

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1 Introduction

Finnish healthcare and social services are in the middle of an environmental change. Regional Government, health and social service reform is in process of development and there is no determined time when the change of service production will come into force (Valtioneuvosto 2018a). Small healthcare companies have been preparing their business for reform in wary. Some have merged with larger companies (Pesonen 2017) and some have tried to battle the information flow while simultaneously going on with business as usual. Electronic patient information systems and digitalization with Kanta digital services have been resource needy demands to fulfil for many companies.

Publicly funded rehabilitation services bring most of the revenue to many healthcare micro-companies. The relationship with service payee, third-party-customer Kela, is complex. The cooperation agreements are fixed-term based, and occupy most of the clinical work a company can resource. Problems arise when companies lose contracts in public tenders and are left with no income. Kela's public procurement for 2019 has raised concerns in many levels (Kuntoutusyrittäjät 2018a; Ala-Nissilä 2018), when Kela decided to modify procurement criterion according to Aalto University research (Aalto-yliopiston taloustieteen työryhmä 2018) and valued price over quality in services. Kela announced cooperation partners for 2019-2022 in October 2018. Many long-term affiliates with high quality service production were not chosen, and concerns of equality of accessibility and quality of services were raised in public and with people in need of quality services. At the same time many small healthcare companies are terminating business, as revenue stream will shut down by the end of this year (Kuntoutusyrittäjät 2018b).

Therefore this thesis exists. This thesis is a case study, describing the functions and business development possibilities of a small healthcare company focused in producing third party payee -based demanding medical rehabilitation in physiotherapeutic riding therapy in the area of Tampere and nearby municipalities. This study explains how strategic management is as crucial to locally operating healthcare micro-companies than to large global organizations. Strategic management is a road map

that company utilises in the turbulence of change that requires responsiveness and dynamic action taking. (Ginter, Duncan & Swayne 2013.)

Regional reform's objectives are to provide equality in service supply for all inhabitants, level resources used and incorporating Lean management to health and social service supply (Valtioneuvosto 2008b). Lean thinking is highlighted in service modernisation, pushing digitalisation and data compatibility. All this is to reduce the increasing costs of producing publicly funded services, and therefore the main concept is beneficial and justified. The reform will organise Finnish public administrations on three-tier level, which are central government, 18 counties that are autonomous regions and local government (Valtioneuvosto 2018c).

According to Valtioneuvosto (2018b) these 18 counties will be responsible to organise all public health and social services in their area. This means these services have to be reorganised. Hypothesis is that private sector health business market will most likely expand, as regional service production will be partly implemented by this sector. New legislation (Valtioneuvosto 2008c) will demand all health and social services to be provided by regional government, and therefore there is a need to network with local service producers.

Sitra (2018) is an independent future-oriented fund that aims to create solutions for better outcomes in reforms. Sitra's Soteuttamo 2.0 (Sitra 2018) is a nationally and locally organised event tour that promotes ecosystem thinking in healthcare and social services and between industries. It is open to all health and social service organisations in private, public and third sector. Sitra has actively taken a role as a co-operational guide to provide information to healthcare and social service companies regarding how the new health and social service reform will impact business planning. And privately operated healthcare companies will need to modify their strategy to continue operating in healthcare market in the regional government, health and social services reform. Reform's - and counties' - aim is to provide equal access to care, but publicly operated organisations are not able to provide all services independently. This reform will emphasise the freedom of choice for service users (Valtioneuvosto 2018d) and ability to choose relevant services will have an affect on the health and social service business market, as it opens the service production for all applicable service providers. This will also have effect on competition in the market, as well as marketing and pricing of the services.

Even though the reform offers new healthcare business possibilities, there are severe concerns among healthcare organisations. Delayed legislative reform that is required prior to regional government reformation is complicating companies' strategic management. Companies are not aware how the upcoming reform will change their position in the service production chain, as the process of legislation and practical solutions are still pendent in the Finnish government. However, the need to keep up with the demands from the governmental direction is imperative as otherwise the participation in service production will be inhibited.

To secure the business competency service innovation and planning are crucial steps in environmental change for all sized companies (Ginter, Duncan & Swayne 2013) but even more for the micro-companies to survive the change. Demand for service innovation can cause pressure in companies to business development, as the market opens for customers' freedom of choice. Customers are more easily channelled to choosing services that have more value and more impact in their wellbeing (Storbacka & Lehtinen 1997, pp. 103-104). Hence, new business models are welcome, as the customers are more powerful as service users. Innovations; ideas, practices or objects that are considered new to adopt and to diffuse requires time and appropriate channels (Rogers 2007, p. 37). Health and social innovations do not differ greatly from this basic definition; according to Taipale & Hämäläinen (2007, p. 8), they are goal-directed, systematic actions in social environment, and require cooperation and multidisciplinary teamwork, research and testing. Everett M. Rogers' Diffusion of Innovations Theory (2007, p. 37) explains how ideas or products gain value in time and become widespread through social system. The theory can be used to describe innovations becoming adopted to target population by understanding the behaviours of the population and how innovations are constantly evaluated and updated with new qualities or services; they are continuous processes that meet the demand. (Taipale & Hämäläinen 2007, p. 13.) Even though there are limitations of its use in health and social services, it can be utilised in healthcare related marketing (LaMorte 2018) by understanding the behaviour of the user or the service rooting. As social innovations are solutions to ease or aid everyday living by increasing wellbeing in all population, this can be a good opportunity to small rural companies to incorporate sustainable development to their business planning. These type of creative innovations are needed in the changing scene of health business market, because many companies can create new only from existing recourses. Resourcing and implementing development can be overwhelming for many

small healthcare companies that are also practising clinical operations simultaneously, but the willingness to achieve the best possible outcome is, or should be, common to all parties: the regional government, the company and the customer.

To summarise the introduction, the environmental change is causing turbulence in current healthcare business. Privately operated companies need to act and modify their strategies, operation and processes to fulfil the governmental demands. Tightening competition and cost-effectiveness will have effect on business planning and service supply. Therefore this case study investigates options for a small healthcare company to expand service portfolio and operation in the healthcare market with existing resources and skills. The study will report the trend of the era of utilising nature as the empowering resource in human wellbeing and how it can provide new business possibilities in healthcare service production. Theoretical content includes an introduction on Green Care Concept and a research review on Equine Assisted Activities. This study is a market research, as it is well established in the theory section that the challenge of the innovative health business often faces is poor market segment knowledge; the needs and wants of the customer (Ginter, Duncan & Swayne 2013).

1.1 Case Company

Case company is a small healthcare company that produces specialised physiotherapeutic riding therapy services. The company's business model that explains company's core functions can be found in Appendix 1. and is opened more thoroughly in Chapter 2. The company was founded in 2007 and operates in Kangasala. Company's service area is Tampere and surrounding municipalities including Kangasala, Lempäälä, Valkeakoski, Pälkäne, Ylöjärvi, Orivesi, Nokia and Pirkkala, which had a population of approximately 512000 in the end of 2017 (Tilastokeskus 2018). The location of the company in Kangasala is beneficial; as there is a wide client base to support the business model and the accessibility is thought to be good due to the reasonably short commute to the therapy facilities.

Company is focused in demanding medical rehabilitation for persons with severe disabilities and operates as a cooperation partner with Kela in national demanding medical rehabilitation policy. Company's service end-users are mainly Kela's neurological rehabilitation patients aged from 3 to 65 with varying physical and learning disabilities. In addition a small part of the client base are mental health patients. Like in many physio-

therapy companies where Kela is the main cooperation partner and third party payee for the service this company receives almost 95 percent of company's revenue from riding therapy services provided for Kela patients. The rest five percent of revenue is divided between riding therapy services for insurance companies' patients, publicly funded therapies and self-paying customers. The company has a client volume of 70 per year with each client having 15 riding therapy sessions on average, making total 1050 therapies per annum.

The company is operated by the owner / entrepreneur, a registered physiotherapist who is professionally specialized and certified to work as a qualified riding therapist. The owner is also responsible for all administrative and financial functions, networking and public relations and legislative issues the company's operation requires. The company has three therapy horses that are trained for demanding therapy work but therapy facilities have been rented and maintained by premise owner, who's business model is to rent high quality facilities for private horse owners.

The company has had three previous cooperation contacts by competitive public tenders with Kela as a riding therapy service provider in mentioned area, and is just signing on a fourth agreement for 2019-2022. In addition, the company has business contacts with insurance companies, municipalities and Tampere district hospital. The company is also co-working with Tampere University of Applied Sciences as a training unit for practical placement for undergraduate physiotherapy students and provides clinical practice in postgraduate riding therapy training for physiotherapists.

There is a high risk of company's operational existence. As company goes through a public tender every four years, long term strategic planning is difficult and financial stability of the company is at large. This is causing the company to operate in short term business planning with difficulties in strategic decision-making concerning business development; long term investments or expansion of business is risky, as is hiring permanent staff. Hence exact strategic planning is extremely important to provide adequate data for optimal performance and prospects for business operation and expansion (Ginter, Duncan & Swayne 2013). When innovating new services, a company must be thorough in optimising resources to reduce risks attached to business decisions (Proctor 2005, p. 7) and therefore carefully planned and executed marketing research supports the business planning. This is even more important for micro-companies that cannot afford to either fix resources or lose financially.

As case company is already highly differentiated in services, the way for future development would be in expanding service supply, scope the market segment, or both (Ginter, Duncan & Swayne 2013). Hypothesis is, that the company can utilise existing resources - professional skills, equipment and facilities - to produce new services to diversify the revenue stream. With the existing recourses in mind, and exploring new trends in healthcare and social services globally, the company has a vision of incorporating equine assisted activity services to existing service portfolio. To ensure business success the company needs to have a strategy. It needs to clarify its position in the market, and therefore investigate new possibilities to expand the service supply to meet the regional need and demand and introduce other EAA services to Finnish market and find new customers segments. This will ensure the diversity of revenue stream and reduce the risk of business closure in case of lost tender.

1.2 Aims and Objectives

This purpose of this study is to provide information for management-decision problem how to ensure company's financial stability, profit and survival in the environmental change. Separating the management-decision problem from research problem is crucial, as otherwise research will not give necessary information to support strategic management (Malhotra 2009). Before implementing new services, the company must gain market information regarding equine assisted activity (EAA) services. Therefore the research questions are defined as follows:

- 1) How recognised and used EAA services are in Tampere area health and social care organisations?
- 2) How well aware employees in social and healthcare organisations from public, private and third sector are of the local EAA services and service providers?

As these research questions relate to strategic management, the company's business processes and plans need to be described. The following chapter of the study incorporates the relevant principles of strategic management to the case company's current state and operation.

2 Theoretical Background

In this chapter the study analyses the case company's current state and future visions regarding business development. Also Green Care concept and equine assisted activities are presented with a research review of EAA services to support the company's evidence based service portfolio.

2.1 Strategic Management in Small Healthcare Companies

In order to clarify the current situation the case company is in, the study introduces the general model of strategic management and relates it to the case company.

Dealing with rapid, complex and often discontinuous change requires leadership. Successful health care organizations have leaders who understand the nature and implications of external change, the ability to develop effective strategies that account for change, and the will as well as the ability to actively manage the momentum of the organization. These activities are collectively referred to as "strategic management". (Ginter, Duncan & Swayne 2013, p. 5.)

Ginter, Duncan & Swayne (2013, p. 13) state that strategic thinking is "the fundamental intellectual activity underlying strategic management". This can be understood that those who are in leadership must have multiple roles as an observer and interpreter, but also as a decision maker and a doer in company's business actions. Strategic thinking incorporates how future is seen and how to position oneself in it. The importance to understand change, current events and understanding systems is linked to visioning, innovating and positioning in the environment. Strategic planning follows strategic thinking and can be described as a continuous process where documented plan of organizational focus, *strategy*, is created. (Ginter, Duncan & Swayne 2013)

2.1.1 External Environmental Analysis

Healthcare companies have to continuously position themselves in the changing environment. Changes can be legislative or political, economic, social or demographic, technological and competitive. (Ginter, Duncan & Swayne 2013.) Therefore it is important that the case company explores the external environment it operates in and analyses current issues that have influence in operative functions. External environ-

mental analysis is therefore relevant, as there are multiple simultaneous changes in the healthcare business market that have impact on the case company's success even though the future cannot be exactly predicted.

