

Caroline Ngige

Service package concept, a present day approach to elderly service in service Houses

A case study

Helsinki Metropolia University of Applied Sciences

Master's Degree

Health Business Management

Master's Thesis

Date 3.5.2014

Author Title Number of Pages Date	Caroline Ngige Residents' perspective towards service package concept in the Case House 67 pages + 2 appendices 3 May 2014
Degree	Master's Degree
Degree Programme	Health Business Management
Instructor	Hanna Erko, Senior Lecturer
<p>Service for ageing population has sparked a lot of debate across nations today. People are living longer and the ageing service sector is bracing itself for more challenges as service needs increase with the rising proportion of seniors among societies. This research is about elderly service and specifically the service that is offered to elderly residents living in service Houses. In service organizations that provide elderly service, the process of building a customer oriented service culture is increasingly raising the need for active participation of the consumers of this service in this process.</p> <p>This study focused on elderly service in a service House for seniors of Helsinki who are not in need of institutional care. Study respondents were aged between 70 and 98 years. Defining the meaning of service which is provided to them in the form of a service package, their role in this service process and the value this service brings to their lives from their own perspective formed the basis of the research question. The aim of this research was to make suggestions geared towards improving service in meeting residents' needs.</p> <p>Action research approach was applied as a method. An evaluation of the current service package was conducted and empirical data was collected through group interviews, recorded and analyzed. Results showed that the service package is an important aspect of residents' everyday life and it improves their overall wellbeing. In conclusion, the study noted that this concept needs to be developed further so as to integrate both present and future service needs of the House residents. Suggestions arising from data analysis to improve this service concept formed the outcome of this study.</p>	
Keywords	<i>Service package, residents, service house, elderly service</i>

Contents

1	INTRODUCTION	6
1.1	Study significance and aim	7
1.2	Brief overview of elderly service scenario in literature	7
1.3	Some service package concept insights in literature	10
1.4	Case House presentation	11
2	THE CASE HOUSE SERVICE PACKAGE CONCEPT	16
2.1	Evaluation of service package	17
2.2	Service package - SWOT analysis	20
2.3	Daily challenges facing current service package	21
3	METHODOLOGY - ACTION RESEARCH APPROACH	23
3.1	Why action research for my study?	23
3.2	Ethical considerations	24
3.3	Study sample and its selection	24
3.4	Collection of data	25
3.4.1	Data analysis	27
3.5	Validity of the study	27
4	INTERVIEW RESULTS	29
4.1	Part 1: Concept of meaning of service package	29
4.2	Part 2: Concept of role of residents in the service package process	35
4.3	Part 3: Concept of value of the service package to residents	41
5	DISCUSSIONS AND STUDY SUGGESTIONS	45
5.1	Summary; main concepts under study	45
5.2	Suggestions to improve the meaning concept of service package	47
5.2.1	<i>EXTRA</i> service package development - for sale	50
5.3	Suggestions to improve residents roles	52
5.3.1	Primary role	52
5.3.2	Secondary role	54
5.3.3	Secondary roles and segmentation approach	55
5.4	Suggestions to improve service package value to residents	56
5.4.1	Value and outsourcing of services	56

5.4.2	Communication officer	57
5.5	Future Managerial implications of this study	58
5.5.1	Residents <i>prototype</i> service package	58
5.5.2	Marketing the value of the service package	59
6	STUDY CONCLUSION	61
Appendices		
Appendix 1 (1/4) Research questions (in English)		
Appendix 1 (2/4) Research questions (in Finnish)		
Appendix 1 (3/4) Codebook example 1		
Appendix 1 (4/4) Codebook example 1		
Appendix 2 (1/1) Codebook example 1		

Figures

Figure 1 New residents average age (1975-2013) (Source: House records (<i>Toimitakertomus</i>).....	14
Figure 2 Residents age distribution (2009-2013) (Source: House records (<i>Toimitakertomus</i>).....	15
Figure 3 Service package (<i>Palvelupaketti</i>) presentation (Pictures source: Google world wide web)	16
Figure 4 The two sides of the service package.	18
Figure 5 Circle of value of the service package as perceived by respondents.....	41
Figure 6 Suggested service package modification	47
Figure 7 Process of enhancing service package with <i>EXTRA</i> service packages - brainstorming.....	51
Figure 8 Service package production process - resident's direct role.....	53
Figure 9 Intertwined secondary role provided by the service package	54
Figure 10 Examples of segmentation based approach to roles	55
Figure 11 Internal marketing activities.....	60

Tables

Table 1 Average age of residents (2009-2013) (Source; Case House records <i>Toimitakertomus</i>).....	13
Table 2 Contents of "all" services in the package as perceived by the respondents....	30
Table 3 Important and less important (least used) services as perceived by the respondents.....	32
Table 4 Residents roles in the service process	37
Table 5 Proposed segmentation of new service package	48

1 INTRODUCTION

Elderly service has been evolving with changing times. Over the years, this service has been based on the traditional nursing and medical oriented structures but during the recent decades, other forms of approach to this service started to penetrate the market. The growth of service Houses for the elderly both in public and private sector is one example. Generally, elderly clients living in these Houses enjoy relatively good health and are seen to be living independently with support of essential services that they need. They pay for these services.

This study is relevant and interesting because the challenge in elderly service found in these service Houses is real and can be enormous. This is contributed by the fact that the service House itself is a home to a group of elderly people who are different in many ways in terms of their needs and life history. It is also further complicated by the sense that ageing is a personal process. As a service sector, customer based services becomes a complex service issue to the service providers as well as to these clients, coupled with lack of sufficient resources. This is compounded further by the fact that people continue to live longer and service demand continue to rise. This study therefore is important because it tries to unravel this service question amongst seniors in service Houses to some extent, by understanding some of their views concerning this issue in an effort to try and improve the same services that are offered to them. It is also a current issue in the society.

The empirical study was carried out in Helsinki in one service House for seniors which presents a small group of residents that are customers of this service (n=112). The House uses a service package concept to sell services to its residents. The aim of this study was to provide suggestions that would improve this service package concept in the House. In order to do this, the study attempted to answer the question relating to the meaning of service as these residents perceived it, their role in this service process and the value the service that they received added to their lives. By using action research approach method, data was collected through a semi-structured interview questionnaire, recorded, transcribed and analyzed.

Chapter 1 covers study background, chapter 2 presents the case House service package concept, Chapter 3 methodology and chapter 4 interview results. Chapter 5 presents results discussions and suggestions made by this study and chapter 6 offers conclusion of this study.

1.1 Study significance and aim

Elderly service is multi-faceted with different players providing different services to same clients. It is therefore easy to assume that these services are the right services for these clients without necessarily asking the clients themselves. In the case House where this study was conducted, networks of elderly service providers such as the health centers, pharmacies, beauty therapists, municipal homecare and other privately owned companies provide activities relating to elderly service. In addition to all these services from other networks, The House has its own service package that it sells to its residents. The significance of this study is that by finding out what the residents themselves have to say about services in this House, it would offer important insight to improve and enhance this service concept.

The aim of this study is to improve services in the House by offering suggestions highlighting what needs to be done to promote customer oriented service approach through the service package concept. Though these suggestions are based on this case study, I believe that service for elderly living in service Houses have much in common. These suggestions can therefore be useful in other service Houses and elderly service in general.

Finding out what service package means to these residents and what value it brings to their lives, as well as possible roles that they can play will help the House understand what it needs to do to enhance it, and generate better services based on residents' perceptions. This knowledge would also help increase the value of the service package to them. Understanding this concept from the package consumers' point of view would position the House to focus on best practices in service provision.

1.2 Brief overview of elderly service scenario in literature

Service demanded by an ageing population is continuously raising a complex topic among stakeholders. This has drawn wide debate in many developed countries and various studies have been undertaken to offer insight on how this challenge should be approached at present and in the future. In Salonen (2009) study, six countries of the EU including Finland were compared in terms of home care for older people. This study noted that new legislations and budgetary issues were a popular theme to approach elderly service question. Most European Union countries are focusing more on homecare basing their projection on the fact that their elderly people will continue living at home (at least nine out of ten) (Salonen (2007-2009)).

Finland is dealing with challenges emerging from an ageing population like other countries. According to Grudinschi et al (2013), Statistics Finland in 2009 projected that over 65 years old in Finland stands at 17% of the population and by 2030, the aged proportion will rise to 27% of the entire population. This has made the government advocate more aggressively the strategy of aging in place, preferably at home as long as possible while providing support services in order to delay institutional care which would be more costly to provide. This strategy is also seen to encourage strong participation of the private sector which translates to meaningful service competition between the service providers already in this sector, as well as from those entering (Grudinschi et al 2013).

Bjorkgren et al (2001) in their study of Finnish long-term care units introduces residential service homes and Health centre/hospitals as examples of places where the elderly are provided with services. The study notes that residential service homes are for long term residents with less service needs and hospitals are for the very frail and very sick. These two types of facilities account for 90% of service provision to the elderly, while 10% belongs to the non-profit making private sector. Over the years, most elderly service has been provided by non-competitive public sector, mainly the municipalities through local taxes and government support. However, outsourcing of this service has recently become popular, creating a growing interest in private sector (Bjorkgren et al 2001).

Tynkkynen et al (2012) also provides some of the measures Finland is taking, quoting the current shift by municipalities and central government over the last decade to contract with private sector in health care and social services. Elderly service has not been left out in this new shift. The decision makers argue that this is good for both the government and the people, resources management and that it improves the service quality and efficiency. However, according to this study, little studies exist to justify the decisions for contracting in health and social care (Tynkkynen et al 2012).

According to Valkila et al (2010) some of the service needs among the elderly identified in their study included help in demanding chores such as cleaning, outdoor activities and personal daily business chores. The elderly also wanted more recreational activities. The study noted that the feeling of insecurity and loneliness increased with rising age, and this was seen to also contribute to the needs of elderly. Interestingly, the study also found that elderly clients wanted experts' advice before they committed themselves to using services provided for them and assurance that this was not to jeopardize the human to human role in the service provision process as this was very important to them (Valkila et al 2010).

Pietilä & Tervo (1998) include in their study more service needs among the elderly and argue that basis of this service should be drawn from practical examples. Such examples included factors that promoted elderly people's coping at own home. The study also highlighted more socially based services, such as contacts from family, public health workers and neighbours' as well as security. Promoting elderly people participation in activities of daily living, outdoor activities, group activities and hobbies as well as reminiscing was also seen as an important service. Health state was seen to play a determinant role in services needed (Pietilä & Tervo 1998).

Yu (2011) reminds that service concepts in ageing and their definitions are worth of reflection. He also underlines that past studies previously done and relating to elderly care and service points towards the state of those needing them as chronically ill, very old and with difficult medical regimens. He provides classification based on age of the elderly service consumers, first by saying that term elderly refers to those who are 65 years and over. The study further explains the three different brackets of ageing, with 65-74 years being referred to as "old", 75-84 years "old old" as and 85 years and over as "very old". He concludes that elderly service is therefore broad-based and requires careful approach (Yu 2011).

Tynkkynen et al (2012) note a new shift in elderly care and services is happening. Contracts are being signed between municipalities and private service providers in outsourcing deals in order to generate services for these seniors. The study however points that the downside of these new developments is that the affected people are not consulted before such decisions are made. As the municipalities are buying only the basic services for their residents, these service consumers are required to adopt an active role of paying for some of the services themselves. This shift has encouraged growth of elderly service providers as more direct purchases are being transacted and increasingly being supported through tax deductions and service vouchers (Tynkkynen et al 2012).

A study conducted by Liu et al (2013) reflects the question of affordability of elderly service. It is now evident that elderly care and service, which has been a responsibility of society through taxation will need to be reviewed in the light of the emerging cost-sharing concept. It is also a matter of fact that both the public and the private sector will work together to provide this needed service. This raises the price issue as well as the question of quality as observed by Liu et al (2013). As service needs continue to grow, and especially for those who rely heavily on public services, how will cost-sharing concept affect them? Will the elderly afford to pay their share of cost by themselves (Liu et al 2013)?

In my own opinion, this brief literature review points to a growing complex service issue that is slowly widening its base to include more and more stakeholders. It is also evident that there is some form of disconnect between the stakeholders and the targeted service consumer. The service question will need their (consumers) input which could help give some guidance on the way forward as regards elderly service.

1.3 Some service package concept insights in literature

Some definitions of the service package as presented in the literature are provided here below.

Service package *"involves a bundle of goods that is used in the delivery of services or removed from the system by the customer"* (Fitzsimmons et al 2000 pp 77).

Service package is *"bundle of services that are needed to fulfill the needs of the target market"* (Shanker 2002 pp 573).

Service package is *"package or bundle of different services, tangibles and intangibles, which together form the service"* (Grönröös 2007 pp 184).

Verma (2008) pp 54 in his book talks about service package as a package that should focus on both the tangible and intangible aspects of the product or service. This is important because customers' perceptions of benefits they draw from a service package are based on a clear understanding of what the package can offer to them. He underlines the importance of clarity and a need to combine these two aspects so as to enhance customer perceptions and the outcomes the service package is intended to deliver. When an organization decides to use the service package concept, the service provider ensures that its value is delivered to the targeted customers (Verma 2008).

Services are intangible and lack physical dimension. The service package concept when used especially in service organizations sometimes becomes difficult for the customers to understand its meaning. Service experiences happen during service encounters and it is until then that customers may start to grasp the meaning and value of service package. This concept therefore demands that services in the service package be made available to the customer for consumption, as consumption can only happen in the service provision process (Verma 2008 pp 76-78.)

Kapoor et al (2011) also confirms that the service package should integrate the tangibles and the intangibles aspects of services and that this bundle should meet the needs and expectations of the customer. Bamford et al (2010) also concurs with this, arguing that service organizations as well as those in manufacturing have to envisage a service package that comprises of these two main dimensions of physical and non physical items, including environment in which the service is taking place, accessibility of the service as well as interaction and consumer participation.

Grönroös (2007) explains that service package as a bundle of different services has two main categories of service. These are core and auxiliary services. Core services are made up of the main services that the business organization offers to its customers while auxiliary services support and facilitate the consumption of the core services by the customers. The service package therefore should have a total offering of service to the customer, meaning that it has to be customer oriented to achieve this (Grönroös 2007).

In this study, I will base my views according to Grönroös (2007 pp 184) way of seeing it.

