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CUSTOMER SATISFACTION IN COOPERATION MEETING

– Service quality in occupational health care



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CUSTOMER SATISFACTION IN COOPERATION MEETING – SERVICE QUALITY IN OCCUPATIONAL HEALTH CARE

Occupational health care services are obligated to evaluate the quality of services to recognize the impact of their actions. The evaluation of service quality aims to ensure that the legal obligations and the customers' needs are reached. Assessment of customer satisfaction is one of the measurements to evaluate effectiveness in occupational health care. The aim of this study was to assess and describe the service quality in occupational cooperation meetings. Successful cooperation in occupational health care requires good collaboration with the customers. The target of this study was to describe the nature of cooperation between OHC and a company. The study was conducted through a questionnaire. The basis of the questionnaire was SERVQUAL model. It measures the service quality with the difference between perception and expectation of the service in question. In total 161 questionnaires were returned. The response rate was 14 %. The results indicated that the customers were most satisfied with the arrangements of the cooperation meetings. The utility of meetings arouses also a great satisfaction among the customers. The most dissatisfied claims in this study concerned the staff's expertise and helpfulness. The respondents were also dissatisfied with issue that the needs of the company were not fully recognized.

KEYWORDS:

Occupational health care service, quality assessment, customer satisfaction, service quality

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ASIAKASTYYTYVÄISYYS YHTEISTYÖNEUVOTTELUISSA – PALVELUN LAATU TYÖTERVEYSHUOLLOSSA

Työterveyshuoltojen tulee arvioida palvelujensa laatua työterveystoiminnan vaikutusten tunnistamiseksi. Palvelun laadun arvioinnilla pyritään varmistamaan, että niin työterveyshuoltoa koskevat säädökset kuin asiakkaan edellyttämät toimet ovat tavoitettu. Asiakastyytyväisyyden seuraaminen on yksi työterveyshuollon vaikuttavuuden arviointimenetelmä. Tämän tutkimuksen tavoitteena oli selvittää asiakastyytyväisyyttä työterveyshuollon yhteistyöneuvotteluissa. Työterveysyhteistyön onnistuminen edellyttää hyvää yhteistyötä asiakasyritysten kanssa. Tämän tutkimuksen tarkoituksena oli selvittää tuon yhteistyön luonnetta. Tutkimus toteutettiin kyselynä, jonka pohjana käytettiin SERVQUAL –mallia. SERVQUAL mittaa palvelun laatua palvelukokemuksen ja palveluun liittyvän odotuksen erotukseen perustuen. Kyselyyn vastasi 161 yritystä. Vastausprosentti oli 14. Tulokset viittasivat siihen, että työterveyshuollon yhteistyöneuvotteluissa ollaan tyytyväisimpiä neuvotteluun liittyviin järjestelyihin. Työterveysneuvottelu koettiin myös hyödylliseksi. Tyytymättömiä asiakasyritykset olivat henkilökunnan asiantuntijuuteen ja haluun auttaa. Myöskään yrityksen tarpeita ei koettu tutkimuksen perusteella ymmärrettävän.

ASIASANAT:

Työterveyshuolto, laadun arviointi, asiakastyytyväisyys, palvelun laatu

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LIST OF ABBREVIATIONS

E	Expectation
OHC	Occupational Health Care
P	Perception
SQ	Service quality

1 INTRODUCTION

Customers and their satisfaction is an important tool for any company. The satisfied customer is a key to competitive advantage and to sustainable market success (Stock & Bednarek 2014) and the high rates of customer satisfaction have a straight impact on the business results achieved (Skowron, Gąsior, Sak-Skowron 2014). Also the patient-centred approach in health care is increasing the need to investigate and measure the perceptions of service of the patients. (Schembri 2015.)

Although the employer has the main responsibility with healthy and safe working methods in workplace and in work environment, the occupational health care has a great role as a partner in occupational collaboration. The OHC services provide the knowledge concerning health while the company possess the best knowledge about the work procedures. The cooperation in occupational health care aims to clarify those actions, which promotes wellbeing in working environment. (Juvonen-Posti et al. 2014a, 24–25.)