At the moment Finland is **reforming the legislation** concerning Regional Government, but also health and social services. This will have a great impact on how private healthcare services are produced. It is yet unknown how private healthcare organisations are located on the service supply chain, but the case company needs to keep up to date with new regulations and stay informed of the actions that has to be taken. **Economic changes** are also apparent, as public tenders value more cost-efficient services from service producers, and cost-quality ratio is leveraged at 80-20, as was seen in Kela's public tender for 2019-2022 service description. This means company must carefully optimise the utilisation of resources to gain financial profit. Pricing and cost-structure needs to be clear and updated for each service. **Social/Demographic changes** are not expected to arise within near future, but there is a positive connection between healthcare delivery and equality in accessibility the reform is enabling. **Technological changes** are also current, as all healthcare companies are required to join Kanta, a digitalised patient data system that collects all recorded patient data from various healthcare and social service organisations. **Competitive changes** that relate to current state are public tenders, decreasing viability of small healthcare companies versus chained large healthcare organisations and demands to cut costs in publicly funded services. These findings should inform the company of the necessary actions and development strategies. (Ginter, Duncan & Swayne 2013).

2.1.2 Internal Environmental Analysis

Internal environmental analysis explains the capabilities the company already possesses and can act on immediately and hence can affect on the **competitive advantage** of the company. (Ginter, Duncan & Swayne 2013.) The case company can add competitive advantage by creating value to stakeholders; cooperation partners, patients and affiliates. When a company creates value, it has a positive impact on the pricing, as perception of satisfaction can be the criterion for building long-term customer relationship. **Value chain** can be utilised to describe how value can be added to service delivery and supportive activities in pre-service, point-of-service and after-service. In this study, **pre-service delivery** value is examined through marketing research that identifies market segments. Information gained from marketing research

can also determine which segments are compatible with existing or new services and how to inform these market segments regarding the services. (Ginter, Duncan & Swayne 2013, p 15.)

Identifying the company's *internal strengths and weaknesses* is a continuous process that is an important part of company's internal environmental analysis. Size of the company can be either a strength or a weakness. Most of Finnish physiotherapy companies are so called micro-companies that employ under ten persons. Small size can affect positively on the speed that a company can react to necessary action taking, but on the other hand the resourcing can be difficult. Furthermore, companies can create weaknesses with static strategies that rely on the on-going market situation. Status quo and narrow-mindedness in business operation inhibits identifying the strengths of the business and future development possibilities (Kotler, Armstrong & Parment 2016, p. 392; Ginter, Duncan & Swayne 2013). This is the case for many Finnish physiotherapy companies that have had a same customer segment and service portfolio for a long time. Even more, physiotherapy companies are more or less operating within a homogeneous competitive market, where companies produce similar services with little variation of service supply or price, which can have a rapid effect on the financial stability in external environmental changes; new rivals in the market, change of trends, financial decline, health and social service reform not being the least of fears. (Ginter, Duncan & Swayne 2013.) For time being competitive tenders are one of the most important possible revenue creating sources for those companies that produce physiotherapy services for large customer base. The downside of these financially prosperous tenders is that they occupy most of the service time for the company for predetermined time and simultaneous resourcing for business development can be difficult, as it has been for the case company. Strategic management is important part of preparing a company for future. When company is well aware of the situation in the market, the competition within the market and how the market will evolve, it has more capacity to influence the economical fluctuation and therefore the sustainability of the business.

Company can develop competitive advantage by *differentiation*, where highly differentiated products are designed especially for a market, or by *focusing* strong effort in few market segments (Kotler, Armstrong & Parment 2016, p. 393). In reference to this, the case company is a small company, where actions can be taken rapidly, but with limited recourses. The one-man-business possesses high competency in riding therapy services, and has capabilities to produce equine related services, but lacks knowledge in

many other business areas, as market knowledge, targeting and marketing services to other than existing customers. The challenge for many micro-companies to influence own success is the lack of knowledge of what are the customers' wants and needs, and what is trending. The time is spent in clinical work and not in research of the market. And yet, customer needs, wants and demands are the basic concepts when a company is marketing its products or services. By channelling time and resources in investigating customer needs the company is on a stronger ground to succeed in competition. (Kotler, Armstrong & Parment 2016.) This can be done by marketing research, which functions in a close relationship to strategic management, as it provides the informative means to solve business problems (Malhotra 2009, p. 81).

2.1.3 Development of the Directional Strategies

Directional strategies include mission, vision, values and strategic goals; these properties aid in company's decision-making. The mission states why a company exists and expresses company's character. (Ginter, Duncan & Swayne 2013.) The case company's *mission is to enhance the quality of life for people with disabilities in Pirkanmaa area through evidence based, good quality and client oriented therapy approach with the assistance of horses*. Mission statement can act as a reminder in the decision-making process in business development, as is can critic operational strategy, for example in evaluation of implementing new actions, discarding or altering existing actions. (Ginter, Duncan & Swayne 2013.) The case company can utilise its mission statement in service portfolio expansion, and new services it produces have to adhere to the mission. Widening produced services to EAA services would fit into the mission of the company, but this alone cannot determine if new services are economically beneficial and therefore strategically wise option.

Vision is a statement that expresses the hopes and dreams of the company's future state and visioning and is a key factor in company's innovation and development. Clear and communicative vision is also open to change, as there is no status quo in the operational environment. (Ginter, Duncan & Swayne 2013.) The case company's *vision is to distinguish itself as a service area leader in riding therapy services and will be recognized for providing evidence-based, quality therapeutic services with patient orientation and seamless cooperation with stakeholders*. With this vision, the case company can foresee the path to future and stay on it.

Company's values are principles that it stands for. They can be company related, as innovation and development, or professional, as the code of ethics. The case company's values are *continuous improvement, quality service, and ethically sustainable operation according to the professional code of conduct*. These help the company to focus in strategic goal setting while filling the mission's demands. (Ginter, Duncan & Swayne 2013.)

These three aforementioned factors form the basis of the company's strategy. With a clear picture of company's purpose, hopes and beliefs, it is easier to steer the company to wanted direction by setting strategic goals. (Ginter, Duncan & Swayne 2013.) The goals should focus on achieving the mission, but not be limitless; in the case company these *strategic goals are to pursue stability and improvements in profitability and to ensure high quality equine assisted activity services in service area*.

Because the company is willing to expand the scope of services, the company needs to decide how it is done. As the company is already operating in a speciality area of healthcare, and there is no possibility to expand the service area, it has to decide whether related diversification, product development or penetration would be the best option. *Related diversification* would introduce new but related services, but they would demand service innovation and affiliation with other companies. *Product development* would signify introducing existing market new services that are complementary to existing services; *penetration* would require increasing market volume. (Ginter, Duncan & Swayne 2013.) A realistic option for the case company could be any of these three, but they would demand different resources to implement. Therefore to support the strategic management, goal setting and choosing the future path, the company needs to find information regarding the possibilities to incorporate EAA services to business operation. This requires more customer-related information of the service the company is to planning to incorporate or innovate; this is done with secondary data collection from EAA related research and thereafter primary information collection regarding the recognisability and user-interest of EAA services in service area.

2.2 Green Care Concept and Equine Assisted Activities

Before jumping to EAA related research, there is a need to have a wider perspective to nature related therapy trends and therefore discussion of Green Care concept is in order. Green Care (GC) concept is a hypernym for various ways to implement nature

related wellbeing activities that utilise nature in the aim for maintaining or improving health and wellbeing (Yli-Viikari et al. 2009; Greenleaf & Roessger 2016).

Nature has been used in health promotion in social, health and educational institutions for a long time in history (Soini et al. 2011; Sempik, Hine & Wilcox 2010). Health institutions were built in beautiful locations and farm labour and gardening were part of daily activities in elderly care and children's homes, as well as in other labour centres, prisons and monasteries. Nature related work was considered to have recuperative and healing effects on the inhabitants. Historical literature has several mentions regarding mental health benefits of agriculture, going all the way back to Victorian period England, where mental asylums offered meaningful pastime for patients with 'fresh air and nature work'. Fresh air was also considered to be healing, and tuberculosis asylums were located in rural areas. Rehabilitative medicine and care also obtained gardening and agricultural methods to improve physical recuperation, as well as mental health promotion and supporting people with learning disabilities. (Sempik, Hine & Wilcox 2010, pp. 14-17.) After the industrial revolution farming and horticultural activities were discontinued and set aside as welfare state development replaced them with industrial labour therapy (Soini et al. 2010).

In Europe the benefits of nature on human wellbeing have been rediscovered in health and social care in this century. Pretty, Rogerson & Barton (2017) discovered that using natural environments in therapeutic actions shows positive effects in short and long term measurements for various patient groups and ages; nature facilitates physical and mental wellbeing and acts as a healing place. Berger & McLeod (2006) claimed that the nature as a therapeutic environment is a place of equality; there are neither possessional nor hierarchical rules, but nature works as empowering and activating surrounding where safe and equal therapeutic relationship can develop.

More tangible paradigm is green care farming, or care farming, that can be seen as a modern version of historical farm labour. In the United States green care farming has been part of a rehabilitation plan for war veterans that have difficulties integrating to society. Greenleaf & Roessger (2016) found out that working or participating in daily activities in care farms had positive effect on veterans' psychological healing; horticultural activities, farm work and animal related actions in care farm environment raised life satisfaction by reducing perceived loneliness and increasing positive view of the future. Similar outcomes were found Pedersen et al. (2016a) when they conducted a

study of care farming in rehabilitation for unemployed people with mental health problems; facilities were enabling participation in social community and individually selected work enhanced self-efficacy. Safe social environment has also been utilised in green care farming with dementia patients. De Boer et al. (2017) studied green care farm type nursing home in comparison with regular small nursing home and a traditional nursing home; green care farm type nursing home measured higher in quality of life - Alzheimer's disease scores, which was consistent with positive affect, social relations and daily activities. Green care with adolescents that are in risk of social exclusion was studied by Kogstad, Agdal & Hopfenbeck (2014) in Norway with results that showed improved self-esteem, self-confidence, competence and self-care among the youths. Green care, with various methods, proved to have impact on the youth's positive outlook on future.

2.2.1 Green Care in Finland

GC concept was introduced in Finland in 2008, as it was seen as a possibility for development of Finnish countryside (Soini et al. 2010, p. 320). In Finland GC comprise several methods that relate to nature (Picture 1.). *Animal assisted therapy and activities* include riding therapy, but also other animal assisted therapies and activities, such as socio-pedagogical horse activities, equine assisted activities or dog assisted interventions. *Nature assisted methods* utilise nature's healing effects with adventure education and eco-psychological interventions, where human's are seen as part of the nature and wellbeing is interlinked with it. *Rehabilitation in green environment* utilises the nature as a surrounding for rehabilitative functions, such as physical or psychological rehabilitation in horticultural therapy or care farming. (Green Care Finland 2018.)

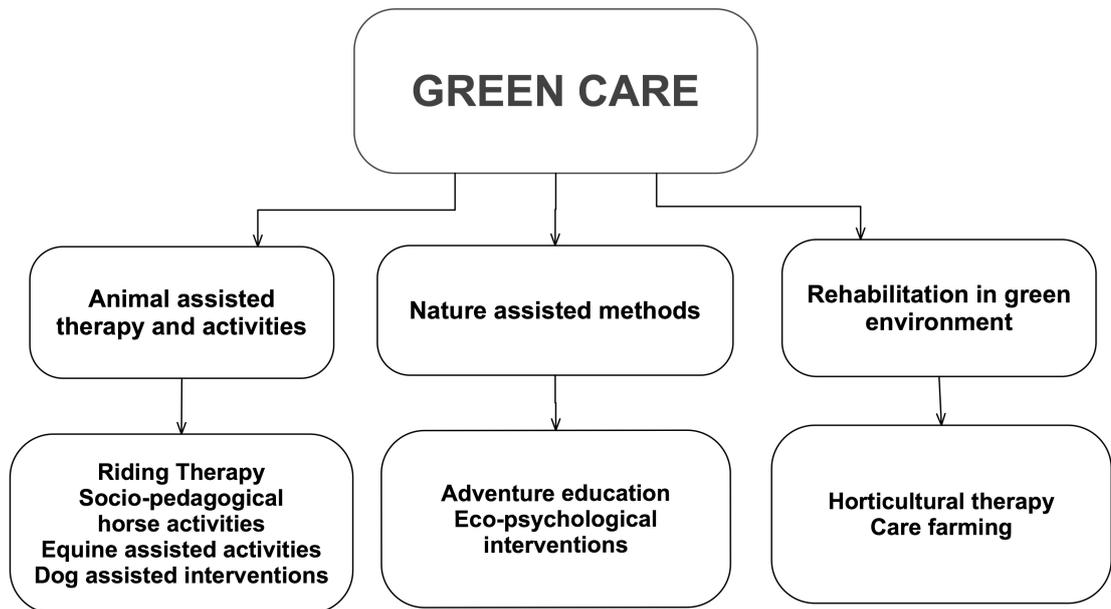


Figure 1. Green Care concept in Finland.