1.4 Case House presentation

Situated in Helsinki and founded as non-profit organization by several foundations in 1975, Case House (*Senioritalo*) is home to over 100 seniors who live in own rented rooms (also referred to as their homes). As a Foundation (*säätiö*), the House is governed by rules set by its Governing Board. The City of Helsinki has also set rules that affect the House operation. For example, Helsinki City rules that applicants who wish to come and live in this House as well as its current residents must have lived in Helsinki for the last ten years.

Over the time, the House has been restructuring itself in terms of organization, service processes and resources in an effort to meet the service needs of its ever changing customers. The House started as " Old Peoples' House" (*Vanhustentalo*) and has since changed its name in 2012 to its current one "Senior House" (*Senioritalo*) with most residents preferring to be referred to as "seniors" instead of "old people". The House activities and its operations are supervised by the City of Helsinki Social Services Department.

Case House business objectives

The House business objective is derived from the service needs of residents who have moved from their own homes and have come to live in this House due to various reasons. Its objectives also endeavor to promote government policy of supporting the elderly to continue living at home as long as they can through support offered by services. The House business objective is therefore to provide an alternative home for these residents where they can continue living their own lives independently supported by services which they pay for. This support is meant to promote and help maintain their social, psychological and physical abilities including any other aspect of life which would increase their independent and safe living in this House. The overall goal of services offered from the House point of view is to improve the residents' wellbeing and slow dependency and institutionalization resulting from of age-related changes that come with ageing.

Reasons why seniors move to this House

From the House records which are confidential but I have been allowed access as an employee of this House and for the purposes of this study, there are many different reasons why seniors have sought the service of this House. Reasons include age unfriendly houses that make it difficult for them to engage with the outside world because they lack elevators and pathways that users of mobility aids can use to get out and go back to their homes. There are also other thresholds that make it difficult for them to access the amenities around them (Source: Case House records - *Residents records*).

Others, according to these records are weakened muscle abilities and general health, making it difficult for them to perform heavy tasks like cleaning and laundry, shopping and cooking. This coupled with medical conditions that may require constant monitoring compels them to seek alternative living where they can access services whenever needed to make it easy for them. Loss of spouses and loneliness, relatives' preferences to have their loved ones live elsewhere due to risks associated with living alone and residents own decision to prepare for later years are also highlighted (Source: Case House records - *Residents records*).

Case House customers (residents)

Customers of this House are both men and women aged 65 years and above and from Finland. This age limit has been set by the Governing Board of this House. Special exceptions are however made to this age limit if spouses move together to live in this House and where one of the spouses is below the age of 65 years (see figure 2 pp 15). Most of these residents get along with the basic support the House service package provides to their lives. A few however have needed to buy more *extra* services due to poor health and other age-related challenges. Every resident has his or her own private room where they can be alone, as well as be with others when different daily activities are taking place in the House. Basic needs of these residents are the same. Other personalized needs are taken care of at an individual level.

The House residents are not restricted in any way. They can go out of the House and come back at any time they want. All that is required of them is to inform the employees of their absence as a safety precaution. When the House was started in 1975, residents living in the House had an average age of 66.7 years and required minimal services. Most of them were still leading a very active life outside the House. As their age increased, new services were necessary in order to enable them continue living independently in the House. The services took the form of a service package.

Table 1 below shows the House residents' average age during the last five years. This average age has been progressive.

2013	86.9
2012	85.9
2011	85.7
2010	85.4
2009	85.2

Table 1 Average age of residents (2009-2013) (Source; Case House records - *Toimitakertomus*).

Table 1 shows that there has been a marginal increase of the average age of residents currently living in the House each year, pointing to a steady upward direction. Residents are also getting older in the House, meaning that their average age will continue to rise in the coming years.

With current residents in the House getting older, new residents also keep coming to live in the House when some of the residents leave the service process for various reasons. The figure below shows the average age of new residents during specific periods between 1975-2013.

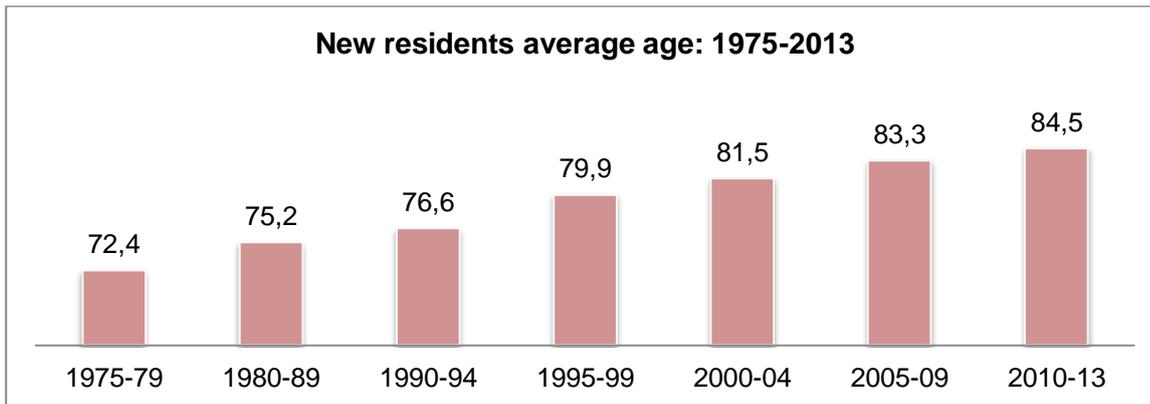


Figure 1 New residents average age (1975-2013) (Source: Case House records (*Toimitakertomus*)).

Figure 1 above shows a trend of increasing average age of new residents as well. Their average age has been calculated based on a five year period, except for the years between 1980-1989 and 2010-2013 according to records of the House. Residents who are coming to live in the House are living longer in their own homes compared to those who joined the House when it started its operations. While preferring to remain in active and working life longer before completely retiring to older age, most of the new entrants to the Case House are also well informed, educated and expecting good quality services (Source: Case House records -*Residents records*).

Figure 2 below shows case House residents' age distribution from 2008 to 2013.

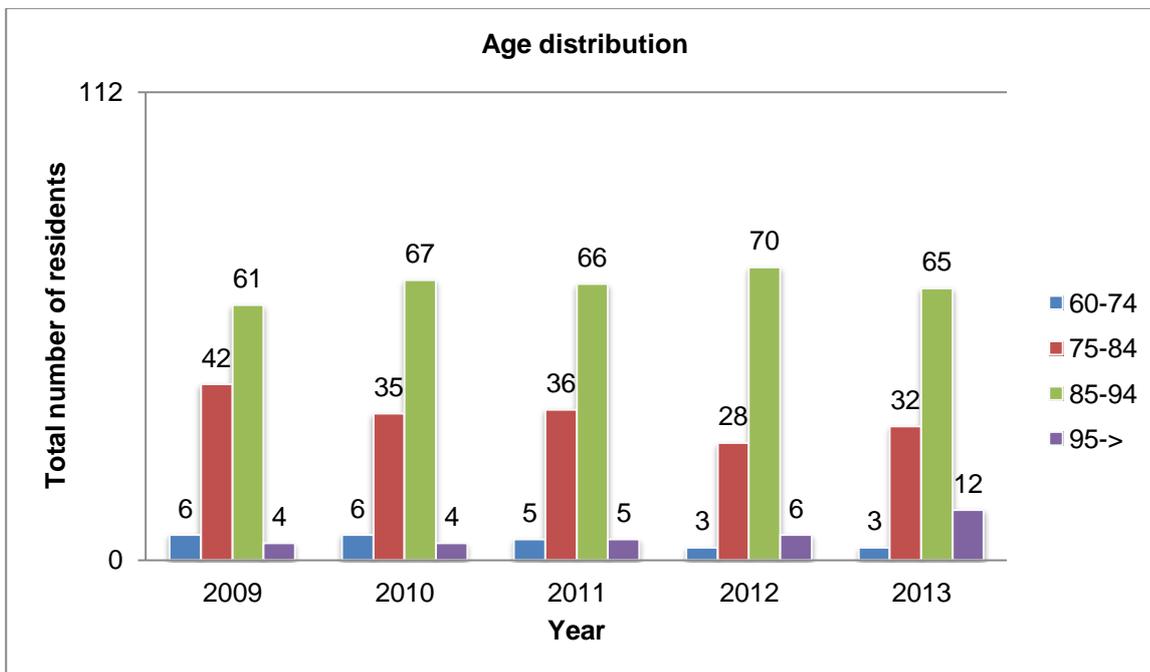


Figure 2 Residents age distribution (2009-2013) (Source: Case House records (*Toimitakertomus*)).

Referring to figure 2 above, the House residents (n=112) age distribution reflects the different age groups living together. Note that in this figure, the age distribution starts from 60 years. This is because there is a special provision by the House Governing Board in the event that spouses moving to the House together and where one of them is less than 65 years of age is automatically accepted as a resident despite her or his age. Age group 60-74 years show a declining trend as years go by, while 75-84 and 85-94 age groups have an unpredictable trend. Age group 95 years and above shows an upward trend. However, some relationship with the age groups can be deduced by looking at the numbers of each age group every year. For example, comparing 2009 and 2010, a decline in 75-84 age group meant an increase in 85-94 age group. This was the same case with 2011 and 2012. In 2013, decline in 85-94 age group meant an increase in 95+ years.

In my view, the information in Figure 1 (pp 14) and figure 2 offers important service insight as they point towards a trend of increasing age of residents that the House has as its customers. An average of 15% new residents joined the House and an equivalent percentage also left each year during the last five year period (2009-2013). Reasons for leaving the House were mainly transfer to long term care facilities, short-time residency contracts and death. Drawing from this information, it can be said that the House residents are living in this House for a long period without changing residency except for the said reasons (Source: Case House records (*Toimitakertomus*)).

2 THE CASE HOUSE SERVICE PACKAGE CONCEPT

The service package concept in House was introduced several years ago with an overall aim of improving the service process and increasing customer satisfaction. The basis of its formation was drawn from the business objectives which are discussed in the previous section of this study. Below is a pictorial presentation of the House service package (Source: Case House records (*Toimitakertomus*)).

The current service package in House today.

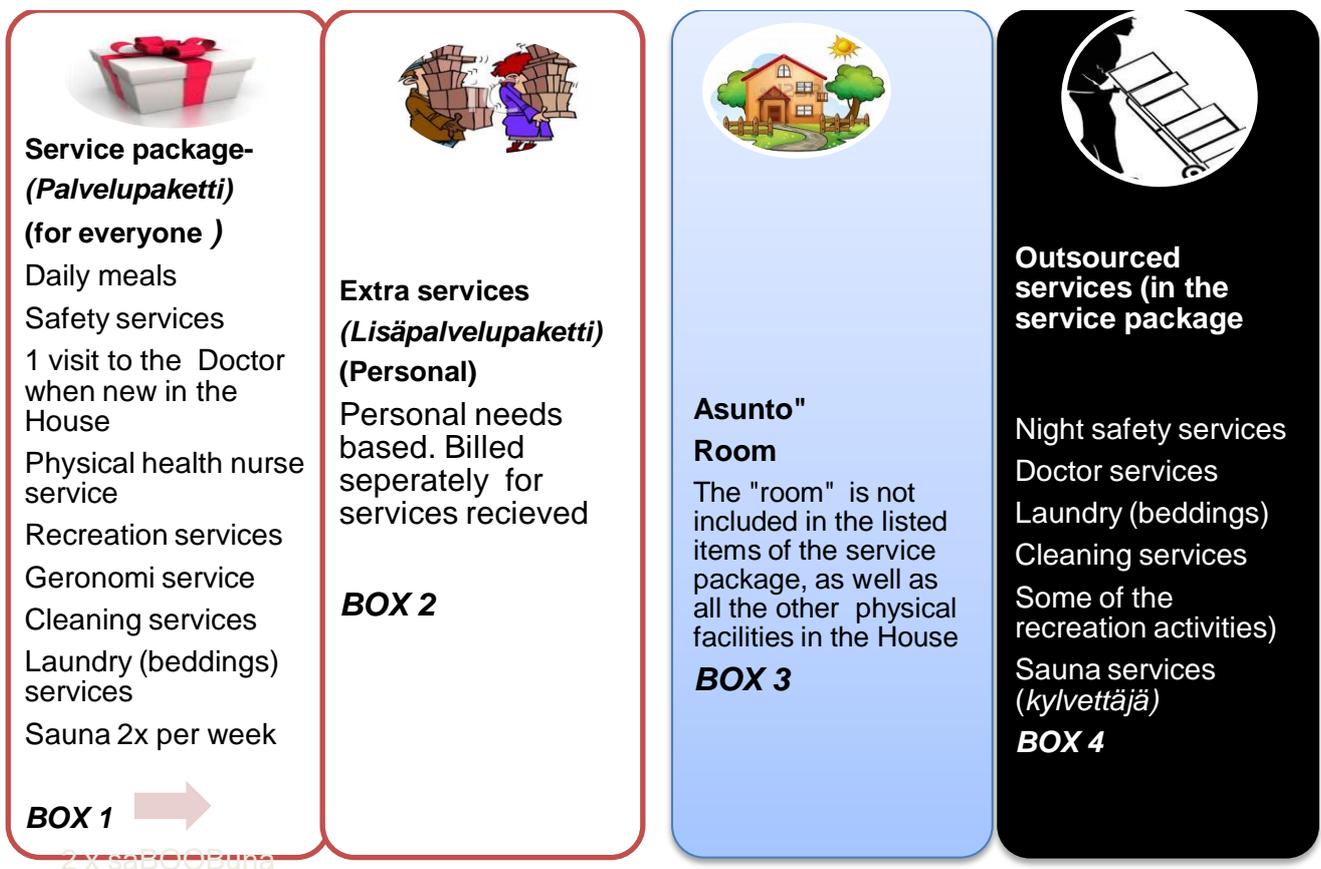


Figure 3 Service package (*Palvelupaketti*) presentation (Pictures source: Google world wide web)

For the purposes of easy understanding of the current House service package, I have used the four boxes as shown in figure 3 above to explain how services are classified in the House. This current service package sold by the House includes the services in **BOX 1**, which are supported by those services in **BOX 4**, (that is those directly produced in the House and those that are out-sourced).

At present, (see figure 3 pp 16) **BOX 1** is the main list that is used to sell the House service package. **BOX 2 & 3** provides more information in the marketing process and are mainly included in the residents' guide, House web pages and marketing flyers. **BOX 4** is also used to compliment **BOX 2**. However, this is a complex cycle and the information in these 4 boxes is still weak in delivering the desired message of a total service offered by this package to the customer (resident).