The purpose of this thesis is to assess and describe the service quality in occupational cooperation meetings. The target is to describe customer satisfaction in relation with occupational cooperating meetings. This assessment aims to more clarified and clear understanding about the cooperation meetings since this procedure is rarely in total, evaluated.

2 THEORETICAL BACKGROUDS

2.1 Customer satisfaction

The term *satisfaction* is origin in Latin where *satis* means correctly and *facere* to do. Satisfaction is something positive but also subjective experience where an emotional reaction to the perceived value plays a great role. Satisfaction results from the comparison of the past experiences, obtained promises or information and with the perception of experienced situation. (Skowron, Gąsior, Sak-Skowron 2014.)

Customers and their satisfaction is the most important tool when considering the marketing and the new, potential clients. Actually, customer satisfaction has a greater impact on potential customers than any other marketing-promotional activities. (Skowron, Gąsior, Sak-Skowron 2014.) The measuring customer satisfaction in health care is an essential part of health care service assessment. The quality and responsiveness of the health care can be evaluated through customer service measurement. (Stepurko, Pavlova & Groot, 2016) Therefore measurement of customer satisfaction becomes much more important. (Skowron, Gąsior, Sak-Skowron 2014.)

2.2 Cooperation meetings in occupational health care services

The occupational health actions are all the interventions, which are conducted in the name of Occupational Health Care Act (2001/1383). These interventions are carried out in work places, health and safety organizations, occupational health care services and in other networks that are aiming to promote health in working environment and prevent incapacity for work. (Juvonen-Posti et al. 2014a, 24–25.)

Although the OHC Act (2001/1383) obligates the employer to act on behalf of the safe and healthy working environment, the role of OHC is seen also

important. The OHC services provide the knowledge and expertise concerning health while the employer and employees possess the best knowledge about the work procedures. The cooperation in occupational health care aims to clarify those actions, which promotes wellbeing in working environment. This encompasses a comprehensive planning, performance and evaluation of all the occupational health care actions with the customer. (Juvonen-Posti et al. 2014a, 24–25.)

The cooperation between OHC and employer is continuous, a process-like procedure. However, there are points in this process where OHC team's work is more visible and transparent. These interventions are at the fewest, workplace survey (Oksa et al 2014, 139-140, action plan (Rautio & Laaksonen 2014, 170) and OHC meeting which involves supervisor, employee and OHC specialists (Juvonen-Posti et al 2014b, 212-213).

2.3 Customer orientation in cooperation meetings

Every action in OHC services is based on customer orientation. It is an approach that relies on agreements and trust between OHC services and customer. Customer orientation means that every process in OHC services is linked to decision-making of the customer and therefore also in processes in customer organizations. This enhances collaboration in customer organization as well as quality in OHC services. This increases the value of OHC for the customer. (Laaksonen et al 2014, 76–77.)

In the end, the customer orientation aims to produce and gain effectiveness for the customer in overall cooperation in a view of OHC services. Effectiveness is seen to increase with an open and easy access to OHC services. To gain the effectiveness requires deep cooperation in organizing processes, and effective and adequate follow-ups as well as correct indicators that measure effectiveness. (Kurppa et al 2014, 110–111.)

2.4 Occupational Health Care in Case Company

The background of this thesis is in Case Company's continuous development project. It aims to respond customer needs and develop quality in occupational health care services in Case Company. As a one of the biggest health care companies in Finland, Case Company provides occupational health care services for over 23 400 employers and 689 000 employees. This is almost 1/3 of all the working people in Finland as there are 2 469 000 people working in Finland in February 2018 (Tilastokeskus: Helmikuun työttömyysaste 8,5 %).

In all the occupational health care services provide to the customers, Case Company aims appropriate and cost-effective services. The continuous development among these services is not only the clear intention in Case Company but also a requirement of the OHC law (2001/1383) which comprises right and high-quality services through all the services in occupational health care. The development of the quality in occupational health care services is therefore continuous, justified and the basis of the right and good services in health care business.

As a part of this continuous quality development in Case Company, this thesis is meant to be a part of the quality development in Occupational health care teams. This thesis is one of the sub-projects in quality assessment. In occupational health care the customer satisfaction is measured. However, the satisfaction of the companies is not measured as frequently. Taking care of the customer company in OHC is often in responsibility of the occupational health care teams, and this is why the team-based approach was chosen.