Finnish Government adopted GC concept as a new best practice for rural improvement. Countryside is considered to have a new role aside from being just an agricultural producer, but producer of wellbeing and health and social services. (Soini et al. 2010, p. 320.) The Government's aim with the proposal (Valtioneuvosto 2009) is to widen the range of health and social services and accessibility, which requires cross-segmental cooperation, continuously developing expertise and service innovation. Government perceives nature-related health and social services important research objects in several market areas, particularly in preventive child welfare and youth work, mental health rehabilitation and elderly care. High value is also given to rural environment and activities in rehabilitative functions. (Valtioneuvosto 2009.)

The challenges promoting GC -based services are usually concerning knowledge; the service producers are unaware of the wants and needs of the service area or customer wants and needs, and the end-users are unaware of the possible services and impacts this concept has to offer. Furthermore, service producers do not have the marketing skills to either explore the market area or introduce their service supply to possible clients. (Yli-Viikari et al. 2009, p. 58.)

2.2.2 Equine Assisted Activities in Research

At the beginning of this chapter clarification of terminology has to be made due to the vast terminology in the global field. Equine assisted activities (EAA) and therapies (EAT) can include various horse related activities that are used in gaining therapeutic impacts (Acri et al. 2016). In the United States, terms 'equine assisted activities' and 'equine assisted therapies' are separated, even though there are overlapping in both subcategories according to Acri et al. (2016, p. 604). There are many different terms for these activities in Finland as well, and translation to English has even more confused categorisation.

To ease the understanding of the content this thesis will use the term 'equine assisted activities' (EAA) broadly to describe *all equine related activities that have the purpose to gain wellbeing and health promotion*. Terminologies in the following paragraphs are translations from Finnish terminology.

Several studies have been conducted in EAA regarding **motor function improvement**. These researches have studied the effects of horse's therapeutic means for many neurological disorders. Rigby & Grandjean (2016) disclose several studies, where horseback riding and hippotherapy have been utilised in promoting motor skills and reducing unwanted neurological symptoms. Cerebral palsy (CP) is one of the most investigated disorders with EAA. Park et al. (2014) and Zadnikar & Kastrin (2011) suggested that hippotherapy, a branch of equine assisted therapies, might have beneficial influence on postural control and gross motor functions of children with CP. More specific results were gained in Alemdaroglu et al. (2016) in reducing adductor spasticity in children with CP.

EAA can also be utilised in rehabilitation of autism spectrum disorder (ASD), where developmental changes lead to difficulties in verbal and non-verbal communication, behavioural changes, social integration challenges and motor skill deficits. Anderson & Meints (2016) reported EAA, and especially physical contact with the horse, had positive outcome in reduction in maladaptive behaviour traits, which have multitude of benefits in ADL functions of ASD children. Borgi et al. (2016) concluded EAA having positive impact on executive abilities, improving ASD children's' problem solving abilities.

Mental health rehabilitation has adopted EAA for its beneficial impacts on self-esteem and self-acceptance as a supplementary approach. Working in meaningful tasks and physical contact with horses can effect on experienced anxiety and stress leading to long-term health benefits, self-efficacy and coping (Pedersen et al. 2016b, p. 40). Similarly in **child protection** horses and EAA have been found to produce positive outcomes for children with traumatic experiences, like abuse and neglect, by enhancing the feelings of calmness and positive attachment (Downes et al. 2016, pp. 1244-1245).

EAA have been reported in conjunction with psychotherapy to motivate **substance abusers** to commit to long-term therapy, which is coherent with better therapy outcomes. Kern-Godal et al. (2015) reported a statistically significant association with EAA and participation and completion of treatment.

Recently there has also been research concerning how EAA services can be incorporated in the **elderly care**. Studies investigating how animal assisted therapies have an effect on the quality of life in dementia patients who live in nursing homes show positive outcomes. Studies discovered that animal assisted activities with institutionalised people supported them to engage in pleasing activities and social interactions. Psychosocial approach of care combined with green care methods activated nursing home residents in gardening and taking care of animals. (Wood et al. 2017; de Boer et al. 2017.) This type of care method could be considered in elderly care, as integration to daily activities supports better life quality and autonomy.

Furthermore promoting health and cognitive abilities is essential with regular exercise. Cho (2017) conducted an investigation that showed effects of [mechanical horse] riding on the relative alpha power, activation showed on EEG. This resulted in increased concentration and restfulness, suggesting that EAA could have a positive effect on psychological stability of the elderly. Horse riding can also be used to enhance balance in elderly people. Kang (2015) reported that horse riding, although executed with mechanical horse, has effect on improving postural balance in elderly people and therefore influencing their independency and mobility.

Even though there are a few research executed globally, there are still no consensus of the effectiveness of EAA services in the above-mentioned areas. Supposedly that is

one of the reasons the establishment of utilising EAA services has not happened in wider perspective.

3 Methods and Materials

This chapter describes the research methods and materials used in this study, data collections method and how the data is interpreted. The research is conducted with marketing research process, which is somewhat similar to any research process. In this chapter the process of marketing research is described simultaneously with the process of the actual study.

3.1 Marketing Research

Marketing research is one method of gaining information concerning business decision-making. According to Malhotra (2009, p. 30) marketing research requires identification, collection and analysis of information.

Marketing research can be divided into six stages. After the *research problem* has been clearly identified the *research approach* needs to be developed, with formulating analytical framework and research questions. *Research design* conducts the process of the marketing research and determines how the data is collected. This part is also describing how questionnaire has been designed or sampling has been planned. *Data collection* and *preparation* followed by *data analysis* is time consuming but necessary for statistical analysis. After all the data has been analysed the research project should be opened in written report to answer the research questions. (Malhotra 2009, p. 36.)

3.2 Research Design

This study is a conclusive research, where information gained will assist in future decision making in business planning (Malhotra 2009, p. 97). Secondary data in the form of EAA research review has previously presented to support the primary data collection. Primary data collection to answer the research questions is implemented by descriptive cross-sectional survey. Data is collected with Survey Monkey web questionnaire with structured questions and analysed with statistical techniques using SPSS 25.0 and MS

Excel. The output of the study is a report of the knowledge of existing EAA services of the plausible affiliates in Tampere area from three sectors' point of view; how these differ or are similar, and how this information can be utilised in health business innovation and strategic planning, but also in targeted marketing.

3.3 Sampling

This study uses purposive sampling, where the questionnaire is open only to persons that are identified by researcher's personal judgement and therefore is deliberately biased (Burns & Bush 2010, p. 383). Due to the specific nature of the research subject, it would be purposeless to collect data from an audience that has no professional relationship to the subject, and therefore only individuals that can contribute to the research are selected. Downside is that this type of sampling does not represent the whole health and social service population (Burns & Bush 2010, pp. 380-384).

Purposive sampling was conducted by choosing 45 healthcare and social service organisations from Tampere and nearby municipalities. The main focus at this point was to create a sample that would widely represent the various possible areas of healthcare and social services from different sectors. Therefore the first decision was to divide the sample into three segments: public, private and third sector. These are described more in the Data Collection. After the first segmentation the division was conducted within each of the segments. The purpose was to reach as many different service producers from each segment as possible; these included medical rehabilitation, mental health, child welfare, youth work and elderly care units, with various services that are opened in the questionnaire (Appendix 3., question 3.). Segmentation of the purposive sample is important to ensure the customer-oriented outcome later in service planning (Tolvanen 2012, p. 121). Respondents and their contact information with e-mail addresses were found in web search and listed in Excel.

3.4 Data Collection

The data was collected by a survey and a web questionnaire was designed in Survey Monkey platform. Surveys are often used methods in market research as they are easily administered and provide information directly from the customers or end-users of products or services. Surveys always demand active participation of the sample partic-

ipants and unfortunately lack of responses is a possibility. (Sintonen 2003, p. 7; Malhotra & Burks 2007, p. 266.) Surveys collect primary information to answer the research problem and should be used as specific tools to measure events or correlations, hence they alone do not provide direct solutions for service productions, but rather create a base for understanding the customers view. (Ronkainen et al. 2014, p. 114; Toivanen 2012, p.124; Malhotra et Burks 2007, p. 266.)

The web questionnaire (Appendix 3.) was piloted with three respondents on 10 September 2018, and raised issues were discussed and necessary alterations were made prior to group invitation. Web questionnaires are different from traditional paper surveys in the way they lay out to the viewer depending on the hardware and software is used (Sintonen 2003, p. 24), and therefore piloting offers crucial information regarding the functionality and layout of the questionnaire. The difference can be minimised by using software that is optimised for multiple equipment and end-users as Survey Monkey platform is.

The invitation letter should inform the respondent the purpose of the survey and who is the researcher. It is also important to assure of the confidentiality of the information provided. As the survey lacks an interviewee, the invitation should be constructed very well to ensure the high reply percentage. (Sintonen 2003, pp. 24-25.) The visual layout is often hidden in e-questionnaires, so it is polite to inform the answerer how the questionnaire is flowing and how time consuming the answering is. The invitation letter (Appendix 2.) with a link to the web questionnaire was sent by email 3 October 2018 to 45 recipients in Tampere and Pirkanmaa area according to sampling. The recipients included persons responsible for service planning or procurement in organizations in public (14), private (15) and third sector (16), in hospital environment, care and youth homes, in rehabilitation, therapy and in- and outpatient -facilities, with all age groups included.

The questionnaire included 10 questions. Nine of the questions were either multiple choice questions or numerically valued questions. Last question was a qualitative, open question, where respondents could leave their own thoughts or comments regarding the subject or questionnaire. In addition to structured closed questions, all questions had an open space where a respondent could leave additional comments or relevant information.

The reminders were sent 6 October 2018 to 37 recipients, and the questionnaire was closed 16 October 2018 with total of 14 responses.

3.5 Data Analysis

Due to the purpose of the study and the small sample size, only frequency analysis and cross-tabulation were used to provide information in analysing the data (Greasley 2008, p. 8). Data preparation process (Malhotra & Burks 2007, pp. 476, 479) was conducted after the disclosure of the questionnaire. Data from Survey Monkey was exported to Excel and then to SPSS 25.0. Each question was edited and transcribed into variables. Variables were labelled and coded and numeric values for each variable was entered in data matrix. As the questionnaire was constructed in the way that all questions demanded answering, there were not any incomplete responses. Data analysis strategy determines what kind of information is wanted from the collected data and leads to choosing the statistical analyses that are executed (Malhotra & Birks 2007, p. 491).

4 Results

The results are be presented with interpretations in English, but questions and quotes are presented in Finnish to ensure authenticity. The results from the questionnaire were analysed with SPSS 25.0 and Excel to provide statistical information.