The concept of service package in the Case House is based on its business objective. The House is home to its residents (n=112 (2013)). They furnish their homes with own furniture and decorate them the way they want. They use their own beddings and own clothes and they are free to use the services contained in the service package at will since they have paid for them. Considering that the service package is meant for all the residents, it is not however a must for them to use all these services if they feel they do not need them.

The price of this compulsory service package does not include the rental cost for the rooms which are partly self-contained. These rented rooms have few restrictions on activities like cooking for safety reasons. One can make coffee or tea, warm food and water, as well as use of a larger general kitchen in the general areas where one is allowed to make food if they want. To become eligible for the service package offer, there are other conditions such as age of the applicant, place of residency and the general health conditions that have been set by the Governing Board of the House. When service needs of the resident can no longer be catered for by the service package, such resident can request for *extra* services at an extra charge.

2.1 Evaluation of service package

The evaluation of service package by the House has been conducted every two years through satisfaction surveys. While results show most residents are satisfied with the House service package, the instrument does not cover all residents especially those who have memory illness, weakened eyesight and other age-related challenges that make it difficult for them to answer the questionnaires. Some of course are not also interested in answering the questionnaires and returning them.

Another instrument that has been used to evaluate the service package is the information sessions where residents are given the opportunity to share their views about the service activities of the House. Again, these information sessions are not attended by everyone. Besides, these sessions are meant to keep the residents updated on what is going on in the House although they can be used as a discussion forum.

Keeping of records of the House service activities as well as a record of residents who participate in such activities may also be viewed as an instrument for evaluating services. It does not however represent the views of those who do not participate in such activities. The numbers may also point towards interest the participants have towards such activities and not necessary reflect the service perspective of that activity.

In reality, there are those items in the service package with a 100% consumption rate. They are consumed by all the 112 residents. These items include daily meals, laundry, and room cleaning. Most of the other services do not reflect the same consumption level. Residents consume them when the need arises, while with others it's a matter of interest and choice. Doctor's visit for new residents for example also enjoys 100% consumption, as every new resident is required to visit the House doctor which is an important aspect of residents care. Other services attached to doctor service such prescription renewal and consultation depends on resident's choice. Some choose to go to health centers while other have own private doctors.

The House current service package is therefore two sided. There are services that the House seems to take to the residents directly without them having to choose as such, since such services are considered vital for their wellbeing. These are for example meals and safety. On the other hand, there are those other services that residents have a choice to make, either to consume them or not. They include all the other services besides meals, cleaning and safety. Figure 4 below demonstrates this view.

Figure 4 shows automatically consumed services and those that are not automatically consumed.

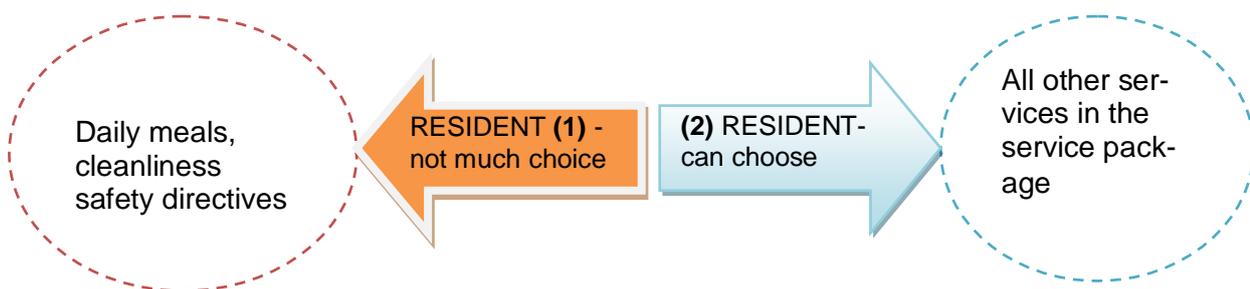


Figure 4 The two sides of the service package.

Figure 4 shows that there are those services that the service provider does not need to put much emphasizes on them due to the fact that they are also consumed automatically (**arrow 1**) compared to those that residents consume when they want to, but are not seen to be automatic or needed for now (**arrow 2**).

At the beginning of 2013, residents using the service package only without buying any *extra* services were 64% of the total resident population in the House. 25% needed *few extra* services like help in medical related issues and washing of personal clothing. 11% needed *more extra* services on top of the service package, mostly hygiene-related, dressing up, medicines and constant reminders of meal times. This shows that over half of the residents do get along with the basic services that are offered in the service package.

2.2 Service package - SWOT analysis

In order to evaluate further the current service package in the House, I have used the SWOT analysis method as shown here below to bring out the service package weaknesses, strengths, opportunities and threats. This SWOT analysis is based on Johnson et al (2009) views that these four dimensions focused on SWOT analysis process are relevant when dealing with changes taking place in any business and its environment.

Weaknesses	Strengths
<p>Very abstract (list).</p> <p>Residents pay for whole package (whether one needs all services or not).</p> <p>Does not cater for extra needs.</p> <p>Cannot be personalized.</p> <p>Hard to remember all the services.</p> <p>Other House services not listed sometimes confused for paid services/not consumed.</p> <p>Hidden costs in some of the services.</p> <p>Possibility to exclude some residents from some services because of their state of health.</p>	<p>Offers almost all basic services that residents need.</p> <p>Frees resident time for other activities.</p> <p>Creates social networking possibilities.</p> <p>Age friendly in terms of heavy home errands.</p> <p>Supports independent living.</p> <p>Outsourcing is possible.</p> <p>Improves residents overall wellbeing.</p> <p>Multifaceted -multi-professions.</p> <p>Meets group needs.</p> <p>Builds community sense.</p>
Opportunities	Threats
<p>Ageing sector business - many customers.</p> <p>Offers possibility to continue living in a home like environment (alternative home).</p> <p>Offers excellent service encounters (person to person).</p> <p>Can be expanded to foster its image by including other tangible and intangible services/ products.</p> <p>Residents input to develop the package possible further.</p> <p>Government policies.</p>	<p>More demanding customers (educated).</p> <p>Increased need for personalized services.</p> <p>Competition from other providers.</p> <p>House own rules/criteria for the package.</p> <p>Increasing prices of goods and services = higher price for service package.</p> <p>Advanced age of residents and poor health =growth of service demands.</p> <p>Professional workers demand.</p> <p>Government policies.</p> <p>Municipal homecare services.</p>

SWOT analysis of the service package (pp 20) is important to this study because it contributes to this study aim of finding means to improve the service the House is offering to its residents. This analysis is necessary because it offers useful hints on what to improve in this service concept.

2.3 Daily challenges facing current service package

Like in every other service sector, cost of services and how they are delivered in most cases is also a concern to the service consumers. Elderly service has its own challenges as consumers of this service are unique because of their age. The following are some of the main challenges facing the House service package.

Anxiety

The current service package is a basic one and affordable and it meets the residents basic service needs. However, the residents are adding more years and their service needs keeps evolving with time. The current service package becomes less sufficient and does not guarantee extra services without increasing its price. On the other hand, residents may not know beforehand how their needs will grow and the service package is not meant to take care of personalized service needs. In this way this concept causes anxiety as far as the money factor is concerned. The resident may become restless about the future.

The House cannot develop the service package without increasing its price. Residents themselves would like to stay away from *extra* services and live within the provisions of the service package to save money. They need money for other things such as paying extra bills arising from medicine purchases and transport expenses (for example). They may fail to buy important *extra* service which can indirectly affect their health and wellbeing. This also means that the gains derived from a service package by the resident can only last when the resident is able to pay for it and if it serves his or her basic needs.

On the other hand, when the health of residents deteriorates, such residents are noticeable because the service package is no longer sufficient to meet their needs, resulting to increased *extra* services which are mainly provided both by House nurses as well as homecare nurses from the City of Helsinki. The increased activity around such residents is conspicuous and this of course makes others nervous. It raises the question of affordability of such *extra* services.

Resident's privacy

When the service package is no longer sufficient to meet resident's basic service needs, the resident can also buy *extra* services from the municipal homecare (*kotihoito*) which is cheaper. This opens his or her home to other homecare nurses who are not necessary the House employees. Homecare nurses from the municipality sometimes keep changing now and then meaning that the resident service needs are delivered by different people. Their daily visits of once, twice or thrice a day ties up the resident to extra timetables meaning that the resident's freedom becomes restricted and their privacy is also affected.

Duplication of services and double billing

Residents consuming *extra* services from City of Helsinki homecare (*kotihoito*) may also ask for such *extra* services from the House when the homecare nurses are gone for the day. In this way, the resident will end up getting help from two service providers, meaning that such a resident will also have to get used to double billing by both the municipal government and the House. The duplication of some of these activities can be streamlined if the municipal governments can work closely with service Houses in order to have a system that can fully be economical as well as comfortably supportive to such residents.

3 METHODOLOGY - ACTION RESEARCH APPROACH

This study has been done using action research approach. This method was considered as the most appropriate to inform this study because it was a case study conducted for the Case House. It also involved the residents of the same House. Gray (2009) pp247 explains that case studies are mainly preferred because they explore issues affecting the case study which remain ambiguous and uncertain. The service package itself in the House had presented issues both to its consumers and to the employees that required to be clarified. The assumption surrounding action research approach is that it provides businesses with chances to change how things are done as well as involve others who are likely to be affected by this change (Mark E.S et. el 2012).

According to Koshy, Koshy & Waterman (2011), action research in healthcare has mainly been used to improve conditions that would enhance working environments not only for the researcher but for all those involved in the research process. It is argued that the uniqueness of action research is in its ability to generate solutions to practical problems within the healthcare environment which are evidenced based, and that theory and action must go together towards guiding the way forward to practical outcomes. As in all other forms of research whose aim is to generate knowledge, action research is participatory and creates knowledge based on enquiries. It is considered a learning process as well, meaning that action research should pass on the new knowledge to others who would benefit from it (Koshy, Koshy & Waterman 2011).

3.1 Why action research for my study?

Action research approach was seen suitable for this study because the issue under investigation was likely to benefit from this type of approach. This study can be defined as "*insider action research*" which Gray (2009) refers to as action research that is done by the researcher in his or her own organization being part of an academic programme. The advantage an insider action research has is that the researcher knows a lot about the organization under study and can navigate the research process much easily as compared to researching another organization that is not known to him or her. Other benefit is that it is easy to exploit the informed concept as participants will also have sufficient information about the research topic (Gray 2009).

Gray (2009) pp 317 while quoting Stringer (2007) maintains that action research aim is to reveal the different opinions, perceptions, truths and realities which groups or individuals may be holding as acceptable, and to not provide some absolute answers to problems. Interestingly still, people

with identical information will give different interpretations about it depending on their experiences. It is the role of action research therefore to bring these different interpretations together and form a joint perspective (Gray 2009).

Gray (2009) further explains that action research is like a circle with different stages which keep "rolling" back again all over. These stages include planning, action and evaluating effects of the action and repeating the same process all over again (Gray 2009). This explains the best approach to this service package question as it needs to be reviewed now and then due to the nature of its consumers whose needs keep changing all the time.

3.2 Ethical considerations

A written request was submitted to the Case House Care Committee (*Hoitotoimikunta*) asking for permission to undertake this study in the House and to involve its residents in March 2013. I, as the researcher was also asked to make a presentation to the Committee on my study topic and its objectives which I did. My request was accepted and permission was granted. It was also agreed that I will provide a copy of the study results to the House so that they can make use of its findings to improve their services. The respondents, who are residents of this House, and who were requested to participate in this study were also presented with the study reasons, method and the study objectives. They all agreed voluntarily to participate.

The ethical challenge of keeping the respondents identity anonymous was however presented by the respondents themselves as they discussed their participation between themselves and told other residents who was not part of the study. However the information each respondent provided is not identifiable from the study.

3.3 Study sample and its selection

Simple sampling method was used in sample selection for this study. Gray (2009) pp 151 explains that simple sampling is used when the population is believed to be homogenous considering the research problem under investigation. It also ensures that every member of the population has an equal opportunity to be the sample selected. This type of sampling also helps draw valid conclusions about the population under study (Gray 2009 pp 151). In this study, the population under study is a small one (n=112). I used the lottery method to draw up the sample. The entire population was assigned each a number. I then used a bowl, repeating the mixing and picking process

until a sample of 20 respondents was arrived at.

I approached the respondents and explained to them the purpose of this study and asked about their willingness to participate. All the respondents approached gave their consent verbally and interviews sessions were based on their timetables. The researcher has worked in the House for six years and has established good working relationships with the respondents. The respondents are therefore well known to the researcher, and the researcher is well known to them.

My choice of sample was based on the fact that these respondents are consumers of the service package under study and they had the information the study needed, thus providing an informed consent. According to Gray (2009), informed consent means that participants are well informed about the study in question, and that they have the freedom to choose to participate or not. As the study is about the service package which the respondents understand what it was, the researcher knew that the respondents were capable of participating in this study.

3.4 Collection of data

Data collection was done through group interviews. Four groups (n=20) with each five respondents were interviewed through semi structured questions. The interview questions that guided the collection of the empirical data were as follows:

- 1 What does "service package" mean to you?
 In your opinion, which are the most important services in the service package?
 Which are less important?
 To what extent does the service package satisfy your needs?

- 2 In your opinion, how would you like the service package to be developed?
 In your opinion, is the term "service package" the right term to use when selling
 service to the residents?
 If yes, what should it contain?

- 3 In your opinion, does the resident have a role in the planning and production of
 the service package?
 What role could it be?

- 4 What value do the services in the service package add to your life?
 How can these services be improved?
 What kind of service package do you think future residents would expect?

Interview process

The respondents were informed in advance about the subject of the study and its aim. Time and place of the interview was also agreed between the researcher and the sample. The actual interview questions were asked during the interview session and every respondent was given time to respond to the questions. Interview sessions lasted for 45 to 50 minutes. All the data collected during the interviews was recorded.

One of the reasons for using interviews in this study was that it was the most appropriate research technique considering the objective of this research. My method of choice was also the most preferred because of the nature of the respondents who are elderly people. Aging-related factors would have made it more difficult for them to participate if questionnaires were used as reading and filling them would have been a challenge.

Cassell and Symon (2004) pp11 argues that goal of interviews in qualitative research is to capture the topic under research from the perspective of the interviewee and trying to find the reasons why they have that sought of perspective. Unlike the quantitative research where the interviewee is seen as a subject and the interviewer tries to minimize impact of inter-personal processes during the interview, qualitative approach sees the relationship with the interviewee as part of the research process (Cassell and Symon 2004 pp11). This view is supported by the following quote;

Interviewing is a powerful way of helping people make explicit things that have hitherto been implicit - to articulate their tacit perceptions, feelings and understandings (Arksey and Knight. 1999:32) (Quoted by Gray (2009) pp 370.

By using semi structured interviews, I was able as the researcher to divert from the main questions and follow new ideas as they emerged during the interview process. As Gray (2009) pp 373 puts it, it is easy to investigate views and opinions with expanded answers and meaning that respondents attach to concepts, because semi structured interviews allow this diversion to new pathways which are not part of the interview from the beginning but helps in meeting research objectives.

3.4.1 Data analysis

Data was systematically analyzed according to research question, which fielded three main concepts of meaning, resident roles and value as they emerged from this data. Presentation of the interview results was also grouped in to three parts each reflecting these concepts. The following research question guided the analysis of the data;

What is the meaning of the service package? What is the role of the resident in this service process? What value does this service package add to resident's life?

Transcribing yielded 45 pages of raw data. The themes emerging from the data were highlighted during the analysis process using different coding colours. (See appendix 2(1/1)). This process was repeated several times to ensure that no concepts were left out in the data. These themes were further classified according to the main concepts under study.

3.5 Validity of the study

The objective of this thesis was to find the perspective the residents hold towards the service package that they themselves consume in this House, and this perspective has been presented in the result section of this study. Since the respondents are direct consumers of these services, they knew what they were talking about. The study was conducted in a familiar environment which made them feel free to participate in each other's presence as they live in the same House. The questions were easy to understand and were also presented in a language that they could all understand. Their responses were recorded for analysis purposes.

In this study, by using the semi-structured interview research technique, I as the researcher ensured that the questions and any emerging diversions concentrated on the research objective. The respondents were given sufficient time to express their answers. The interview questions guided the respondents in sharing their individual perceptions they held towards service package.

The study process was careful to maintain the role of the researcher in the whole process as it was easy for the respondents to discuss other issues that were not related to the study. The process also ensured that every respondent in the group had his or her turn to share their views.

While everything was done to prepare the minds of the respondents and providing a conducive environment for a research process, researching own organization means that all are well know to the researcher and the vice versa. Respondents may be unwilling to answer the questions as honestly as they could because the researcher is known to them. However, the researcher did not feel that information was held back due to this relationship.

With the researcher coming from a different language background, and in order to ensure minimal effects of the language differences on the study, data collected during the interviews was recorded and transcribed. The researcher also sought the help of Finnish speaking friend to proof read the Finnish text and to ensure that the translation from Finnish to English was correct. However, some few Finnish words could not find an equivalent English translation and terms closest to their meaning were used instead.

In terms of external validity, Gray (2004) pp 219 explains that interviews in most cases involve small scale studies due to the cost factor. Generalizing the finding of small scale qualitative studies can therefore be questioned (Gray 2004 pp 219). As this is a case study, its findings cannot be generalized. They are best understood by the case House under study, and are useful and applicable in the case House. However, from a general overview and considering the subject in this study, I am of the opinion that there are important insights raised here that can offer guidance in service package concepts in elderly service sector, and in particular to Service Houses.

Reliability

All the four interview sessions had same instructions to all the participants, and same process was followed during the interview process. Time of each group differed with 5 minutes of original set time of 45 minutes. Each respondent in the group was allowed sufficient time to answer the interview questions. Those with no answers to some of the questions were not required to answer them. There was respect and trust between the respondents and the researcher. I believe that service for elderly is a general and relevant issue in modern days, and that the findings and conclusions of this study can be replicated by another researcher.

4 INTERVIEW RESULTS

Interview results are discussed in this chapter. These results are grouped into three parts based on the concepts under study. The parts discuss meaning of the service package, resident roles and value this package brings to their lives as emerged from the interview data analysis.

4.1 Part 1: Concept of meaning of service package

Several meanings as perceived by most respondents were attached to the service package. These were;

Meaning 1 - Money

Almost all the respondents perceived the meaning of the package in terms of money, which they said they had to pay to receive the services as demonstrated by the quote below.

Service package is the total sum of money of what we pay for. The service package includes all that we pay for. (Palvelupaketti on se summa mitä, mistä me maksamme. Palvelupakettiin sisältyy kaikki mistä maksammekin).

Perception of money was tied up to agreement they make with the House for its services. Most respondents shared their view that they could not live in the House for free, and that they had to make payment for all the services they consumed. The House was selling services to them which they required, and money was the determining factor in this case.

In making reference to what they pay for, most respondents used the term "all" services (*kaikki*). "It is what we have here. It is all these services (*Se on mitä meillä täällä on*). *Se on nämä kaikki palvelut*". Asked to identify what all these services were, the respondents gave the following list as shown in table 2.

"All" Services (<i>kaikki palvelut</i>) in the package according to interview results
Agreement
*Cleanliness
Safety
Meals
Professionals
Exercises
Room (rent)
Sauna
Volunteers (<i>Naistomikunta</i>)
Own shower
Information
Different hobbies
(<i>*room cleaning + laundry</i>)

Table 2 Contents of "all" services in the package as perceived by the respondents

Table 2 lists the items of the current service package as perceived by the respondents, meaning that it was still perceived in a very abstract form.

Most respondents saw money as the determining factor to access the service package at present time and in the future. "You will end up paying for extra services when you get older (*Extra palvelua vanhempana niin joutuu maksamaan*"). Money meant life for them in the House, and this was equivalent to the service package. It was on this basis that most felt having no money to pay for services in the House meant there was no service package for them.

Meaning 2 -Support to normal activities of living and safety

The service package was perceived by most respondents to mean solution to their current basic needs. Future needs that were mentioned during the interview were clearly not included in the daily needs that were met by the service package. Most respondents felt that they did not have to look elsewhere for services, as their present daily needs were taken care of in the House. The quote below demonstrates this.

Needs keep changing always as we live here. At this point now the service package meets my needs. (Tarpeet muuttuu aina kun täällä asuu. Tällä hetkellä vastaa oikein hyvin).

The respondents associated the service package with vital support function by saying that it helped them with the most difficult tasks of daily living as they perceived them. Examples they gave included going to shop to buy food, cooking it and all forms of heavy cleaning that required much energy and time. They told that these tasks had become challenging with increased age and declining ability to perform them when living alone in their own homes. This support function had provided them with the possibility to continue living independently in a new environment other than their own. Most were not shy to ask for more support in these heavy tasks that were also perceived as important services.

For example, cleaning, which was perceived as being one of the most important services according to interview results was raised by many as needing improvements. Most residents were of the view that the weekly cleaning should be improved although they still commented that it was not about the cleaner, but the time the cleaner is allocated to clean their rooms which are usually full of furniture and other personal things. Thorough cleaning was suggested, which would include taking out carpets and beddings for airing. Most respondents said it could be done once or twice every year as many of them can no longer be able to do it themselves. The quote below sums up their view.

What about cleaning, if the cleaner could once in a year take care of the bedding. Two times an year there should be thorough cleaning.(Entäs siivous, että saisi vaikka kerran vuodessa että siivooja ravistaisi sänkyvaatteet?) Kaksi kerta vuodessa pitäis olla suursiivous).

Meaning 3 - Personalized

Most respondents also told that while they could have had some common reasons for moving to the House and buying the service package, each of them however had personal attachment to this package for personal reasons. This is supported by the quote below.

This is different life for me compared to what I had before. I have to get along in this environment and with the others". (Tää on erilaista elämää kuin mitä yksityisellä, mitä minä olen aikaisemmin elänyt, täytyy sopeutua ymparistöön ja kaikki ihmisiin").

This personalized meaning was contributed by what each respondent perceived to be important or less important service(s) offered by the service package. Most respondents said that above the general needs, each one of them had personal needs too, interests, choices and preferences which affected what the service package meant to them at a personal level. Table 3 below shows respondent perceptions of what they considered to be most important and less important (least used) service(s) in the service package.

<i>Most important services according to respondents</i>	<i>Less important services (least used)</i>
Meals	Sauna
Cleaning	Gym facilities
Practical nurses	Doctor services
Laundry - beddings	Beauty therapy (<i>Kampaaja and jalkahoitaja</i>)
Physical health exercises	Nurses services
Laundry room	Meals
Safety	Iron box
All	
Hobbies	
Nurse , Doctor services	
Sauna	
Financial management (direct debit) help	
Trips	
Gym facilities	
Recreational activities	
Ironing	

Table 3 Important and less important (least used) services as perceived by the respondents.

Referring to the personalized meaning attached to the service package, Table 3 (pp 32) shows that some of the services were considered important and less important by different respondents. What one respondent considered being an important service to him or she was less important to the other as this meaning was attached to the relevance and consumption need of that particular service by the respondent. Importance of other services in the service package was also dependent on whether the respondent consumed them or not. Meals and cleaning were considered most important by most of the respondents.

Most respondents explained that they felt some services were less important because they did not use them. They were also seen as "not a must service" in terms of the respondents current service needs and were therefore a matter of resident's choice. Few associated less important (least used) services also with those services which House employees were not required during such service consumption process. An example given of such a service was ironing their clothes in the laundry room if the resident felt a need to do so.

Other personalized meaning perceived by few was that the package was a standard to "judge" who should be a consumer (resident) of the House service package. The quote below shows this.

I think that it is a bad idea to take in residents that are in a very bad shape. I feel bad (Minä ajattelen ainakin että on se huono homma jos otetaan hyvin heikkokuntosia tänne, mulle tulee paha olla).

This meaning was attached to the service package due to the fact that those residents who buy more *extra* services to supplement their service needs were seen to be quite "old and very sick". It was a meaning seen to separate such residents from those who do not need *extra* services. It emerged that views attached to this meaning were that the House service package is meant for those residents in "good shape".

Meaning 4 - Window into future. We are not going anywhere!

Besides respondents perceived meaning of the current service package as a daily solution to their current needs, they also told that it brought to them some ideas on what would happen when their service needs grow as age increased. Most respondents said that the service package laid before them the scenario of their future as they were able to observe effects of age increase, health issues and physical ability decline amongst themselves. Every age and health issue affecting any of them as a community in the House was taken as an individual lesson to learn about their own lives.

Today the House average age is very high and when this House was started, only one walking stick was found among the residents. Today 39 years on, so much has changed. (Tänä päivänä talon keski-ikä on niin korkea, ja silloin kun tämä talon rakennettu, yhdellä oli keppi. Nyt 39 vuoden jälkeen, niin paljon on muuttunut).

The service package experience was reported by most respondents as indicating that their service needs will continue to grow as they grow older and older and that this package would not be sufficient to meet their services needs then. They were however hopeful that in some way, they will get the services when they will need them. This study also noted that new entrants to the House today are more advanced in age compared to few decades ago. Interview results also reflected a scenario where respondents saw their lives continuing in the House in to later years. Interestingly most also did not mention about moving out of the House to some other care place as demonstrated in the quote below.

When I have looked at those whose health has deteriorated, some have gotten services. Yes, I am waiting that I will get same help when my health deteriorates. (Kun olen katsonut näitä, on huonommassa kunnossa, erittäin huonossa kunnossa, jotkut kyllä ne ovat saaneet palvelua. Kyllä minä odotan että saan samalaisia palveluja kun minä menen huonompaan kuntoon)

Below is a list showing future service needs as perceived by the respondents.

Need for more psychological support
 Need for more social networking
 Increased memory support activities
 Medicines/medical related services
 More doctor services in the House
 More nurse services in the House
 Nightcare
 Pyschiatric support (lack of will to live)
 Hospital like House
 Many residents will reach advanced age (may be 100+)
 High price of services
 New changes to service package (undefined)
 Uncertainties, Laboratory services, House bus, Music room
 More demanding customers (generational change)

This list of future services was based on the fact that every individual ageing process is personal and services needs will vary, hence the need for different *EXTRA* service packages that can would complement the service package

4.2 Part 2: Concept of role of residents in the service package process

Asked if they perceive whether they have a role in planning and production of the service package, most respondents felt that they have no role as the service package is a readymade product and is sold to them as it is. However, most respondents saw their role in suggesting what could be added or improved. On the other hand, their role in service package process and its outcome was seen to be dependent not on them, but on resources available to implement their suggestions or changes in the service package.

In their part of participating in this service package process, most respondents said that some form of a group made of residents should be active in the House. This group would receive views and ideas from the residents and forward them to the relevant decision makers. The other alternative role raised by most of them was the use of initiative boxes (*aloitelaatikko*). They suggested that residents could drop their suggestions or proposals regarding the service package into this box for consideration by the House. Further a representative of the residents (who should be a resident of the House) should be present in meetings with the service package providers when their suggestions and ideas are being discussed.

Collective role - for a common good

Most respondents also brought the idea of collective roles they perceived towards the service package, whose aim was to provide a common good for all residents. Few respondents offered a word of caution by saying that in their role to suggest what they want, they should keep in mind that what they suggest is possible to grant, and such suggestions should reflect on general services for all the residents

It should be for a common good to all of us, such as personal needs you should not hope for, nor demand, it should be the same for everyone. (Sen pitäis olla yhteistä hyvää ja palvella meitä kaikkia, sellaista yksilöllistä ei voi edes vaatia eikä toivoa, vaan että se olisi kaikille sama).

Understanding each other was important, a view raised by most respondents. They said that it was their responsibility to be sensitive to others as they all consumed the same service package, and that one cannot be selfish to demand personal services when they suggested proposals towards the service package. They noted that the House is big and getting used to living with one another and not expecting so much at a personal level was important, as it was impossible for the service package to satisfy every resident's individual need.

Individual based roles

Individual based role was perceived by most respondents as being associated with *extra* service package (*lisäpalvelupaketti*). The objective of this package is to meet more personalized needs of an individual resident which are not catered for by the service package (*palvelupaketti*). Whenever a resident requires *extra* services package, he or she can play a greater role by deciding which services they want, and can make an agreement with the House on how such services would be delivered to him or her.

Individual-based participatory roles were also perceived when residents organized activities for others. Such residents requested for support or resources from the service provider to perform such roles, and their requests always got honored. Most respondents also shared other hidden roles that were not necessarily broadcasted to the rest of the House. Within the environment provided by the service package, respondents mentioned roles that they played between themselves (resident to resident) and which brought meaning and satisfaction to their lives. Such roles for example were helping each another in different situations and supporting one another whenever the need arose.