Kysymys 1. *Valitse työympäristöäsi kuvaavat väittämät.*

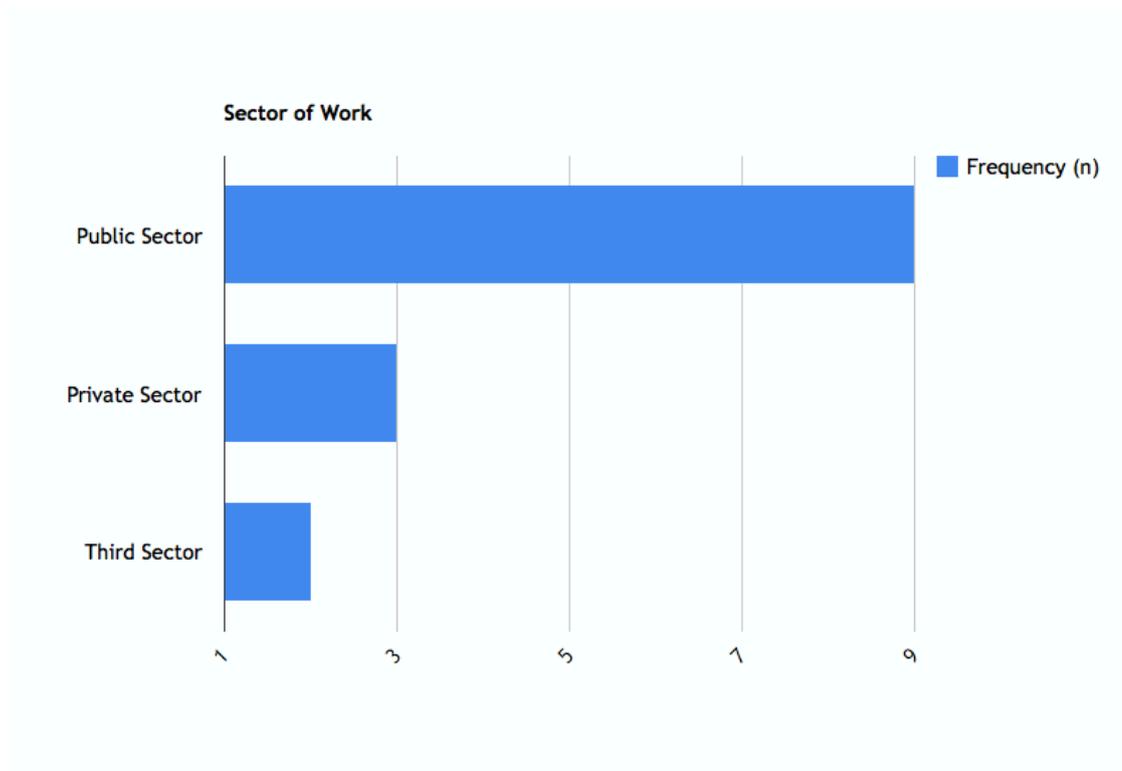
This question was to describe how the respondents divided in health and social services sectors. Six ($f=6$) of the responses were by employees in healthcare organisations and nine ($f=9$) in social service organisations. One unit provided both services and hence there were total of 15 responses. One respondent gave also an open statement, that organisation offered easy access services to supplement both health and social services.

“Yhdistys tarjoaa matalankynnyksen palveluita täydentämään sekä terveys että sosiaalialan palveluita.”

Kysymys 2. *Valitse työympäristösi soveltuva vaihtoehto.*

Question 2. Was to determine in which sector the respondents worked. There were three options for the respondents to choose from that divided them into public, private or third sector organisations. The most represented sector in responses was public sector organizations. Nine ($f=9$) of the respondents worked in public sector. Three ($f=3$) respondents worked in private sector and two ($f=2$) in third sector.

Table 1. Respondents' sector of Work.



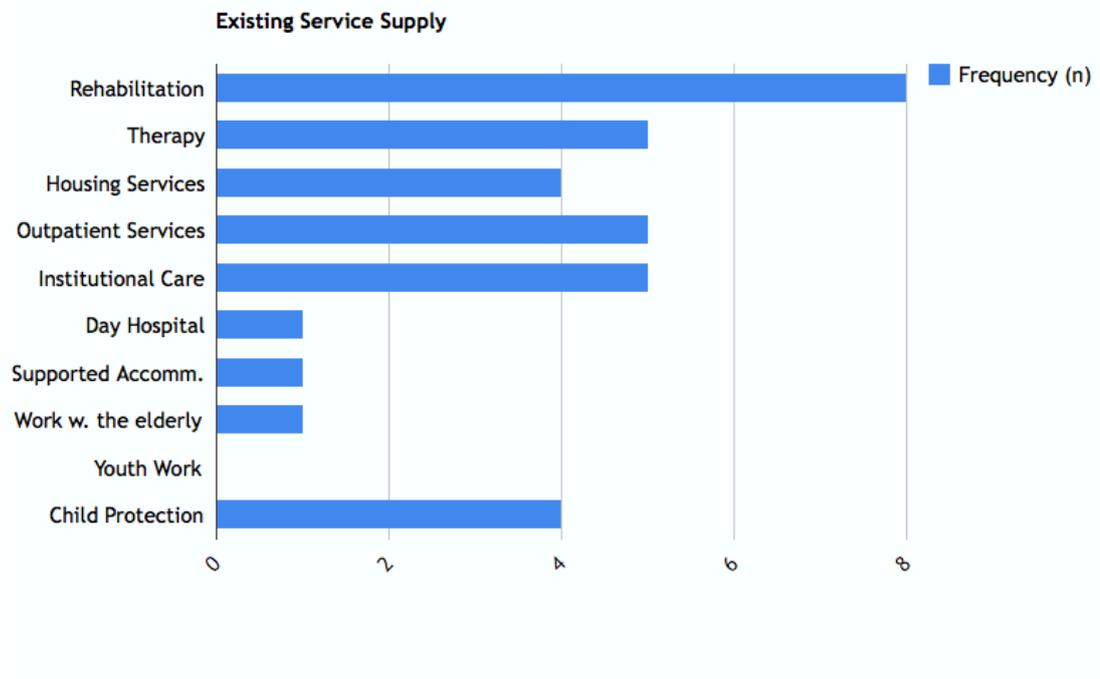
One answerer added a comment that she/he worked also in private sector; so this answerer belonged to either of the two other groups.

“Työskentelen myös yksit. sektorilla.”

Kysymys 3. *Yritys / laitos / toimipiste, jossa työskentelen, tarjoaa seuraavia palveluita (valitse kaikki soveltuvat).*

Question 3. screened service areas that respondents' working environment offered. Largest group of the responses, eight ($f=8$), was formed from rehabilitation services. Second largest group included three service forms, all received same amount of responses; therapy services, outpatient services and institutional care all received five ($f=5$) selections each. Two groups, housing services and child protection, divided third place with four ($f=4$) selections. Day hospital services, supported accommodation services and work with elderly all received all one ($f=1$) selection. Youth work received no selection.

Table 2. Respondent's organisation's existing service supply.



One respondent added that she/he worked in a special health care 24-hour unit,

“Erikoissairaanhoidon kokonaisvuorokausiosasto”

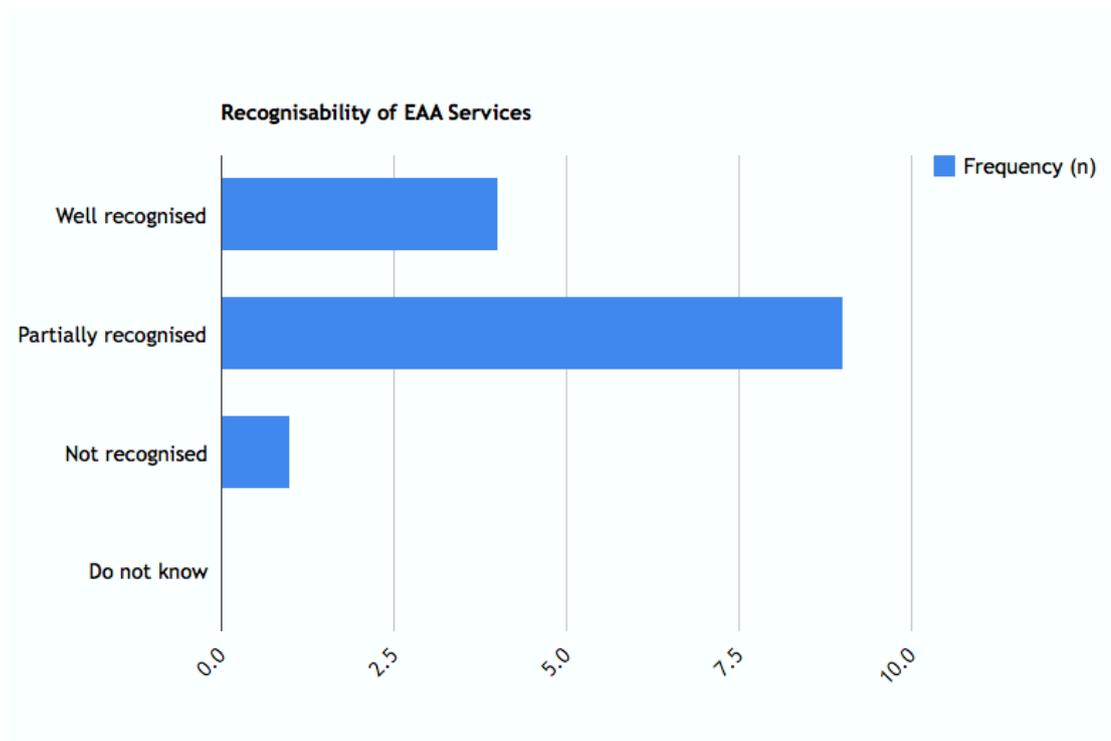
and another added that she/he worked in a unit, which offered easy access help in violence and school bullying situations, with meeting place services.

“Neurokirjon tukea, matalan kynnyksen apua väkivaltakysymyksissä, matalankynnyksen tukea kiusaamiskysymyksissä, kohtaamispaikkoja, jne.”

Kysymys 4. Kuinka tunnettuja hevosavusteisen toiminnan palvelut ovat sinulle?

Question 4. inquired how recognised EAA services were for the respondents. This question produced most open answers that are presented in Table 3.

Table 3. Respondent's recognisability of EAA services.



Four ($f=4$) of the respondents considered that EAA services were very recognised. Nine ($f=9$) respondents thought EAA services to be partially recognised and one ($f=1$) did not recognise EAA services.

In the open dialog box the respondents expressed either their own personal experiences or work related experiences regarding EAA services. One respondent was familiar with riding therapy services as a mean of medical rehabilitation, but did not know about other EAA services.

“Tunnen ratsastusterapian lääkinällisenä kuntoutuksena, mutta muu hevosavusteinen toiminta on minulle vierasta.”

Two respondents stated that they know EAA services due to their clients' participation in EAA services / sosio-pedagogical horse activities.

“Asiakkaat ovat käyttäneet palveluita. Mutta minulla itselläni ei ole niistä sen tarkempaa tietoa.”

“Yksi asiakkaistamme osallistuu säännöllisesti sosiaalipedagogiseen hevos-toimintaan.”

One respondent stated to have produced EAA services and directed customers to other service providers' services.

“Olen tuottanut hevosavusteista toimintaa itse ja ohjannut asiakkaitani muiden tuottamiin palveluihin.”

One respondent claimed that EAA services have been used in the past, but not at the moment. She/he also stated believing in utilising EAA services occasionally in the future.

“Aiemmin käytetty, tällä hetkellä ei käytössä, tulevaisuudessa uskon, että käytämme satunnaisesti.”

One respondent expressed interest in different EAA educations, and has been working as an assistant in EAA. She/he also had knowledge through literature regarding EAA.

“Olen tutustunut ja vertaillut eri koulutuksia. Olen ollut avustamassa hevosavusteisessa toiminnassa. Olen lukenut aiheesta.”

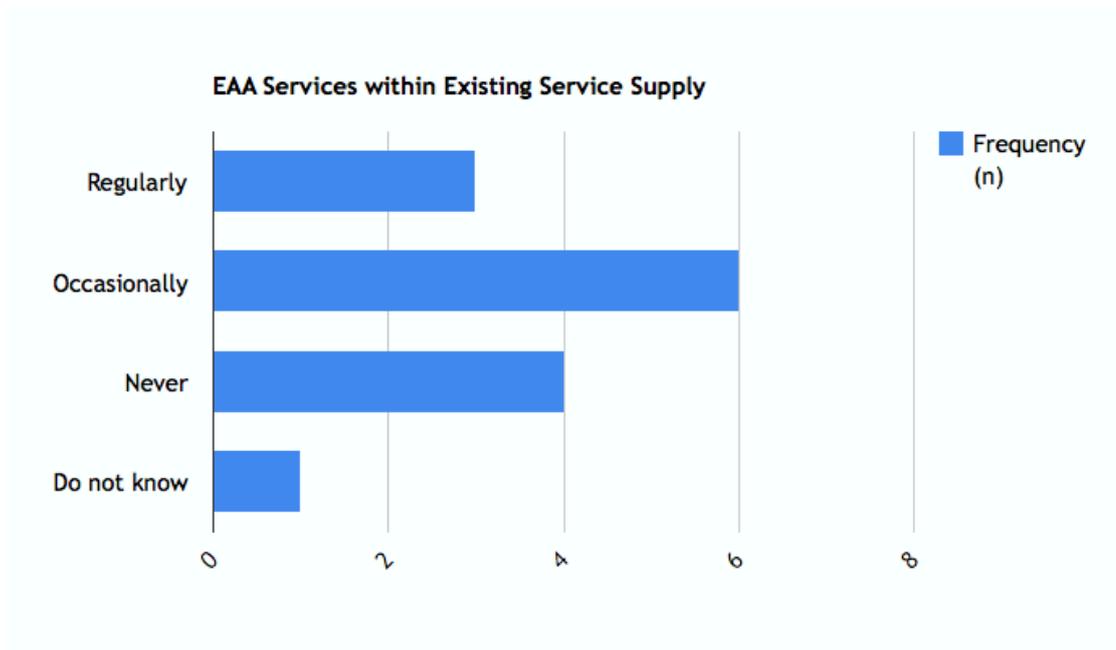
Then there was a respondent who was somewhat familiar with EAA services due to own recreational activities. She/he stated that she/he had received an advertisement from only one service provider.