Small groups based roles

Most respondents told that amongst them as residents of the same House was found common needs and interests. Shared needs or interests guided them in forming small groups, and it was their role to forward their requests to the service package provider to support whatever they felt they needed to do to improve their situation.

Table 4 below presents a summary of roles that were found in the House for residents. This overview touches both individual and group role point of view.

Item	Role	Process
Service package	They can only propose (cannot affect the decision so much because it may mean more extra resources <i>(may lead to extra bills)</i>)	Residents group of representatives to bring forward suggestions to service package providers*
Groups with shared interests, needs	Forward group wishes/request. Can be enabling devices that are age friendly , group activities based on common interests, any other <i>(mostly no extra bills)</i>	Can discuss with service package providers* or/and other employees, or just present them during information sessions
Individual wishes/requests	Forward requests/wishes as long as others in the House can benefit from such requests. <i>(mostly no extra bills)</i>	One can discuss with managing director, employees service package providers*
Individual extra needs (not met by the service package)	Forward request/wishes. <i>(There is an extra bill)</i>	Ask, discuss with the nurses and billing office

Table 4 Residents roles in the service process (*service package providers = Board of Governors)

Table 4 shows that not all respondents' roles were directly related to the service package. The data showed that residents perceived other roles which had emerged as a result of the communal living they found themselves in, and which had been made possible by their common consumption of the service package in the House.

Other individual and silent role according to most respondents was settling down and accepting to live in a "big family" of 112 members who were different from each other. They saw it as challenging as well as practical role and which was kind of a must for all of them. The service package concept itself presented a school of life and it was their role to learn from it.

Reasons for not taking up role in service package planning and production

With a readymade product on offer most respondents shared their feelings that their role towards its planning and production process was limited, hence no need to be actively involved. Few also felt that even if they had a role, courage was missing to play that role. This is demonstrated by the quote below.

Of course we should say what we think, that this is very expensive or this is very little or something like that. But who will do it? who can dare? (Tottakai meillä pitäis saada sanoa mitä mieltä me olemme, että tää on liian kallis tai tää on liian vähän tai jotain tämmösta. Mutta kuka sen tekee? Ei kukaan uskalla).

Few respondents mentioned fear of victimization if they suggested any changes and did not want to be "thrown" out of the House. They also blamed their failure to play their role on their upbringing saying that as children they were taught to be quiet. *"Be silent and do not speak a lot"* (*ole nyt hiljaa, älä puhu paljon*). Fear and not wanting to be seen as the person who raises such issues by others contributed to lack of motivation to play their roles, suggesting that it is an act of bravery which has been left to the brave residents. They also felt that playing active roles would amount to more extra work for them. However, they also saw their role in active consumption of the services already provided in the service package but also felt that they had a choice to be actively involved in consumption or not.

The money factor

Another deterrent to roles raised by most respondents was that a role that resulted in changing or improving the service package was seen to be expensive as this was likely to raise the price of the service package. Most said they had to be more careful because it meant more money from them. Hence, they were satisfied with the package as it is. This underlined the biggest barrier to active participation in the service package planning and production process. An extra bill for any new service in the service package was likely to be sent to them. The quote below concurred with their view.

Thinking about financial matters, if something different is added to the service package, its price will rise. Not many want more bills. If something new comes to the service package, ok, it is welcome only if the price remains the same. (Taloudellisissa asioissa jos jotain vielä erikosta tulee, niin se nostaa hintaa...ei monikaan enää lisämaksuja kaipaa. Jos keksii jotain uutta siihen, ok aina on tervetuloa jos sisäältyy samaan hintaan).

Though most respondents felt that it was their role to suggest how the service package could be enhanced, they also felt that improving it would require including new services, thus raising its price which most did not support. They shared the reality of increase of the price of goods and services and compared this to their incomes, thus making them feel that their current incomes would sustain them for now in paying for only the very basic services provided by the service package. They could not therefore ask for more unless someone else is willing to pay. Most were therefore reluctant to actively take such role in developing it. The following quotes confirm these perceptions.

It would be nice, if laboratory services were here, but it could be expensive" (Se olis hyvä, että verikokeet otettaisiin täällä. mutta se olis kallista).

Yes, for this price we get good services. It is well here with us if you take notice of this price." (Kyllä tähän hintaan me saadan hyvää palvelua. Meillä on kaikki hyvin kun otetaan hinta huomioon).

Clarity issues

Is it service package (*palvelupaketti*) or basic service package (*peruspalvelupaketti*)? What about extra service package (*lisäpalvelupaketti*) and rent (*vuokra*)? In which package does rent belong to? These are some of the questions that emerged from the interview data. According to most respondents, these terms presented a sense of confusion and lack of clarity to the concept of the service package. In particular, the extra services package (*lisäpalvelupaketti*) was misunderstood to mean services for only those who are very weak and have very poor health. A few however had no problem understanding all these different terms.

Most respondents were not sure whether or not the term service package (*palvelupaketti*) is right term to use when selling services in this House. There was a general indication that the term "service package" is somewhat fine and not fine but it presented some challenges due to the three different terms associated with it. Few respondents expressed their views that the term could also be changed to reflect the residents' participatory role as consumers of the package.

Not service package, but service agreement, it is a bit softer, that it is not just a marketing act. We agree together. (Ei palvelupakettia, mutta "Palvelusopimus" se on niinku pehmempiä että ei siis kaupanteko, että sovimme yhdessä)

Unclear issues were further brought forward by few respondents who said that some of the services in the service package belong to the *extra services (lisäpalvelut)* which is billed separately and therefore they had not been consuming them for fear of receiving extra bills. Most could also not remember at the moment of this interview all the services that are listed in the service package.

A few commented that although much information about the service package maybe in the residents guide, they did not keep reading it or simply could not be able to read the text due to weak eyesight. Examples of unclear issues pertaining to the service package were confirmed by the following quotes.

What is "kuntohoitaja palvelu"? Does it include exercising a client at home? (Kuntohoitajan palvelu mitä se on? meettekö huoneeseen voimisteluttamaan?)

Hobbies? they do not belong in the service package (Muut harratukset eivät kuulu siihen pakettiin).

Help, if you get sick is not part of the service package. you have to pay different if nurses have to come to your room. This is not part of the service package (Apu, jos sairastuu se ei kuulu palvelupakettiin, sitten joutuu maksamaan erikseen, sairauksesta, jos joutuu tulemaan huoneeseen se ei kuulu palvelupakettiin).

The person who comes to help in the sauna, is this part of the service package? (Onko se henkilö joka käy pesemässä ja kylvytemässä asukkaita kuuluko? onko talon oma vai jokaisen itse huomattava se?).

I do not have a service package except for the basic package. (minulla ei ole palvelupakettia paitsi sitä peruspakettia).

At night there is no service, it is safety company (turva-auttajat) then 20.00-07.00 there is nothing in the house. (Yöllä ei ole palvelua, se on safety company (turva) sitten 20.00–07.00 ei ole talossa mitään).

Does sauna belong to the service package? I have never gone to sauna. Is it for? everyone, for instance if I go to the group sauna?" (Kuuluko sauna siihen, mä en koskaan käynyt saunassa. Kuuluko kaikille jos mä haluan menä yhteissaunaan?).

Lack of clarity according most respondents was an issue that affected their service package consumption role. For example, they mentioned the physical exercises service, where there were other aspects of this service such as possibilities to have guided exercises at a personal level depending on one's health state, as well physical state assessment (*toimintatesti*). Most respondents did not perceive these aspects of this service as belonging to service package. This was also the case with psychosocial support services perceptions. None of the respondents mentioned the home visits because this was again not perceived as belonging to the service package. Few also mentioned the clubs and the recreation activities. On the other hand, activities by volunteers such as women committees (*naistoimikunta*) were seen as services although they are not listed as items of the service package.

Although most of the respondents showed that they understood the concept of the service package in the house, these interview results stills points to some fragmented misunderstanding of the service package and its contents. Most respondents also observed that for new customers, it was not

easy for them to understand this concept without first living in the House for some time. It was clear from the findings that even some of the respondents in this study did not still have it all clear about all the services in the package except for those that they use everyday like food, cleaning and laundry services.

4.3 Part 3: Concept of value of the service package to residents

Some concepts of quality of life used to express value derived from the service package included better life, good feelings, happiness, joy, trust, lack of fear, peace, lack of anxiety, assurance, self confidence, safe and satisfied and absence of worries. I have summarized these concepts and drawn figure 5 below to present them. The quote below offers an example of these perceptions;

I am very satisfied that I can get along at home, no worries about tomorrow, every day at a time (Mä olen ihan tyytyväinen että tulisi toimeen kotona ei huolia huomista, päivä kerrallaan).



Figure 5 Circle of value of the service package as perceived by respondents

Figure 5 shows a summary of value respondents perceived as coming from the service package. The value concept was intertwined, a factor that respondent shared, resulting from the fact that their various service needs were satisfied by one service package. The service package value was perceived in its abilities to bridge up important aspects of respondents' life that had been

threatened by increasing age related factors, with a desired service that resulted to achieving an outcome that was meaningful to the life of the respondent. Service package was seen as the bridge, as well as a springing board towards a new life, from where respondents were enabled to enjoy their living in an environment that they felt was suitable for them as elderly persons. This generated the value they perceived.

Value of the service package was also attached to its function of joining residents and House employees together, thus forming a sense of community that contributed to the value they perceived. Most respondents argued that consuming the service package in own home would not have yielded a lot of value compared to when they consume it together in the case House.

Improved quality of life; independency and safety feelings

Most respondents said that the service package had brought a lot of value to their daily lives and improved the quality compared to when they would be living at home alone. Quality was attributed to two main concepts; independence and safety, which were intertwined and appeared to complement each another. Safety was perceived in three ways; respondents having less worries about tomorrow, the assurance that quick help is available whenever needed, as well the presence of other people in the House. The quote below supports their perceptions.

And when you are not able to do much by yourself, here you can get more extra services instantly. You do not require to go elsewhere to look for such (Ja sitten kun ei ole enää omatoiminen, niin täällä kuitenkin saa sen lisäavun ja se tulee heti siihen ei tarvitse enää hakeutua)

The meaning of independence according to most respondents was fourfold. They felt that they were still independent while living in a Senior House although there were other residents as well as House employees around them. The feeling of independence was attributed to the absence of worrying by knowing that when living amongst others, help was near, and that if one was not able to call for help a neighbour would call on their behalf. Most of them expressed their sense of freedom because they felt secure in the House and did not have to fear if something happened to them. They were not alone. This was more psychologically related freedom. The quote below expresses this perception.

It is nice to live here. For example, if you live alone at own home or somewhere, there is always the fear that if something happens, if you get a life threatening seizure, it could be difficult to get help. Here, you just need to press the button and the nurse is right at your door. (ja täällä on hyvä asua. Esimerkiksi kun asuu yksin kotona omakotitalossa tai jossakin siinä on aina se pelko että jos tapahtuu jotakin, tulee vaarallinen kohtaaminen niin sitten vaikea saada

sitä apua. Täällä se on aina ei muuta vaan paina nappulaa ja hoitaja on oven takana.)

The other aspect of independence by most respondents was associated with freeing their own children and relatives that they did not have to worry about them since they were in a place where they got services if needed. Feeling that their children and relatives could go on with their lives without the resident having to feel that she/he was a burden to them increased their feeling of independence and self worth. The quote below demonstrates this.

I do not want in any way that they (relatives) feel that they have a duty in some way to come and take care of me. This was very important to me. Children have their own lives, own family lies, own work and such, they do not need to worry about me anymore. (Mä en millään tavalla halua että heillä on velvollisuus jollain tavalla tättä käydä hoitamassa. Se oli mulla tärkein asia. Omilla lapsillakin on oma elämänsä, oma perheensä, työnsä ja kaikki, ettei sitten enää minusta tarvitse huolehtia).

The third aspect of independence was associated with their private rooms where residents had their own time alone whenever they wanted. They also felt that they were in a position to control their personal timetables, for example they could choose when to allow visitors, children and friends to visit them. The sense of independence through the support provided by the service package pointed towards the notion that some of the factors contributing to regular visitations by family members and friends were based on resident needs which the service package now partly provided and supported, hence this independence and feeling of self worth.

Fourth meaning attributed to independence was that they did not have to worry about shopping and cleaning, tasks that had become difficult for them as a result of health decline and other reasons. This had not stopped them from getting ready meals and clean homes, something they considered of great benefit to their own lives and a booster of quality life. Sense of normality attributed to the routines that the service package brought made them be sure something will be happening everyday life. For example, one had to wake up in the morning, dress up and go to eat his or her meals, meeting others in the process. Furthermore, the service package had not only given a sense of belonging to those residents who have no families or relatives of their own, but also to most of them who had found new friends and acquaintances amongst the residents.

Nice to start this day, no worries if this or that works, everything works. (Kiva aloittaa tämä päivä, ei huolta että toimiiko tämä tai toimiiko tuo, kaikki toimii).

A high level of life satisfaction brought by the service package was evident from most of the respondents who felt that the service package also presented them with an opportunity to fulfill something that they had wanted such as serving others through helping, and just being part of a

family of seniors who eat together and enjoy social networking amongst themselves.

Missing services!

Most respondents said that more services could be added which were equally important to them. However, they understood that this was not always possible because resources were not available that would be required to have such services. The quote below highlights this;

But what I miss in the night is that if there could be a night nurse (yöhoitaja), so that I do not need to call safety company (turva-auttajalle) and wait for half an hour. (Mutta mitä minä kaipaan yöllä on että tulisi joku yöhoitaja, että en tarvitse turva-auttajalle painaa ja odottaa puoli tuntia).

The missing services were a source of concern and a challenge to them in terms of living without them.

5 DISCUSSIONS AND STUDY SUGGESTIONS

This chapter summarizes the results of this study. It also presents a number of suggestions that this study offers to the management of the Case House in regard to the service package. Included also are suggestions touching the future of the service package concept that the House may find interesting to think about.

5.1 Summary; main concepts under study

The three main concepts under study which were meaning of the service package, residents' roles and value of the service package to residents as outlined in the research question have been captured as reported in the interview result section. The meaning of the service package was seen to reflect both present and future aspects of residents needs. It was also seen to relate more to the intangible aspects of services. Conspicuously tangible aspects were missing in the meaning attached to the service package. The contents of this package as perceived by most respondents confirm this. This study underlines the importance of strengthening residents perceptions towards the House tangible aspects of the service package as well, like the general kitchens, gym room and its equipments, laundry room, washing machines, ironing equipments, libraries, general TV room and newspapers, club room, weighing and blood pressure instruments, saunas, storage areas, residents and backyards so as to enrich the meaning of the service package.

In my own view, expanding the service package to reflect these tangible items would enhance its consumption and improve customer satisfaction. It is a fact that the exclusion of this aspect may be considered to contribute to the lower consumption rate of some of the services because they are not expressly listed in the service package. The issue of clarity in the service package services was also seen to contribute to the overall consumption rate as well as residents own interests and choices. This created a relationship between meaning and consumption of this package.

There were two dimensions in the role perceived by the respondents. The first dimension was seen in their roles towards the service package in terms of its planning and development. The second dimension was the role they perceived within themselves as residents of the same House. Towards the service package, the respondents argued that their ideas could be heard by the House and that they can be used towards developing this concept. They identified various means that they could use to bring forward their ideas to the management of the House. Again, participating in meetings that discuss the ideas they would provide was also perceived as a role. Other roles

were mainly resident to resident during their course of living together in the case House.

The value of the service package to their lives was perceived when their service needs were satisfied. The first aspect of value came from direct consumption of the services in the service package. For example, meals and cleaning directly satisfied residents service needs thus generating value to their lives. The value was perceived because these activities had been difficult for them to perform as a result of old age. On the other hand, the presence of other residents in the House, a scenario made possible by the service package generated more value which residents associated with inner peace, happiness, self worth and safety feelings.

The aim of this study was to make suggestions on ways to improve the service concept of the House under study. Guided by the interview results in chapter 4, this study makes the following suggestions in chapter 5 to improve the service package. In my opinion these suggestions would have important and positive service outcomes to the current and future residents (customers) of the House as well as its management and operations. In this chapter, section 5.2 will discuss suggestions to the meaning concept, section 5.3 suggestions to roles improvement and section 5.4 suggestions to the value concept.

5.2 Suggestions to improve the meaning concept of service package

Expanding service package concept to include both tangible and intangible aspects would promote greater consumption of its services, clarify areas that are unclear and help residents see the total offer of service in this concept. This would include changing the current name of the service package to a new one in order to help capture the new meaning. Figure 6 below shows the suggested expanded presentation of the service package. It includes a shift from the old concept to a new concept presentation.

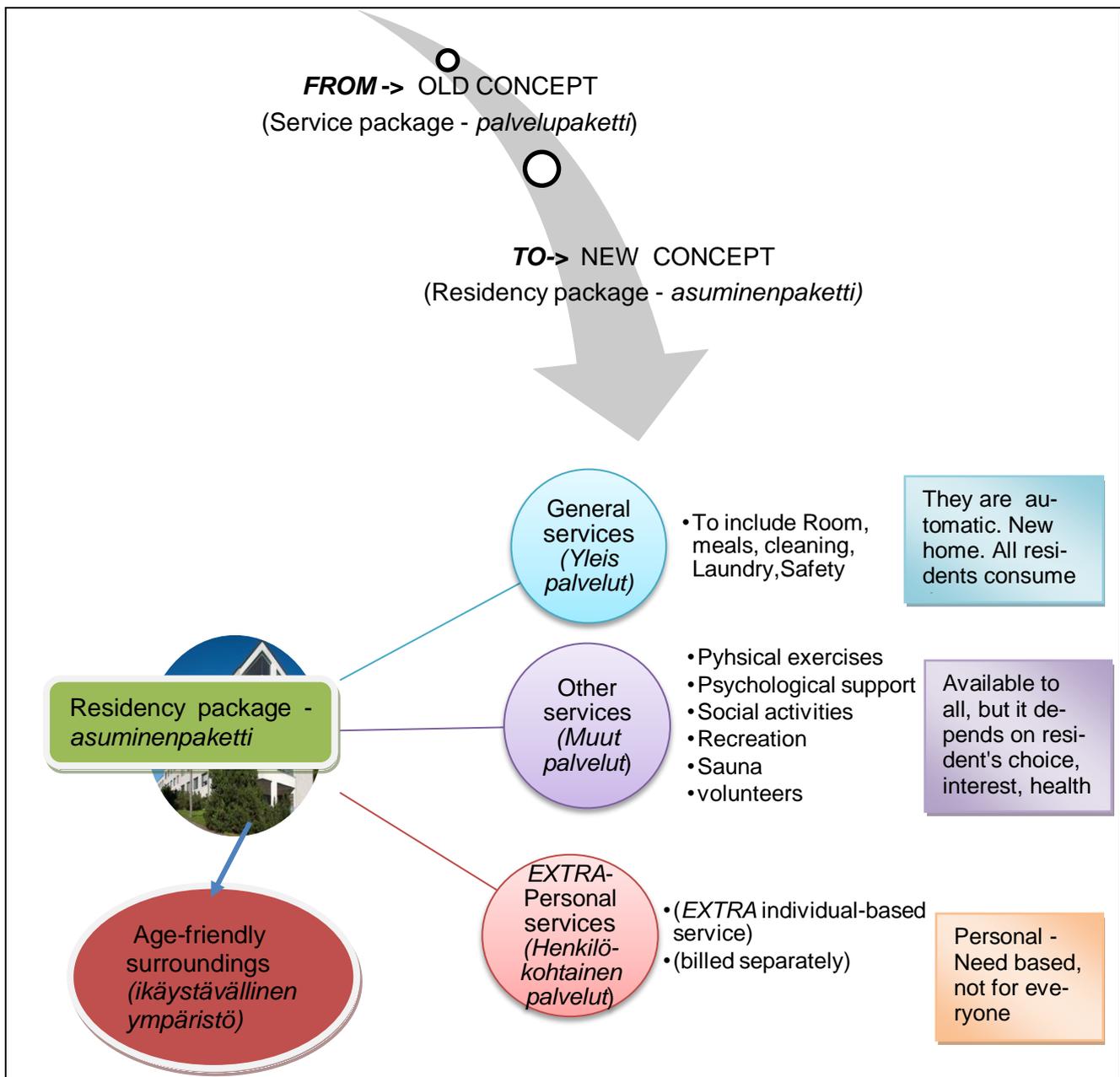


Figure 6 Suggested service package modification

Figure 6 (pp 47) demonstrates the new concept under residency package, which is divided into four service categories. These are the general services (*yleispalvelut*), other services (*muut palvelut*), age-friendly surroundings (*ikäystävällinen ympäristö*) and EXTRA personal services (*henkilökohtainen palvelut*). EXTRA services which are billed separately should be made clear to all residents.

Further, figure 6 (see pp 47) suggestion is based on the perceptions raised by most respondents who associated general services (*yleispalvelut*) with the most important services in the service package. Other services (*muut palvelut*) were perceived to be less important (least consumed), as most felt that they could choose from them only when they wanted. They were seen to be dependent on respondents' interests. This suggestion also seeks to strengthen EXTRA personal services as well as the environment in which they are offered.

Figure 6 is further broken down in table 5 below which gives suggestions on how the list version of the new concept should look like. This means that the service package name (list) would also change to reflect its new concept.

CURRENT SERVICE PACKAGE (PALVELUPAKETTI)	PROPOSED: RESIDENCY PACKAGE (ASUMINENPAKETTI)	
<i>Ateriat</i>	<u>Yleis palvelut (1)</u> <i>Asunto</i> <i>Ateriat</i> <i>Turva</i> <i>Viikosiivous</i> <i>Omien liinavaatteiden pesun</i>	<u>Ikäystävällinen ympäristö (3)</u> <i>Kerroskeittiöt</i> <i>Kirjastot</i> <i>TV-huone</i> <i>Pesutupa</i> <i>Jumppasali</i> <i>Kerhuhuone</i> <i>ja kaikki muut</i>
<i>Turvapalvelun</i>		
<i>Lääkärin vastaanoton x1, reseptien Uusinnan</i>		
<i>Viikosiivouksen</i>		
<i>Omien liinavaatteiden pesun</i>		
<i>Kuntohoitajan palvelut</i>	<u>Muut palvelut (2)</u> <i>Kuntohoitaja</i> <i>Virkistystoiminta</i> <i>Sosiaalisen tukea</i> <i>Sauna 2x vk</i>	(Lisäpalvelut - EXTRA) (4)
<i>Virkistystoimintaa</i>		
<i>Saunan kaksi kertaa viikossa.</i>		

Table 5 Proposed segmentation of new service package

Table 5 (pp 48) shows that with implementation of the new service concept, new meaning of the service concept in the House will be enriched by including other aspects of service that have been missing in the current service concept. With increased meaning, the value of this new concept will also be enhanced. The price of the residency package would be perceived to include all the new aspects of this concept, which would mean that residents will perceive more value of their money?

Avoiding use of professionals as services

Service items in the service package depicted under professionals, example *geronomi* and *kuntohoitaja* should be revised to emphasize more service based terms and not individual professions. In my opinion, including professionals as items of the package may send different messages to residents. While some may not understand the meaning of services under that professional, they may also interpret it to mean that such services are meant for those with some health diagnosis of some kind. This would affect consumption of such services. In the new service concept, the services associated with these professionals should be emphasized more in another form in order to change residents' attitudes towards their consumption. This can be borrowed from the example of the term safety "*turva*" which is also meant to depict nurse services. However, doctor and nurse (*sairaanhoitaja*) services are important to remain as they are because they are understood by all.

The contents of the new service concept suggested by this study (residency package) will be self explanatory. One does not have to be very careful to tell what it or does not contain. This new concept would also offer residents possibilities to discover more services by themselves as it is broad based. From the interview results, respondents talked of support services which they could not define word by word. Such support services are invisible. Help with technical gadgets like telephones, mobility aids, hearing aids, television, computers and radios that is not listed anywhere but is provided to some residents who request for it can now be covered under the new concept. Residency package is therefore a broad term that includes everything that happens in the House. This revision of the service package would make it easier for everyone. The meaning of service package under the new concept will not be confused to include everything and at the same time excluding this and that.

Modifications to the service package would reflect positively to its consumption. Increased consumption would affect the perceptions the residents hold about the meaning of this concept, which in turn would help continue to offer insight for further developments that the service package may require. In my view, the House also can in the future safely offer general services (*yleispalvelut*) only to its permanent or part-time residents, and if needed, *EXTRA* individual-based personal services (*henkilökohtainen*) and others (*muut*) services can also be sold to others who are not necessary residents of the House. This would extend the House business horizons as well.

5.2.1 *EXTRA* service package development - for sale

Interview results confirmed that it was difficult for respondents to foretell how their service needs will be like in the future, but there was strong evidence that more service needs will emerge in their midst. Most expressed a general wish that the House could come up with *EXTRA* service packages that would provide a general idea of *extra* service costs. They would then use this information to estimate how much money they would require when they develop new needs that are not catered for by the service package.

Currently, the House provides a price list of *extra* services as per item. This study suggests that The House make these cost estimates of *EXTRA* service packages by studying the trends of the services that are consumed as *extra* in the House by residents. The House could come up with multiple packages which can be put up for sale to the residents. It may be that many would increase their *EXTRA* service consumption if they knew what kind of bills they will get to pay, and by so doing reduce anxiety caused by not having such information at all. This could also prevent cases where services that are important for health preservation and wellbeing are left out in the consumption process, an act that threatens the health of the resident. The small *EXTRA* service packages may contain one or several services showing monthly costs.

Developing EXTRA service packages through brainstorming

In page 34 of this study, a list of future services as perceived by the respondents is provided. In order to help gather more information on contents of the EXTRA service packages, more ideas can be collected through a brainstorming process which would involve residents, residents' relatives and the House employees. Figure 7 below suggests a brainstorming process.

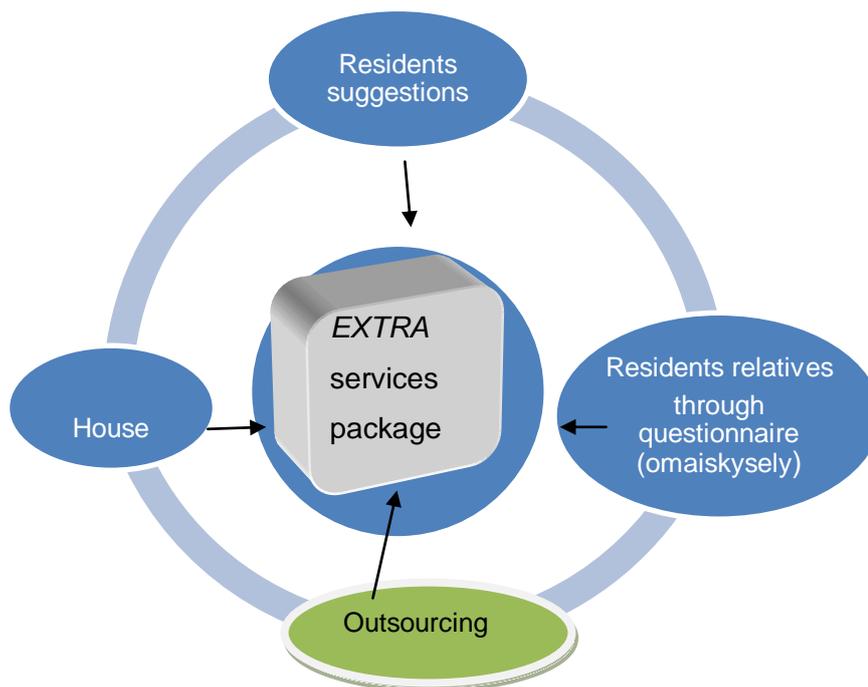


Figure 7 Process of enhancing service package with EXTRA service packages - brainstorming

Figure 7 demonstrates the possibility to involve others in the development of EXTRA service packages. Relatives and guardians of the residents can be requested to contribute through the use of questionnaires. The House can consider outsourcing if the available resources are not sufficient to offer these extra services. In this way, there is preparedness for the future when more and more services will be required. The service package can therefore be as basic as possible to cover the most basic needs of all the residents living in the House.

5.3 Suggestions to improve residents roles

Interview results confirmed several roles that residents could play, first directly in the planning and production process of the service package and secondly indirectly as individuals and groups amongst themselves. Deducing from interview results however, most felt comfortable in the consumption role in regard to this package. Their preference to be more active in the consumption role could also be explained by the fact that these are elderly customers, many already at an advanced age and may have many challenges that limit their possibilities to participate fully in the planning and production process of this package as well. Nevertheless, providing means to residents to share their ideas towards improving the service package is one way to encourage them participate in this role. Again, their experiences of living in a Senior House and its home like environment made them see their roles go beyond service package to other elements of life.