“Tunnen hevosavusteiden toiminnan palveluja jonkin verran ja pääasiassa oman harrastaneisuuden vuoksi. Mainoksia tms. en ole saanut kuin yhdeltä toimijalta.”

Kysymys 5. *Yritys / laitos / toimipiste, jossa työskentelen, käyttää hevosavusteiden toiminnan palveluita omassa palveluvalikoimassaan.*

Question 5. inquired how often organisation used EAA services in with their own services. Three ($f=3$) respondents informed that they used EAA -services regularly as part of their service supply.

Table 4. Organisations' utilisation rate of EAA services.



Out of the 14 responses, six ($f=6$) claimed to use EAA services occasionally; it was not in use for one organisation at the moment, but it has been previously used and probably used occasionally in the future.

“Aiemmin käytetty, tällä hetkellä ei käytössä, tulevaisuudessa uskon, että käytämme satunnaisesti.”

The use of EAA services was also considered dependant on each client's individual rehabilitation plan.

“Riippuen jokaisen asiakkaan henkilökohtaisesta kuntoutussuunnitelmasta.”

Four ($f=4$) responded that they never utilise EAA services. One stated that they only make recommendations that can include EAA services, but they are not providing the service.

“Teemme kuntoutussuunnitelmia, joihin voi sisältyä ko. palvelua, mutta emme itse tuota sitä.”

One added that the organisation purchases the service from external providers if it is a common decision.

“Hankimme hevosavusteista toimintaa toimintamme ulkopuolelta asiakkaillemme, mikäli tähän on yhteisesti päädytty.”

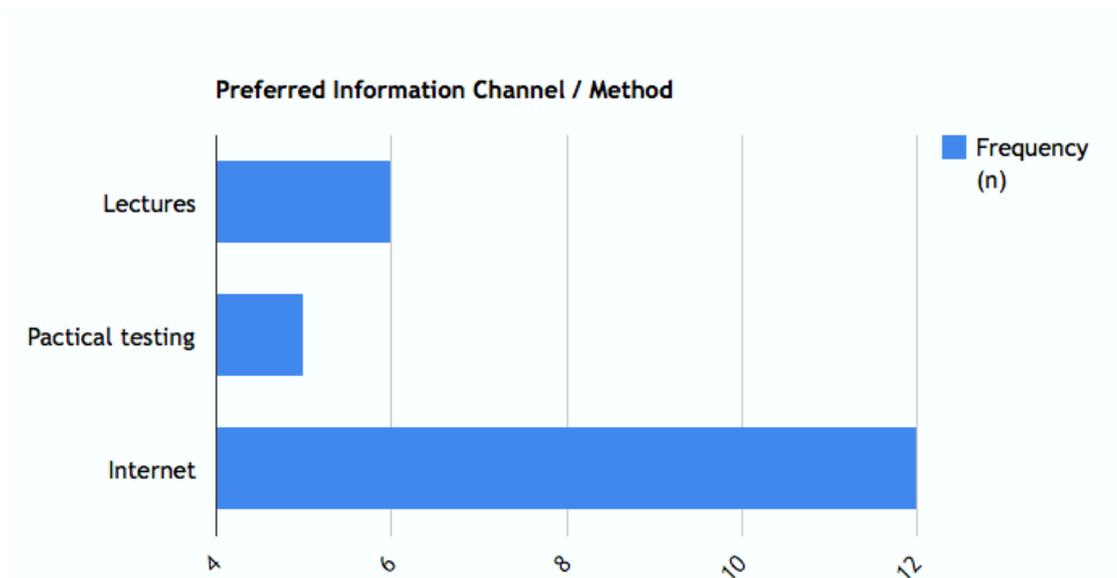
One respondent could not answer the question and added that EAA service is not in use at the moment, but there is interest in EAA education and incorporating services to existing activities, but there is no resourcing for it at the moment.

“Ei ainakaan tällä hetkellä. Itse olisin ollut kiinnostunut hakemaan aiheeseen koulutusta ja käyttämään sitä omassa toiminnassani. Tällä hetkellä siihen ei ole ollut mahdollisuutta tai resurssia.”

Kysymys 6. *Tarvittaessa lisätietoa hevosavusteisesta toiminnasta, mikä on sinulle mieluisin tapa saada informaatiota?*

Question 6. inquired the respondents' preferred information method or channel to gain more information about EAA services. Twelve ($f=12$) of the responses stated that they would like to gain information through Internet and company's webpage. The frequencies for each choice are shown in Table 5.

Table 5. Respondents' preferred method of gaining information on EAA -services.

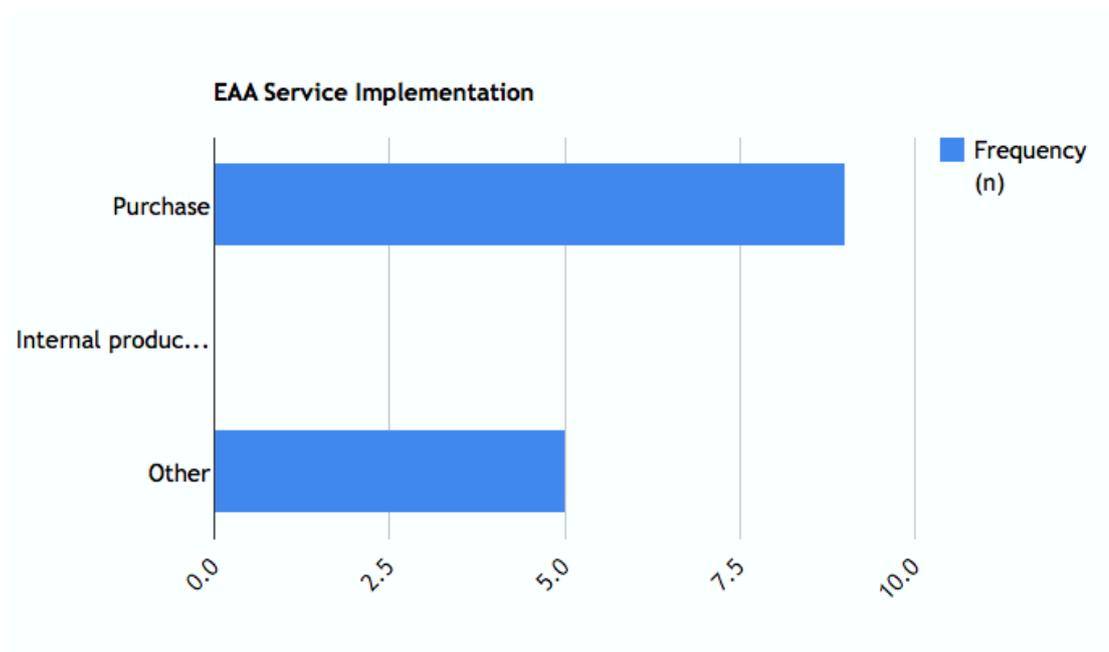


EAA lectures were preferred in six ($f=6$) selections. Practical testing in EAA surroundings was chosen in five ($f=5$) responses. Some chose two or three options for gaining more information.

Kysymys 7. *Yritys / laitos / toimipiste, jossa työskentelet, haluaa lisätä hevosavusteisen toiminnan palveluita omaan palveluvalikoimaansa. Kuinka toteutatte palvelun?*

Question 7. collected information how organisations would produce EAA services if they chose to do so. Responses are shown in Table 6. Most of the respondents chose to produce the service by subcontracting. This was chosen in nine ($f=9$) responses.

Table 6. Organisations' implementation methods of EAA services.



None of the respondents decided to produce the service themselves, although five ($f=5$) chose option for "Other, how?" Stating that both options were possible

"Mahdollisesti joskus tulevaisuudessa."

"Molemmat vaihtoehdot ovat mahdollisia",

or they only provided recommendations to Kela for riding therapy:

"Laadimme Kela:lle suosituksia ratsastusterapiasta."

"Vaativan lääkinällisen kuntoutuksen suositukset (ratsastusterapia) tai ohjaus / suositus hevos-harrastuksen pariin."

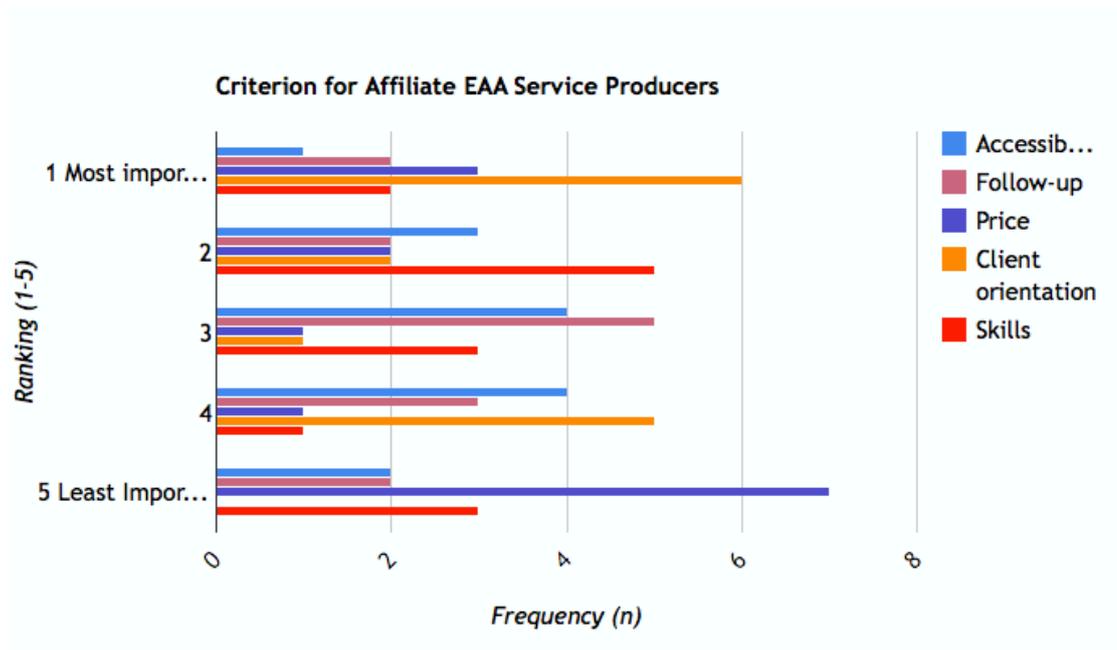
There was also pondering how an organisation would operate if the service would be used; using both methods would be possible, but would require project funding, but as it is not in strategy, it will not be implemented either way as it would require separate funding and a plan.

“Jos kiinnostus heräisi en osaa sanoa miten yhdistys toimisi, molemmat edelliset mahdollisuudet tässä tilanteessa voisivat olla mahdollisia. Nyt kun hevosavusteisuus ei ole hankehakemuksissa eikä toimintasuunnitelmissa ei sitä lähdetä toteuttamaan. Vaatisi mahdollisesti oman rahoituksen ja suunnitelman.”

Kysymys 8. *Minkälaisia kriteereitä yritys / laitos / toimipiste, jossa työskentelet, edellyttää yhteistyökumppaneilta palvelujen hankinnan näkökulmasta? Aseta seuraavassa luettelossa olevat asiat sinun mieleiseesi tärkeysjärjestykseen, 1 = tärkein, 5 = vähiten tärkein.*

Question 8. asked what organisations require from service producers. Criterion to utilise EAA services were distributed with given attributes as seen in Table 7. *Service accessibility* was reported to be the most important aspect to only one respondent and least important to two respondents. *Service impact follow-up* reached to the highest ranking in two ($f=2$) responses, and least important in two ($f=2$) responses. *Service price* was considered to be the most important criterion in three ($f=3$) responses and least important in seven ($f=7$) responses. *Client orientation* in EAA services was considered the most important in six ($f=6$) responses and least important in none of the responses. *Service producer's professional skills* were ranked most important in two ($f=2$) responses and least important in three ($f=3$) responses. In summary, client orientation was considered the most important aspect of a service producer or service for most ($f=6$) respondents. Least important was the price of the service ($f=7$).