5.3.1 Primary role

Primary role here refers to residents' direct role towards planning and production of the service package. Although the service package offered limited role to residents in its planning and production process (except for the *EXTRA*-individual based service package), collective role towards production process of the service package was seen to belong to a group of residents representatives. However, most respondents held reservations about their roles in this regard because of the money question as discussed elsewhere in this study. Few also saw it as extra work to belong to such a group and participate in such a role.

For the purposes of collecting valuable ideas for developing this service concept further when resources allow, and for the reason that residents' voices be heard, this study suggests strengthening ways through which this primary role can be supported. An example is offered by the quote below.

It could be nice if there is a small group of residents who sits with the board members to discuss what we are missing. (Olisi kyllä joku pieni ryhmä joka istuu hallituksen kanssa ja juttelee siitä mitä puutteita meillä on).

Figure 8 shows residents perceived primary role in service package planning and production process.

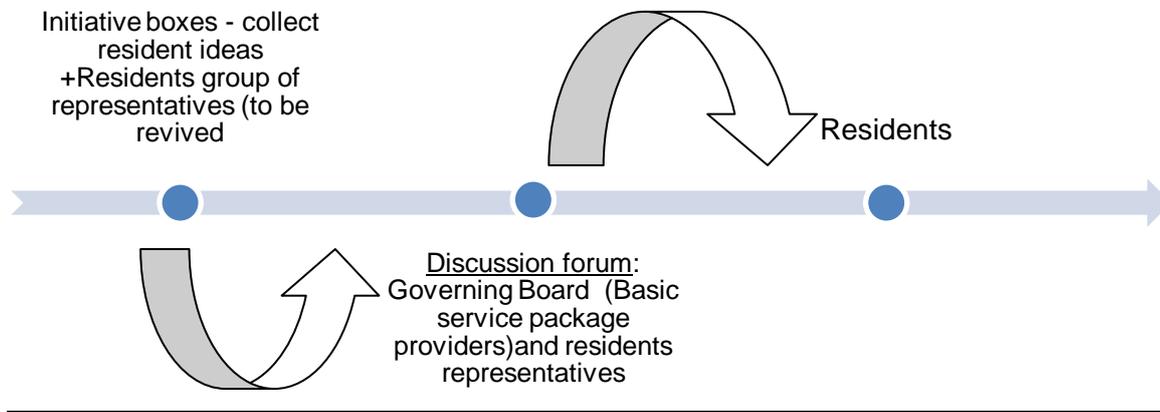


Figure 8 Service package production process - resident's direct role

Figure 8 demonstrates how the residents can be encouraged to play a direct role in the service package process by sharing their ideas even if these ideas will not be implemented immediately. Residents should always be viewed as equal partners of the House business. They are not only bringing in financial gains to the House, but they also offer new ideas on how services can be developed. They are partners and their role therefore should not be ignored as a result of the resources question and their age.

Consumption as a role

The case House deals with elderly residents. With this in mind, this study also suggests that the House play a more proactive role when delivering services. This can be done by constant reminders to residents about the basic services in the service package, especially to those with cognitive, mobility and general health challenges. It also has a role to ensure that all its services are understood by all its residents in order to increase consumption. Being proactive as service provider is an important attribute to service quality and customer satisfaction no matter what resident age and state of health is.

5.3.2 Secondary role

One of the new insight towards roles of residents in the Case House that emerged from the interview results was their secondary role. The service package as a shared concept by many residents offered wide range of opportunities to all residents to take up roles that would enable them participate in one way or other within the House and in its daily life. This secondary role was mainly between themselves as residents. The service package provided a platform that led to the presence of others in the House which created a sense of community. This secondary role played a major part in value generation and its perception. This study strongly encourages that this secondary role be supported and grounded among the residents.

Figure 9 shows the nature of secondary role among the residents

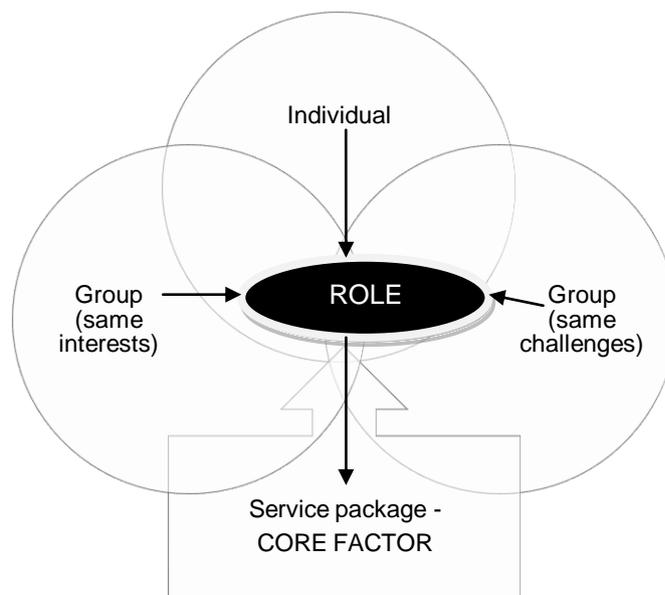


Figure 9 Intertwined secondary role provided by the service package

In figure 9 above, secondary role is intertwined as it involves other residents, a characteristic made possible by the fact that this is a homogenous group of service consumers who know each other and live together as a community. This is a unique role that this study found among these elderly residents. This secondary role would last as long as the service package provided a core foundation to the community of residents and presence of other persons such as the House employees and its networks.

This secondary role emerged when a group of residents played a role on behalf of another individual resident and when an individual resident played a role on behalf of a group of residents. The role depended on their life situations, interests, and needs which occurred in their everyday life. Mostly, the role was in supporting one another as neighbours in the House, as well as doing activities together which they had a common interest. Strengthening these roles on individual and group capacity is of great importance and value because by doing this, this service package fulfills these needs that would otherwise be left unfulfilled if these residents were living elsewhere alone.

5.3.3 Secondary roles and segmentation approach

In approaching the secondary role and strengthening it, this study suggest the use of segmentation approach based on different but common interests among the House residents, as well as use of different challenges which could be based on health status of individual residents. This approach is favourable in the Case House with its many different residents that are living together. This approach would also mean that the residents would be consuming some services between themselves without having to pay for them, something that would result in them saving money for the other service needs.

Figure 10 strengthening of secondary role from segmentation approach.

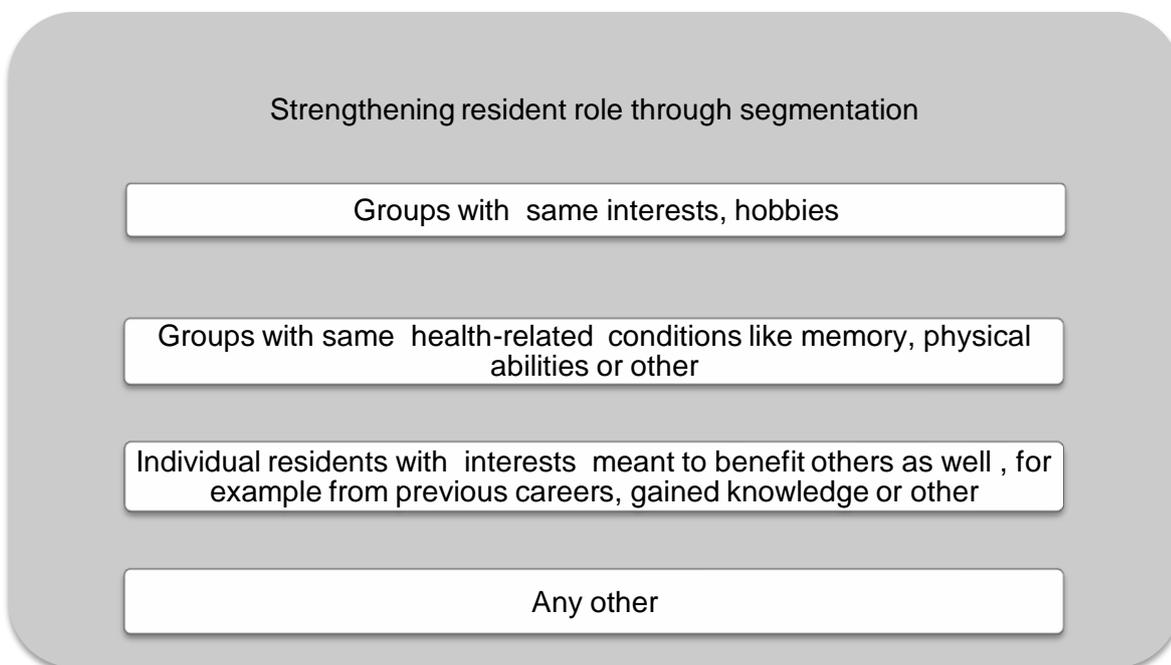


Figure 10 Examples of segmentation based approach to roles

Figure 10 (pp 55) reflects the importance of secondary role in the House. Where playing a primary role in the service package process becomes uninteresting for the residents, they can find other roles to play at secondary level.

In my opinion towards improving roles, when we talk of services, we mostly think of the customer and how the customer should be involved in the process that deliver the service to him or her. In elderly service, the role of the customer to participate in this process is dependent on various factors, but his/her service consumption role puts more emphasis on the service provider who has to ensure this consumption role of the service on offer is realized. Considering all the effects of age on an elderly client, it is evident that there are several limitations among the elderly clients which affect their performance on roles as initiators of the service process.

5.4 Suggestions to improve service package value to residents

A service has no value until it has been consumed. The earlier sections have discussed how the meaning of the service package can be improved so that the residents understand more this concept and be able to interact more with the processes that deliver these services to them. The strengthening of roles is a process aimed at ensuring that residents participate in the service process, which assists the House to know what kind of services they really need. These efforts are aimed at increasing service consumption, which would promote value generation. This study points towards the belief that when the residents and the House interact to improve service delivery, value of the service package will be perceived more.

5.4.1 Value and outsourcing of services

This study observed that some of the service items in the service package are outsourced from some companies that are offering similar services as those offered by of the House. This observation has been classified as a threat to the service package as well as a possible source of sabotage. Again, depending on the performances of companies providing these outsourced services, residents' service needs may not be satisfied as they want. Feedback on service encounters as experienced by the residents always reflects a positive or negative picture of the service package, which would affect its value in return. Example is the perception of safety at night as demonstrated by the quote below.

But what I miss in the night is that there could be a night nurse (yöhoitaja), so that I do not need to call safety company and wait for half an hour. (Mutta mitä minä kaipaen yöllä on että

tulisi joku yöhoitaja, että en tarvitse Turva-auttajalle painaa ja odottaa puoli tuntia)

The House cannot guarantee the value of outsourced services to its residents. However, constant feedback to improve service or change of such service providers can be considered as one way towards improving value of the service package to the residents.

To add on to this, my own view is that the House cannot ignore how factors like individual functional abilities, health status, and chronic illness and social-economic influences individual resident's consumption of the service package. Whereas it is "free" for all, some are advantaged to enjoy it more than the others. This means that on the overall, there could be found unsatisfied residents as well. Correcting this to achieve a balance that reflects all residents' satisfaction is a challenge that the House has to focus on everyday basis.

5.4.2 Communication officer

Results of this study indicated that there were several aspects of services that were not clear to some of the residents. While suggestions have been made to improve this, this study highlights the important role of communication officer as a prerequisite to value in the House. Many areas along the service delivery process can be improved when information is shared. Besides residents perceive the House to be their home and any activity that disturbs their peace should be well communicated to ensure that such do not affect the value perception of the service package. The following quote denotes this.

I have seen them move around here some "strange staff members" in the different floors. I do not recognize them, but it somehow disturbs the whole House a bit. (olen nähnyt että heitä liikkuu täällä vierasta henkilökuntaa eri kerroksissa täällä käydään en mitenkään tunne sitä, mutta se tekee vähän sellaista levotonta oloa, levottomuutta koko taloon).

This is a reference made to municipal homecare nurses (*kotihoito*) who visit the House a couple of times per day to take care of some residents' *extra* services. As the residents perceive the House as their home, know each other as well as the House employees, they may wonder about visitors who come now and then and who seems to be providing services to some specific residents.

Lack of proper information channels especially between the House and the residents can reflect negatively on the service package. Information is very crucial to improve service consumption role among the residents as well as other aspects of life of residents. The information sessions held now and then are not enough to inform all residents of what is going on in the House. Again, residents guide does not have all the information and not all residents may read or remember what it

contains. This is a challenge in elderly service complicated more by memory problems, weak eyesight, weak hearing as well as mobility issues which limit some resident's movements around the House.

The House can consider the service of a communication officer as an added service item in the service package (may appoint one or two of its own employees) to relay current information to all residents verbally and/or through some other means which would ensure at least each resident regardless of his or her condition is aware of what is going on in the House. Special attention should be focused on those residents with adverse health conditions like memory challenges to ensure that they are not left out mostly in the consumption process of the service package.

5.5 Future Managerial implications of this study

Interview results also brought useful insights to the future of the service package that I would like to include in this study. The House could use these insights for the future development of this service concept. The forecast of older people in the House and the eventual demand of more services could be used as a hint to suggest ways on how to develop the service concept in order to offer a core solution to residents emerging new needs. Some parts of the study results compared the House from 1975 when it started, example by arguing that assistive devices were used by very few residents then. In 2013, more than half of the total residents in the House were using some kind of assistive device like rollators, walking aid, hearing aid and others.

5.5.1 Residents *prototype* service package

With the money question raising consequences on the service package, interview results confirmed that residents did not want any considerable increase on the price of this package. Results also underlined the fact that price of the service package was relatively fair compared to the services contained in this package. Most did not want the service package to change if that meant them paying more money, and were thus satisfied with it as it is. However increased service needs have to be met with a price increase on this package. This means that for the House to meet the growing service needs of its residents, service package price will have to be increased at some point, and depending on the rate of the price increase, this will likely trigger some kind of a price war with other Service Houses in the future. This as a fact can guide the House on what strategy to consider in the coming years.

Furthermore, the issue of perceived limited role in planning and production of the service package that was also blamed on the fear of increase of its price could be approached from another direction. My suggestion to this is that it would be a good idea, if the residents would propose a *prototype* service package which the House may not be bound to honour. It would be interesting to see what kind of a service package they would come up with if they were given the opportunity to design one as they would want it to be. They can do this independently without the interference of the House. This process would offer valuable information for future planning of customer centered service concept.