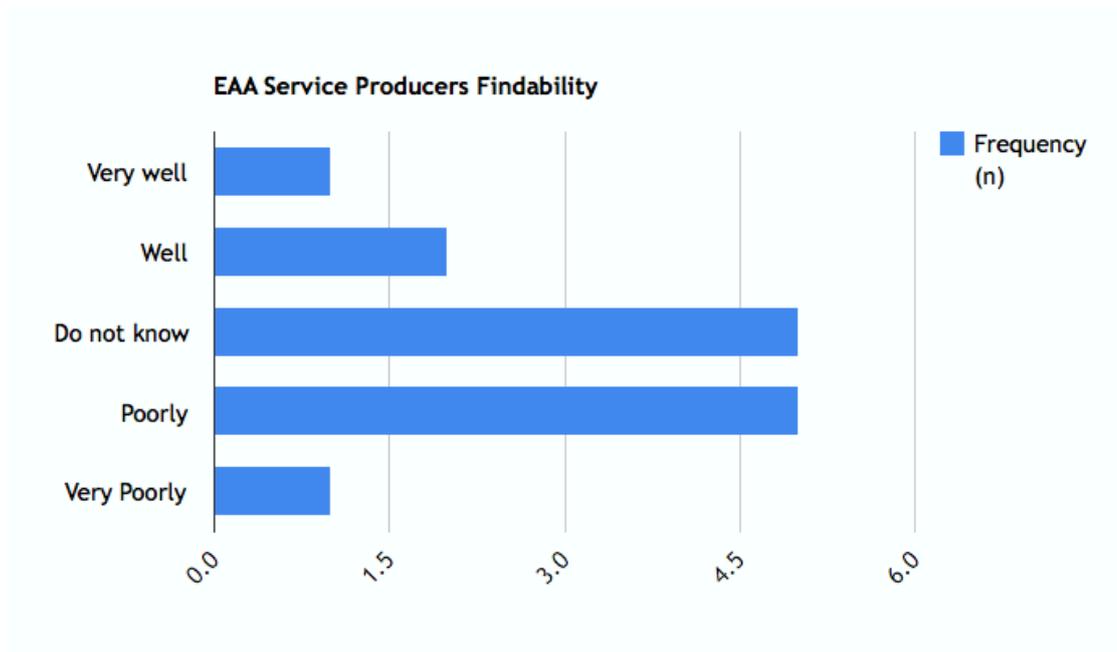
Table 7. Ranking of service attributes.



Kysymys 9. *Kuinka hyvin löydät tietoa Tampereen ja lähikuntien hevosavusteiden toiminnan palveluntuottajista?*

Question 9. inquired how well respondents sound information regarding Tampere area EAA service providers. Answers in Table 9. showed that diversion of knowledge related to EAA service providers does exist. One ($f=1$) respondent stated that information of service providers could be found “very poorly”. Five ($f=5$) respondents considered finding information “poorly”. Five ($f=5$) respondents did not know the answer. Two ($f=2$) respondents found information well and only one ($f=1$) of the respondents claimed to find information very well.

Table 9. EAA service producers' findability in Tampere area.



Kysymys 10. *Alla olevaan kommenttikenttään voit antaa lisäkommentteja hevosavusteisen toiminnan palvelujen tunnettavuudesta tai kyselystä. Kiitos vastauksestasi!*

Question 10. gave the possibility for respondents to freely express their thoughts or comments regarding EAA services or the questionnaire. Five respondents shared thoughts regarding EAA services and service providers' visibility in the market. One of the respondents stated that her/his vision of EAA knowledge and recognisability is poor, so additional information especially regarding EAA possibilities and impacts would be necessary.

“Käsitykseni mukaan tieto ja tunnettavuus asiasta on heikkoa, joten lisätieto erityisesti hevosavusteisen toiminnan mahdollisuuksista ja vaikuttavuudesta olisi tarpeen.”

One respondent expressed that Kela's riding therapists are well visible. Other riding for the disabled / EAA locations are dispersed and not easily found.

“Kelan ratsastusterapeutit ovat hyvin näkyvillä. Muuten esim. lähialueen vammaisratsastus/hevosavusteiset paikat ovat hajallaan eikä kovin helposti löydettävissä.”

One respondent wrote that EAA could be more known, and the past years have increased its recognisability and there are more possibilities to gain EAA services for clients.

“Hevosavusteinen toiminta voisi olla tunnetumpaa, vuosien aikana sen tunnettavuus on lisääntynyt ja meillä on yhä enemmän mahdollista saada asiakkaille hevosavusteista toimintaa.”

One respondent stated that riding therapy and EAA services provide beneficial and rehabilitative for many demanding patient groups. Even though they are recommended often, there is a lack of information regarding service producers and how feasible it is for the challenging clients. There were also concerns that because of the image of being an expensive hobby, many request these activities in substitute for recreational choices even though the criterion is not met. Respondents stated that there should be more concrete information regarding service producers, so customers would be directed more to rehabilitative EAA, and therefore service producers should inform about locations, pricing, professional skills and the amount of individual guidance that is available. Riding therapy was considered valued method for improving functionality in many demanding client groups, but there should also be an alternative for Kela provided therapies.

“Työssäni teen säännöllisesti ratsastusterapiasuosituksia ja vielä suuremmalle joukolle asiakkaistani hevostoiminta olisi erittäin kuntouttavaa. Suosittelemme sitä hyvin usein, mutta tietoa Pirkanmaan toteuttajista / soveltuvuudesta melko haastavalle asiakasryhmällemme ei ole tarpeeksi. Lisäksi mielikuva harrastuksen hintavuudesta karkoittaa monet asiakkaat hevostoiminnasta ja tulee toive KELAn ratsastusterapiasta, vaikka kriteerit eivät vaativalle lääkinnälliselle kuntoutukselle täyty. Meillä olisi hyvä olla kattavasti konkreettista tietoa toteuttajista, jotta asiakkaamme ohjautuisivat enemmän kuntouttavaan hevostoimintaan (sijainnit, hinnat, työntekijöiden ammattiosaaminen, kuinka paljon saatavissa henkilökohtaista ohjausta jne). Ratsastusterapiasta on erittäin hyviä kokemuksia asiakkaidemme toimintakykyyn haastavillakin asiakasryhmillä, mutta kun KELAn terapia loppuu olisi hienoa pystyä jatkamaan hevostoimintaa.”

“Tunnetuin ehkä ratsastusterapia, muiden tuntemus on jäänyt vähemmälle. Voisi olla tarpeellista saada lisätietoa, jotta voisi palvelua tarvittaessa suositella.”

In addition to reporting frequencies of responses a cross-tabulation of the data was executed to find correlations between variables and more relevant information regarding the research problems.

Recognisability of EAA services was found to divide somewhat between the three sectors. Table 10. shows that most knowledge of EAA services was found in public sector

organisations, whereas the least amount of recognition was found in private and third sector organisations.

Table 10. Recognition of EAA-services in different sectors.

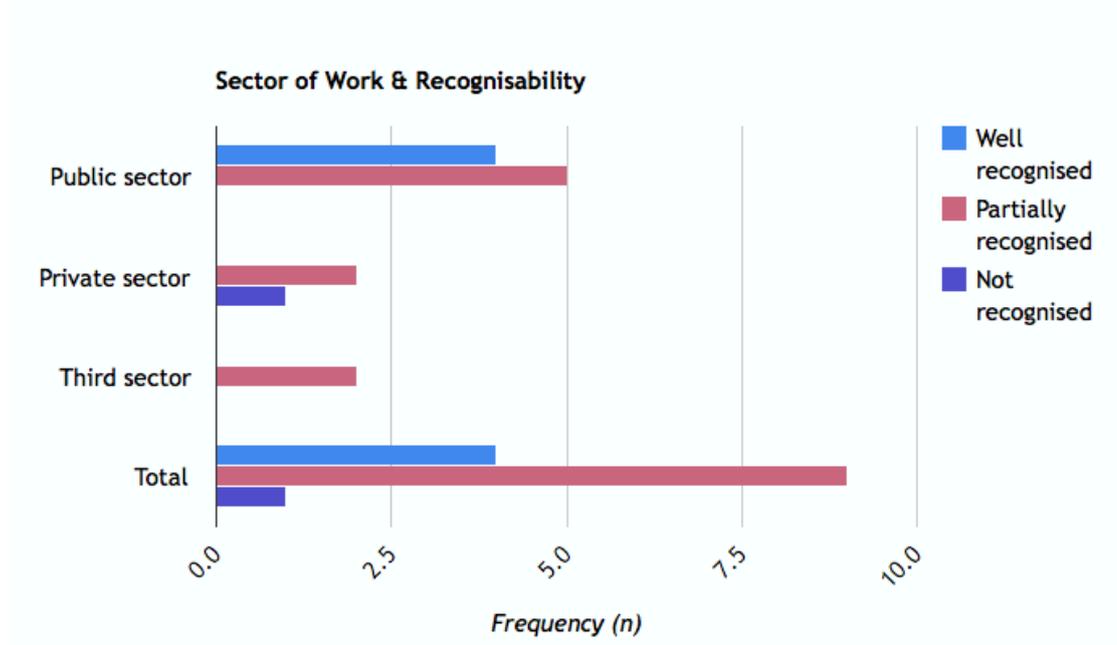
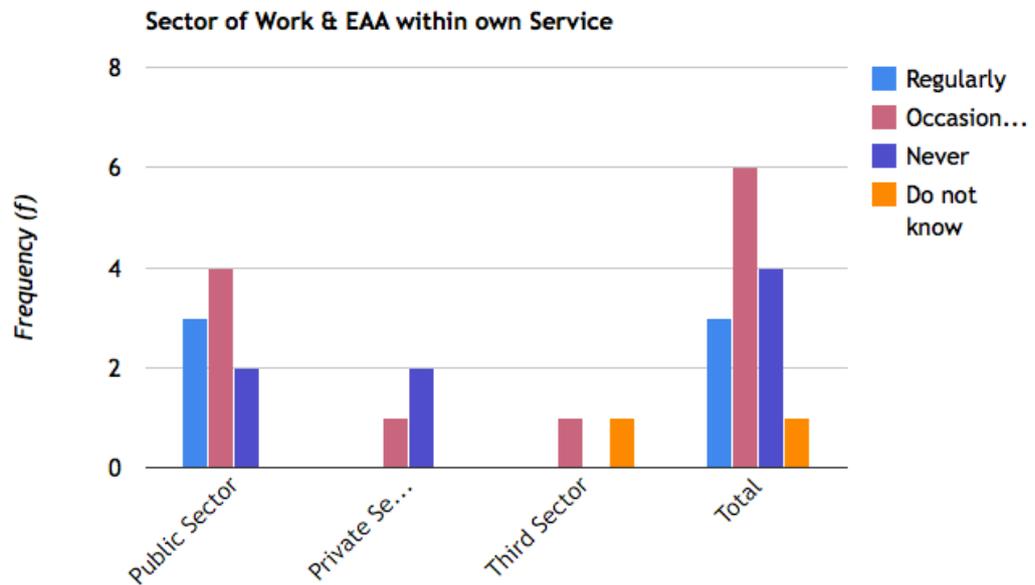


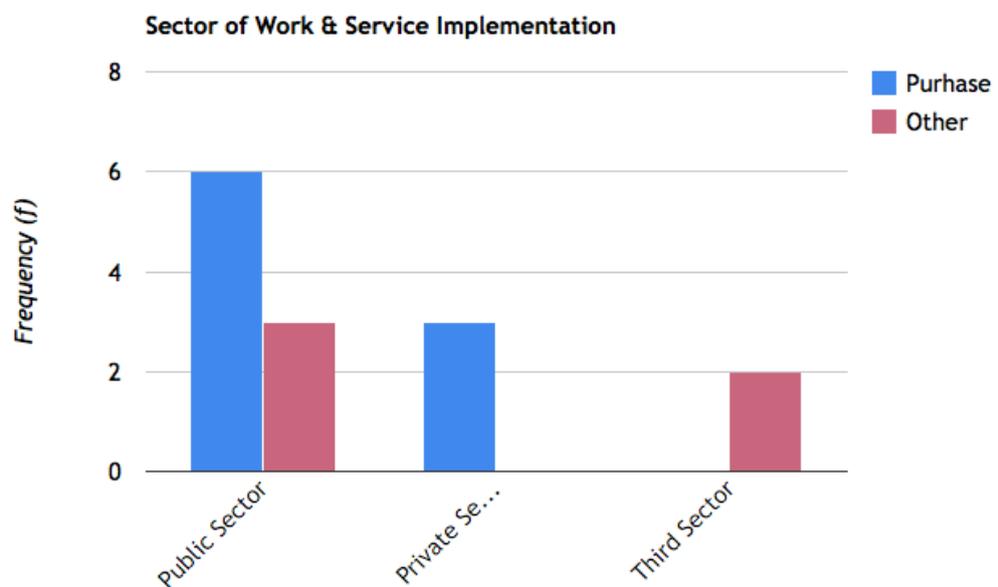
Table 11. shows that even though all sector organisations reported using EAA services occasionally, only public sector organisations reported using them regularly. There was also a knowledge gap in the third sector, whether EAA services were used or not.