5.5.2 Marketing the value of the service package

Interview results pointed towards the desire of residents to interact with the House management in meetings where ideas they suggest towards service package improvements are discussed. Beside the discussion agenda, the House can grab such service encounters and turn them to marketing opportunities as residents meet with the House management and its employees. These encounters could be seen to provide opportunities to market the value of service package internally. House employees and the governing board should be encouraged to make use of these opportunities first by carrying out their responsibilities as professionals and decision makers, and secondly to be marketers during such service encounters through some formulated means.

Results of this study showed that value of service package is not only felt by its direct consumers who are the residents of the House, but indirectly by other members of their families. This flow of value beyond the lives of the residents to their closest ones also provides marketing opportunities for the service package by residents through the word of mouth. This aspect of internal marketing can be considered by the House and means to strengthen it formulated. Further, the outsourcing aspect of the service package connects the House with other networks which can also be included in the marketing activity.

Figure 11 below shows channels through which service package can be internally marketed.

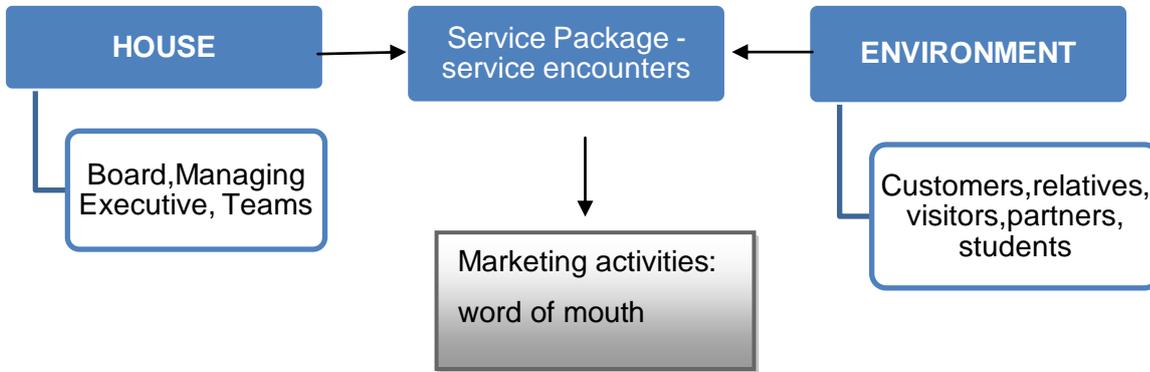


Figure 11 Internal marketing activities

Through positive word of mouth, the House's service concept can be marketed internally as shown in figure 11 above.

6 STUDY CONCLUSION

When talking about elderly service, no one understands the topic better than the ageing people themselves that are receiving this service as well as the service providers who are constantly in touch with these clients. The complexity of this subject is added by the fact that not all elderly people as the term may suggest need the traditional services associated within ageing. As changes take place in the society including ageing, technological, access to information and other general ones, it is important for service providers and interested parties of elderly service to understand this service will need to continually be developed with changing times.

Seniors living in service Houses present a group of elderly who are still trying to find their place in terms of where they belong in this ageing service industry. Most of them are in their process of preparing for later years and so to say, the final stage of their lives, therefore moving to service Houses in good time before age-related changes demand that they be institutionalized. They are still in good health and retired from most responsibilities relating to active life. Service providers in this sector of business have to ensure that the now and the future needs of these seniors are assured in some sense.

By investigating their own perceptives about meaning of service concept as offered to them, their possible roles and the value this service brings to them, the findings of this study are interesting and have profound consequences on their lives. Their wellbeing means better health outcomes which translate to healthier life, having far reaching implications both to them as individuals as well as to the society and government policies. This study in my view has been able to achieve its aim by gathering the views of these elderly service consumers and making suggestions that would help improve this important service, and in turn further satisfy their service needs. The action research method applied in this study was the right approach and proved to be the most appropriate means to achieve the objective of this study.

The three main concepts of meaning, roles and value under study have been well defined and addressed in this study. The aim has been fulfilled and this research intended objectives met. I have also used references in this document to report my research as required by qualitative studies. The study has proved to a great extent that elderly service in service Houses is an important ingredient of life for these seniors and that it supports their daily living and improves their wellbeing in various way. Although this was a case study, it also generally underscores in my opinion the very important role service Houses play in the lives of the elderly people when the services they offer to them are geared towards meeting their daily needs as well as focusing in their future service needs.

In this study process, I have learnt that views of elderly service consumers matter for any meaningful customer oriented services in this sector. I have also learnt that elderly service question is very complex as seniors have many expectations from service providers and government. For the service providers, they are left with little choice because resources are never enough. It was also an eye opening study in the sense that the clients of service Houses, who present an emerging new group of customers in elderly service, are a complex mix themselves and previous studies done relating to this particular group of clients are lacking, therefore not offering much background information support.

I decided to choose this study topic because of my professional background as well as for the reason that it is a challenging topic. However, I believe that service providers in this sector can identify with this study. This study was important because people are growing older every year and they are not going anywhere, a fact that calls for attention to address elderly service issues. It was also important because service Houses need to have some sense of direction in terms of future service development which is crucial in addressing residents current and future needs and expectations. For the case House, it was a relevant study because it has addressed current issues relating to the service package concept as reported in this study.

During the entire process of this study, I have gathered a lot of knowledge about elderly service. This study has offered me an interesting journey to research on a topic that I have always been curious about. However, sometimes it proved difficult to draw a line on what to include in this study from the interview data because some of their perceptions were perceived deeply at personal levels. This dilemma was however guided by ethical principles applied in the study.

Further research suggestions

Service for elderly in service Houses promotes the wellbeing of elderly clients as they find their new standing and adapt to new roles in later life in such Houses. It is all about the new possibilities of life such a service opens to them when they start living together after moving from their homes. They may have or have not direct roles in the planning and production of the service as is expected in other business. However, they develop new roles in the new community, and this study just found out how these new roles form a very important aspect of meaning of their life in later years. It would be interesting to study these roles further to understand the impact such roles have in their lives and how this contributes to positive and healthier ageing.

REFERENCES

Bamford, D., & Forrester, P., (2010), *Essential Guide to Operations Management - Concepts and Case Notes*. John Wiley & Sons Ltd. UK

Bjorkgren, M.A., Hakkinen, U., & Linna, M., (2001), "Measuring Efficiency of Long-Term Care Units in Finland", *Health care management science*, 4(3) 193-200, (accessed October 9, 2013. Metopolia Library webpage)

Cassell, C., & Symon G., (2004), *Essential Guide to Qualitative Methods in Organizational Research*. (1st edition) SAGE Publications Ltd.

Coghlan, D., (2007), "Insider action research: opportunities and challenges", *Management Research News*, vol. 30, no. 5, pp 335-343, (accessed March 23, 2014. Metopolia Library webpage)

(Dauwerse, L., van der Dam, S., Abma, T., (2012), "Morality in the mundane: Specific needs for ethics support in elderly care", *Nursing Ethics*, 19 (1) 91-103, (accessed March 23, 2014. Metopolia Library webpage)

Gray, D.,(2009), *Doing research in the real world*. (2nd edition) SAGE Publications Ltd.

Eloranta, S., Welch, A., Arve, S., & Routasalo, P., (2010). "A collaborative approach to home care delivery for older clients: Perspectives of home care providers". *Journal Of Interprofessional Care*, 24(2), 198-200, (accessed October 10, 2013. Metopolia Library webpage).

Eloranta, S., Routasalo, P., & Arve, S., (2008). "Personal resources supporting living at home as described by older home care clients". *International Journal Of Nursing Practice*, 14(4), 308-314, (accessed October 10, 2013. Metopolia Library webpage).

Easterby-Smith M., Thorpe R., Jackson P., (2012) pp 49; Management Research. (4th edition) SAGE Publications Ltd.

Fitzsimmons, J., & Fitzsimmons, M., (2000) NEW SERVICE DEVELOPMENT, Creating memorable experiences. (1st edition) SAGE Publications Ltd.

Grudinschi, D., Hallikas, J., Sintonen, S., & Kaljunen, L., (2013), "The implementation of value network scorecard: case cross-sector collaboration in elderly care", *Institute for Business & Finance Research*, (accessed March 23, 2014. Metropolia Library webpage)

Grönroos, C., (2007), Service Management and Marketing; Customer Management in Service Competition. (3rd edition) John Wiley & Sons England

Johnson, G., Scholes, K., Whittington, R., (2009), Fundamentals of Strategy. Prentice Hall England

Kapoor, R., Paul, J., & Halder, B., (2011), SERVICE MARKETING; Concepts & practices. Tata McGraw-Hill, New Delhi

Koshy, E., Koshy, V., Waterman, H., (2011) Action Research in Healthcare. SAGE Publications Ltd.

Kehusmaa, S., Autti-Rämö, I., Helenius, H., Hinkka, K., Valaste, M., & Rissanen, P., (2012), "Factors associated with the utilization and costs of health and social services in frail elderly patients", *BMC Health Services Research*, 12, (1) 204-212, (accessed October 18, 2013. Metropolia Library webpage).

Kröger, T., & Leinonen, A., (2012). "Transformation by stealth: the retargeting of home care services in Finland". *Health & Social Care In The Community*, 20(3), 319-327, (accessed October 10, 2013. Metropolia Library webpage).

Case House Toimintakertomus (2008 -2013), (Confidential)

Liu, S., Yam, C., Huang, O., & Griffiths, S., (2013), "Willingness to pay for private primary care services in Hong Kong: are elderly ready to move from the public sector?", *Health Policy & Planning*, 28(7) 717-729, (abstract only- accessed October 18, 2013. Metropolia Library webpage)

Ollonqvist, K., Grönlund, R., Karppi, S., Salmelainen, U., Poikkeus, L., & Hinkka, K., (2007), 'A network-based rehabilitation model for frail elderly people: development and assessment of a new model', *Scandinavian Journal Of Caring Sciences*, 21(2) 253-261, (accessed October 18, 2013. Metropolia Library webpage).

Pietilä, A., & Tervo, A., (1998), "Elderly Finnish people's experiences with coping at home", *International Journal Of Nursing Practice*, 4(1) 19-24, (accessed October 18, 2013. Metropolia Library webpage)

Salonen, K., (2009) HOME CARE FOR OLDER PEOPLE Good Practices and Education in Six European Countries EQUIP Project 2007–2009 (Turku University of Applied Sciences - E-book - Metropolia Library webpage)

Shanker, R., (2002). SERVICE MARKETING, The Indian perspective. (1st edition) Excel Books New Delhi.

Thielke, S., Harniss, M., Thompson, H., Patel, S., Demiris, G., & Johnson, K., (2012), "Maslow's Hierarchy of Human Needs and the Adoption of Health-Related Technologies for Older Adults", *Ageing International*, 37(4) 470-488. (Abstract only - accessed October 18, 2013. Metropolia Library webpage)

Tynkkynen, L., Lehto, J., & Miettinen, S., (2012), "Framing the decision to contract out elderly care and primary health care services - perspectives of local level politicians and civil servants in Fin-

land", *BMC health services research*, vol. 12, pp 201. (Abstract only - accessed October 20, 2013. Metropolia Library webpage)

Valkila, N., Litja, H., Aalto, L., & Saari, A., (2010). Consumer panel study on elderly people's wishes concerning services. *Archives Of Gerontology & Geriatrics*, 51(3), 66-71. (Abstract only - accessed October 10, 2013. Metropolia Library webpage).

Verma, H., (2008) *SERVICE MARKETING, Text and Cases*. (1st edition) Dorling Kindersley India

Yu, J., (2011), *Home care utilization patterns among the elderly population: A case study of Ontario, Canada*, Queen's University (Canada). (Accessed October 8, 2013. Metropolia Library webpage)

Interview questions (English)

- 1 What does "service package" mean to you?
In your opinion, which are the most important services in the service package?
Which are less important?
To what extent does the service package satisfy your needs?

- 2 How would you like the service package to be developed in your Opinion?
In your opinion, is the term "service package" the right term to use when selling services to the residents?
If yes, what should it contain?

- 3 In your opinion, does the resident have a role in the planning and production of the service package?
What role could it be?

- 4 What value do the services in the service package add to your life?
How can these services be improved?
What kind of service package do you think future residents would expect?

Research questions (Finnish)

1. Mitä ymmärrät palvelupaketilla?
Mitkä teidän mielestänne palvelupaketin palvelut koet tärkeimmiksi?
Mitkä vähemmän tärkeiksi?
Missä määrin palvelupaketti vastaa tarpeisini?
2. Miten teidän mielestänne palvelupakettia pitäisi kehittää?
Onko ”palvelupaketti” oikea termi mielestänne myytäessä palveluja asukkaille? Jos kyllä? Mitä pitäisi sisältää?
3. Onko asukkaalla mielestänne roolia osallistua ”palvelupaketin” suunnitteluun ja tuottamiseen?
Minkälainen se rooli voisi olla?
4. Minkälaista arvoa palvelupakettiin kuuluvat palvelut tuovat elämääsi?
Miten näitä palveluja voisi parantaa?
Minkälaisia palveluja ajattelette tulevaisuuden asukkaiden odottavan?

Codebook example 1 (3pages)

Mitä ymmärrät palvelupaketilla?	
Meaning concept emerging from the data	
Ruokailu	Mistä me maksamme
Siivouksia	Vuokra
Liinavaatteiden pesu	Kaikki
Hoitajien palvelut	Kaikki
Sairaanhoidtaja	Ruokailu
Kaikki	Sovittu
Minua hoidetaan täällä	Kaikki
Mitä maksan	Ruoka
vuokra	Siivous
Kaikki palvelut	Paketti
Mitä maksan	Vuokra
Mitä on sovittu	Ruoka
Palvelut	Sauna
Pesu homma	Paketti
Siivous	Hoitajat
Ruokailu	Tuolijumppa
Lääkäri	Apua
Turvallisuus	Virkistystoiminta
Hoito	Naistomikunta
Ravinto (3x pv)	Oma suihku
Ruoka	Information
Pesu	
Huone on siisti	
Henkilökunta	
Sauna	
Sauna	
Tuolijumppa	
Pestä pikku pyykki	
Siivous	
Lakanapyykin pesu	

Kaikki mitä maksan	
Tuolijumppa	
Naistoimikunta	
Erilaisia harrastuksia	
Apua	
Voimistelu	
Ruoka	
Vuokra	
Pyykin pesu	
Siivous	
Kaikki	
Paketti	
Apua	
Hoidetaan meitä	
Summa mitä maksan	