Table 11. Existing EAA service utilisation by sector of work.



When asked about the production method, sectors' pointed that EAA services was purchased more from other service providers than internally produced (Table 12).

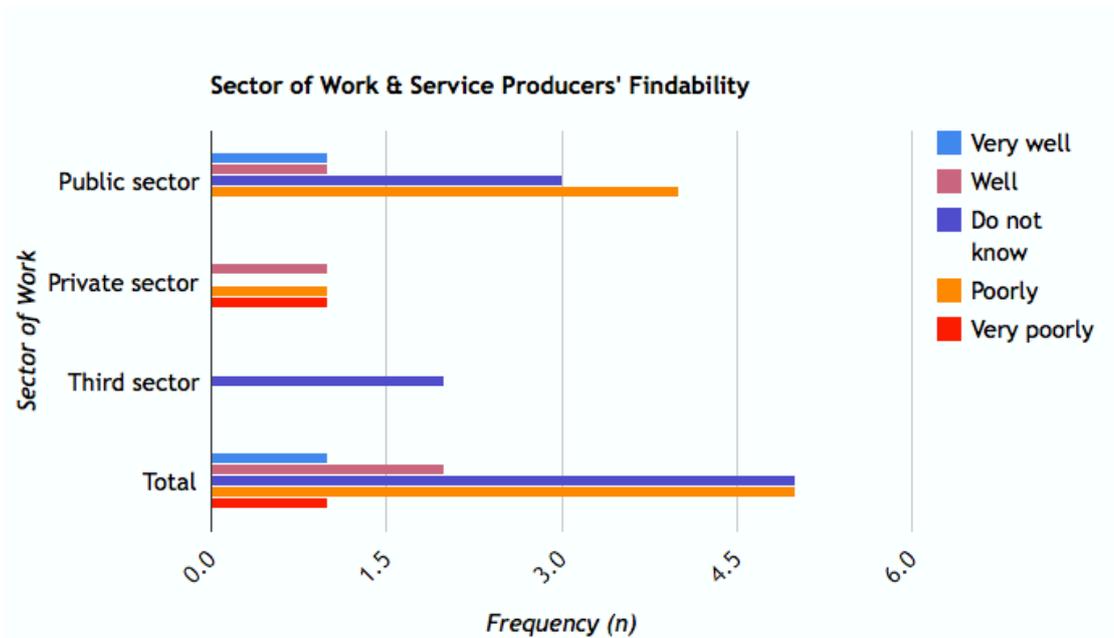
Table 12. Service implementation by sector of work.



Information reported regarding how service users found service providers showed that EAA service producers are not easy to find. This can be seen in Table 13. where sector

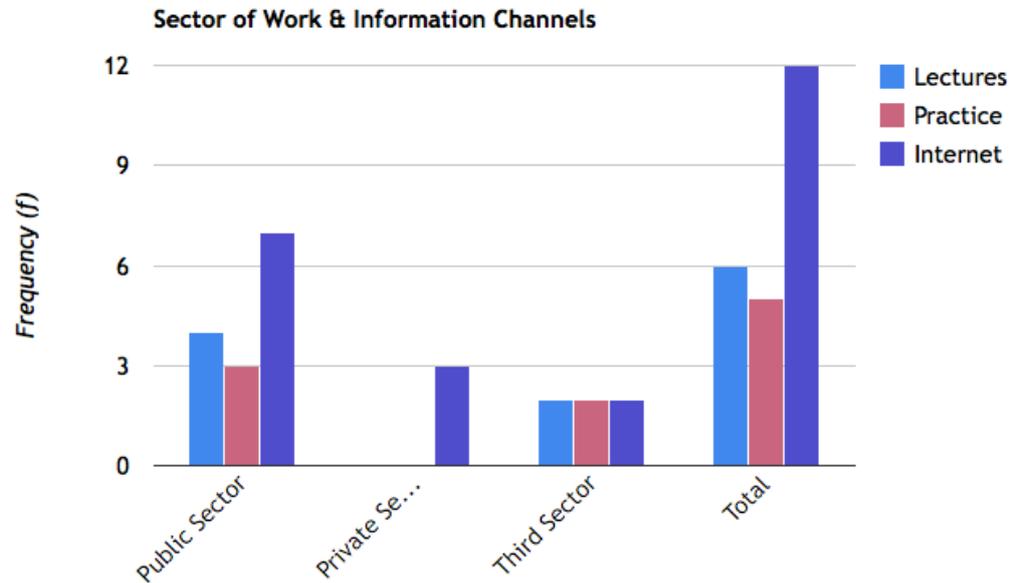
of work and service producer findability is cross-tabulated. In general, service provider's findability was considered to be poor, or the respondents did not know the answer. Employees at the public sector organisations agreed, but they had the best knowledge of EAA service producers than private or third sector organisations' respondents.

Table 13. Service producers' findability by sector of work.



Preferred method or channel of gaining more information regarding EAA services was internet. Table 14. shows that public and third sector organisations were interested also in EAA lectures and practical testing, but private sector only in internet based information.

Table 14. Preferred information channel by sector of work.



5 Discussion

This is a case study finding information to support a small health company for business development in service expansion to equine assisted activity services. The study encouraged the case company to identify and propose threats and possibilities for operation in current changing environment and prepare for future in the Finnish Regional Government, health and social service reform. Similar situation faces all health companies, but new demands in business planning and service implementation may be more resource consuming and stressful in small health companies that have no separate department for research and development. Hence it is important for these companies to have an action plan, a strategy, that guides them in situations where there is a true risk of determination of business operation. Writer's own experience and perception is, that many small physiotherapy companies operate from day-to-day planning, and entrepreneurs have no business education to either evaluate the current situation of business or act upon it. Companies are floating in the current situation and trying to adapt to new regulations and demands, while practising the main function - producing physiotherapy services.

As the study was focused on developing the case company's business, it was important to incorporate the service utilisers into the search for the solution. The study was carried out as a web survey, where health and social service organisations' perceptions of equine assisted activities were investigated. These following findings were discovered.

The study demonstrated a dilemma that even though there is research to support utilising EAA services in healthcare and social services - as was disclosed in Chapter 2.2 - there is not enough information about these methods in the service buyer-end. Health service buyer is often different than the actual service end-user. Most of the EAA service utilising organisations are in the public sector, and they purchase the service themselves or make recommendations for Kela, another public organisation, to provide the service for the end-user. Funding for publicly supported services, may they be internally produced or subcontracted from external producers, is more available than funding in private sector or third sector organisations. EAA services are considered costly and for the end-user payee they mostly are due to the reason that these people are often living on various benefits. It is therefore understandable that when there is no funding for these services, they are not considered usable or accessible. Economically EAA services might not be beneficial or even possible for private sector business-to-business acquisition, as the high production cost might not create enough financial value with already existing services; hence EAA service providers are usually scoped service supply to only equine related services and other private health producers do not utilise them. Third sector organisations low utilisation rate of EAA services can be explained yet again with funding issues, as it would require strategic and project planning and possibly external financial resourcing.

In addition to the financial issues concerning EAA service acquisition and utilisation, there is a clear message from throughout the healthcare and social service field that information regarding EAA services and its possibilities as evidence based and effective method in healthcare and social services is scarce. Although there is a willingness to utilise nature related therapy methods, they are not exposed nor marketed openly. Service producers' visibility is poor, and they have no productisation of services or marketing skills to sell their abilities and competencies. As service producers are unaware what criteria are required from the buyer's perspective, it is difficult to produce products that sell. But because there is not enough information on the buyer end to question this, the problem is more complex and difficult to solve. One way of opening

the dialog between the service buyer and the producer is to expose information regarding the various possibilities EAA services have to offer. The study questioned the preferred methods and channels to distribute information regarding EAA services, and internet-based information was considered a valued method. Service producers' investments in Internet marketing could turn into financial benefit, but to be visible in the market and to create connections and networks one has to personally deliver information. Lectures and practical trials of EAA were considered a possibility for gaining information and these business-to-business functions could also benefit in business development, networking and building branding and position in the market.

There is research that this study's layout and results can in some extent be evaluated against. Kalkhof, Bajner & Leibach (2017) reported the importance for healthcare organisations to focus on revenue and operating models to ensure continuity in business operation; identifying revenue sources and preparing for market change in healthcare is part of strategic planning and therefore knowing market segments is crucial. Furthermore evaluating market segment and to target intended services was examined by Rummel & Francis (1994). They conducted a case study to investigate how market research suited in healthcare product and service offerings and stated that by ascertaining customer satisfaction a company can create financial benefits with valued services. The market survey behind the research was focused to find information to support service expansion and to examine customer values and needs. This market survey found similar results than this study discovered; results showed that by examining the market and the customer needs, healthcare service providers can construct and focus their service development to targeted areas. Hagan & Encinosa (2008) explained that healthcare market forces need to be investigated to understand what are the factors that either inhibit or promote innovation and implementation. Without this study the case company would not have a complete picture of the determinants that affect on the company's business functions. By investigating the healthcare market, the components that it comprises, there is a better possibility for a company to develop its business functions and meet the market need.

5.1 Ethics

Research ethics requires the researcher for responsible conduct of research. This research has followed the guidelines and protocols stated in the code of conduct and research integrity by being honest and thorough in the research process declared by

the Finnish Advisory Board on Research Integrity (Tutkimuseettinen neuvottelukunta 2012). Research methods are valid and scientifically approved, and results of the research are opened in a reliable and honest manner. All participants were informed of the purpose of the research and explained that their individual responses cannot be targeted to them.

5.2 Validity and reliability

The quality of a research is based on validity and reliability. *Validity* measures the substances the research is suppose to examine. Validity can be divided into internal and external validity, where focus is either on the logic of the research or how well the results can be transferred to other context. (Ronkainen et al. 2014, pp. 130-131.) The research's purpose was to collect information regarding EAA services, but there might be different understandings from the respondents point of view of the various activities in consists. Therefore a more informative invitation letter would have been appropriate for levelling the basic knowledge for respondents.

Segmenting and sampling the large population proved to be difficult, as there are several horizontally and vertically located organisations in the healthcare and social service system; funding, service processes and production, integration and service production responsibility are influencing factors when gathering information, but were difficult subjects to separate in this study that aims to find information regarding the whole field of healthcare and social services. Therefore generalised facts from the research data cannot be concluded, but only directional information from the subject was gained. These are still not to be considered irrelevant or useless - for the case company they still produce information on how to move forward in the development process; who to focus on, what to offer and which methods to use in promoting services.

Important is also what questions are asked and from whom; therefore determining the sample is crucial. The sampling proved to be difficult due to the multitude of market variables in the research area. More informative knowledge would have been received if sampling would be narrowed to fewer areas within a sector, or to one area within all three sectors. This would narrow the information collected, but give more insight to a specific focus.

The research should not either reflect the values, views or experiences of the researcher. This is to enable the *objectiveness* of the research. In addition to these re-

quirements for any research, there are other demands for a good market research. The research needs to be economically appropriate, which means that the benefits gained are rational to the costs it creates. Internet based surveys are considered *economically efficient*. Market research needs to provide information at the time of decision-making, which means the real-time information, is required rapidly. To gain the decision-making supportive information, the market research needs to be *relevant and usable*. (Sintonen 2003, pp. 12-13.) These factors were reached in this study. The questionnaire did not transfer personal values or expectations of the researcher, and information gained did provide actual information for case company in benefit of business development.

The sample size was small. The invitation letter was sent to 45 selected recipients, but only 14 responses were received. Personal contact prior to sending the invitation letter could have raised the amount of responses. Small sample size could indicate, that the subject of the study was not relevant to the recipient or they did not have enough information about it to give a response. This study and its output cannot be generalised to other companies. Nevertheless the significance to the case company is high due to the information value it generated.

Reliability refers to the trustworthiness of the measurement conducted. This requires careful planning and implementation; questions need to be unambiguous and comprehensible. Reliability of the research is thought to be high if the results are not considered coincidental. (Ronkainen et al. 2014, p. 131.) This would be probable if the answerer would not understand the questions or there would be no suitable answers to choose from. Even though this was carefully considered while constructing the questionnaire, by piloting the questionnaire and modifying it before research invitation, there were still some differences how the questions were understood. Ronkainen (2014, p. 131) still points out that every measure has deficiencies or inaccuracies. Furthermore, understanding of utilising statistical methods more professionally would have resulted in deeper interpretation of the data collected.

The sample did not cover all fields of work in health and social services. Therefore there is no straightforward answer to the business problem, even though the research problems did find answers. The study would have gained more specific information, if the scope in sampling had been narrower. The questionnaire's questions were not obvious enough and left too much uncertainty in the respondents, which was shown in the open discussion boxes. Some questions were understood differently between re-

spondents, but this could be due to the wide range of healthcare and social service areas that the respondents worked in. Therefore the conclusions from the data is not uniform and cannot be reliably dispersed to represent all healthcare on social service population, but act as information only in this particular case study context.

5.3 Further Recommendations

Although this research generated information to the case company, it is not straightforward to act upon it. Understanding the information and translating it to action needs more delving into various fields - marketing, communication, financial management, service innovation and networking, and so on, the list is long and like stated earlier, the resources are limited. To proceed with the information gained from the research, it would be beneficial to continue market research and focus on one group at a time. This would inform how a particular, homogenous segment, could utilise EAA services as an extension in service portfolio.

This study demonstrated - in a small scale - the importance of market research to back up the decision making in strategic level. Unfortunately small health companies have limited resources in many ways - people, time, skills and funds - to investigate enough of the critical issues for business development. Kotler at al. (2016, p. 392) stated, that overlap of professional skills and networks can have more flexibility in customer preferences, which can be interpreted as more customer-oriented approach. Producing market desired services can sometimes be accomplished by affiliating with other companies and this is also the most cost-effective method of acquisition of new resources. Small health companies should encourage to network in the market, as coping alone is often too narrow and limited.

This health business management study was a narrow overview of the factors that relate to case health company's operative decision making. The subject is not easy to scope, but small companies need to start somewhere. By defining the mission, vision and values of the company the core of the strategy is already constructed. This map guides the company's search for better outcome and can help stay focused in the ever-changing environment.

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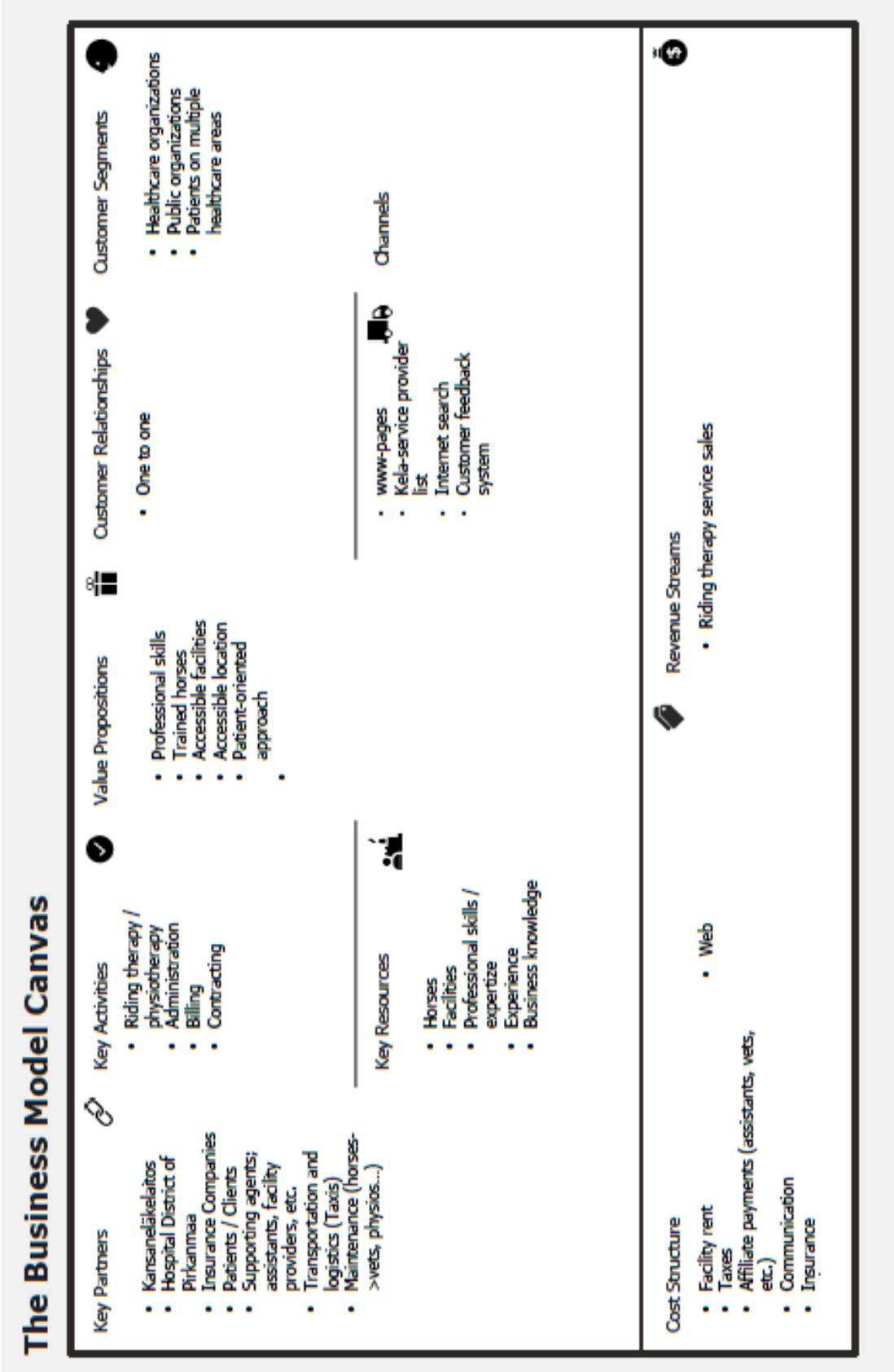
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Business Model Canvas



Invitation letter to web survey

Hyvä Vastaanottaja,

Olen Master's Degree in Health Business Management -tutkinnon opiskelija Helsingin Metropolia ammattikorkeakoulusta. Teen opinnäytetyönä markkinatutkimusta, jossa kartoitetaan hevosavusteisen toiminnan palvelutuntemusta ja käyttöastetta Tampereella ja ympäristökunnissa. Kartoituksen tuloksia voidaan hyödyntää innovatiivisten ja asiakaslähtöisten palveluiden suunnitteluun ja tuottamiseen sosiaali- ja terveysalalla.

Green Care toiminnan alaisuudessa oleva hevosavusteinen toiminta on luontoon ja maaseutu-ympäristöön liittyvää ammatillista toimintaa, jolla tavoitteellisesti pyritään edistämään ihmisten hyvinvointia ja elämänlaatua. Hevosavusteisessa toiminnassa pääpaino on hevosen kanssa työskentelyssä, jolloin hevosen monimuotoista terapeuttista roolia hyödynnetään asiakaskohtaisesti asianmukaisen ammattilaisen johdolla. Esimerkkejä hevosavusteisesta toiminnasta on ratsastusterapia, sosiaalipedagoginen hevosavusteinen toiminta ja hevosavusteinen neuropsykologinen valmennus. Hevosavusteista toimintaa hyödynnetään maailmalla monipuolisesti mm. mielenterveyskuntoutuksessa, nuorisotyössä, vanhustenhuollossa ja lääkinällisessä kuntoutuksessa.

Pyydän ystävällisesti Sinua vastaamaan lyhyeen kyselyyn kahden viikon sisällä, vastaaminen kestää noin 5 minuuttia. Kyselyn tiedot käsitellään anonyymisti, eikä kyselyn tuloksia voi kohdentaa vastaajiin.

Minuun voi ottaa yhteyttä lisätietojen tarpeessa,
p. Xxx-xxx xxxx,
xxxxxxx@xxxxxxxxxx

Yhteistyöterveisin,
Petra Nowak

Questionnaire

Kartoitus hevosavusteisen toiminnan palvelujen tunnettavuudesta Tampereella ja ympäristökunnissa

Seuraava kysely kartoittaa hevosavusteisen toiminnan palvelujen tunnettavuutta Pirkanmaalla. Kysely sisältää 10 kysymystä ja aikaa kyselyn vastaamiseen menee noin 5 minuuttia. Kiitosajastasi!

*** 1. Valitse työympäristöäsi kuvaavat väittämät.**

- Yritys/laitos/toimipiste, jossa työskentelen, tarjoaa terveyspalveluja. Yritys/laitos/toimipiste, jossa työskentelen, tarjoaa sosiaalipalveluja.

Lisää alla olevaan kommenttikenttään oma näkemyksesi, jos edellä mainitut vaihtoehdot eivät sovellu työyhteisöösi.

*** 2. Valitse työympäristöäsi soveltuva vaihtoehto.**

- Yritys/laitos/toimipiste, jossa työskentelen, toimii julkisella sektorilla. Yritys/laitos/toimipiste, jossa työskentelen, toimii järjestösektorilla.
- Yritys/laitos/toimipiste, jossa työskentelen, toimii yksityisellä sektorilla.

Lisäkommentti.

*** 3. Yritys/laitos/toimipiste, jossa työskentelen, tarjoaa seuraavia palveluita (valitse kaikki soveltuvat vaihtoehdot):**

- | | |
|---|---|
| <input type="checkbox"/> Kuntoutuspalvelut | <input type="checkbox"/> Päiväsairaala toiminta |
| <input type="checkbox"/> Terapiapalvelut | <input type="checkbox"/> Tuetun asumisen palvelut |
| <input type="checkbox"/> Asumispalvelut | <input type="checkbox"/> Nuorisotyö |
| <input type="checkbox"/> Polikliiniset palvelut | <input type="checkbox"/> Vanhustyö |
| <input type="checkbox"/> Laitoshoido | <input type="checkbox"/> Lastensuojelu |

Muu, mikä?

*** 4. Kuinka tunnettuja hevosavusteisen toiminnan palvelut ovat sinulle?**

- Erittäin tunnettuja. Ei lainkaan tunnettuja.
 Osittain tunnettuja. En osaa sanoa.

Selvitä, miksi päädyit vastausvaihtoehtoosi?

*** 5. Yritys/laitos/toimipiste, jossa työskentelen, käyttää hevosavusteisen toiminnan palveluja omassa palveluvalikoimassaan.**

- Säännöllisesti. Ei koskaan.
 Satunnaisesti. En osaa vastata.

Lisää tarvittaessa lisäkommentti.

*** 6. Tarvitessa lisätietoa hevosavusteisesta toiminnasta, mikä on sinulle mieluisin tapa saada informaatiota?**

- Olen kiinnostunut hevosavusteisen toiminnan luennoista. Haluan saada tietoa internetin kautta sekä yritysten www-sivustoilta.
 Olen kiinnostunut hevosavusteisen toiminnan käytännön kokeilusta.

Muu, mikä?

*** 7. Yritys/laitos/toimipiste, jossa työskentelet, haluaa lisätä hevosavusteisen toiminnan palveluita omaan palveluvalikoimaansa.****Kuinka toteutate palvelun?**

- Ostopalveluna / alihankintana Tuotamme palvelun itse
Muulla tavoin. Selvitä miten?

* 8. Minkälaisia kriteereitä yritys/laitos/toimipiste, jossa työskentelet edellyttää yhteistyökumppaneilta palveluiden hankinnan näkökulmasta? Aseta seuraavassa luettelossa olevat asiat sinun mieleiseesi tärkeysjärjestykseen, 1=tärkein, 5=vähiten tärkein.

Palvelujen saatavuus

Vaikutusten seuranta

Palvelun hinta

Palvelun asiakaslähtöisyys

Palvelun tuottajan ammattitaito

* 9. Kuinka hyvin löydät tietoa Tampereen ja lähikuntien hevosavusteisen toiminnan palveluntuottajista?

Erittäin huonosti

En osaa sanoa

Erittäin hyvin

10. Alla olevaan kommenttikenttään voit antaa lisäkommentteja hevosavusteiden toiminnan palvelujen tunnettavuudesta tai kyselystä. Kiitos vastauksestasi!