The team in this thesis comprehends mainly the medical staff in OHC who attends the companies. This team is responsible for almost all the management of the customer relationship comprising as well the communication but also the occupational health care services. The managing team includes at the minimum the OHC physician, nurse, physiotherapist and psychologist. Depending on the customer's needs, some of the companies are served by the customer managers.

Much is relied on the OCH team; customer satisfaction is greatly based on the teamwork. The OCH team is the contact and the services provider for the companies and customers. Therefore the theoretical background of this thesis leans on the relationship between the OCH team and the customer. The effective teamwork between Case Company's employers and customer relationship is a fundamental keystone in developing effective occupational health care services.

3 LITERATURE REVIEW

3.1 The information retrieval of this study

The aim of information retrieval in this study was to find out the nature of customer satisfaction in health care and especially in OHC services. The search was made in ProQuest- and Ebsco- research databases. The research questions for the information retrieval were following: 1) What is customer satisfaction in health care, 2) what are the factors that has influence on customer satisfaction and 3) what kind of influence has the team work on customer satisfaction?

The information retrieval was made between January and February in 2016. There were limiters for the research material such as publishing date ought to be within five last years for research to include to literature review. In total 676 researches were gone through. Of those 12 was included in literature review. The rest of the researches of the information retrieval were excluded because of several reasons, such as research dealt with customer satisfaction of children, developing countries or the army. The research table is seen in appendix 1.

3.2 Customer satisfaction in health care

The satisfied customer is a key to competitive advantage and sustainable market success (Stock & Bednarek 2014). The need to improve the service quality in health care has raised the patient satisfaction and it's measurement in to the centre. The patient-centred approach increased the need to investigate and measure the perceptions of the patients. (Schembri 2015.)

Right in the beginning the patient satisfaction in health care awakes a fundamental dilemma: From the business managing point of view, satisfied customers are needed to maintain business, and to obtain new and potential

customers. Several studies show that the high rates of customer satisfaction have a straight impact on the business results achieved (Skowron, Gąsior, Sak-Skowron 2014).

From the medical point of view patient is not a customer and satisfied patient is not considered as necessary in providing a quality service (Schembri 2015). Therefore mind set “more service and more expensive” is not seen as a requirement for the quality service although it might raise the degree of customer satisfaction (Santa 2012).

However, the high levels of customer satisfaction in health care are seen to improve both patient and organizational outcomes. Customer satisfaction enhances and improves patient outcomes and staff morale as well as enhances organizational reputation. In the bottom this all leads to better economics. The patient satisfaction is argued as a clear and sound indicator of quality. (Schembri 2015.)

The concept of patient satisfaction is frequently understood as a patient's experience with service utilization. (Stepurko, Pavlova & Groot, 2016.) In health care, the service quality is added up, because it's intangible nature. Service process, interactions between customer and service provider are seen essential factors. Quality in health care has dimensions such as consistency, completeness and effectiveness. (Mosadegrah 2011.) Patient satisfaction is always a subjective experience (Schembri 2015), a multidimensional phenomenon, influenced by a number of variables personal and situational factors. (Skowron, Gąsior, Sak-Skowron 2014). Cronin & Taylor (1992) sees the service quality as an antecedent of consumer satisfaction.

3.3 The sources of customer satisfaction

There is divergence in the studies on customer satisfaction. Some studies suggest that about 10-14 % of customers are not satisfied with the quality of or access to health care services (Stepurko, Pavlova & Groot, 2016). Other

studies imply that almost 97 % patients are satisfied with the care they received (Schembri 2015).

The sources of patient and customer satisfaction are multidimensional in many ways. Some of the issues considering satisfaction related to health care are direct, some of them indirect. (Stepurko, Pavlova & Groot, 2016.) The key importance of measuring the level of patient satisfaction requires comprehension of a client's awareness in the assessment of individual factors. (Skowron, Gaşior, Sak-Skowron 2014.)

This is a difficult methodological problem because it causes the different ways of perceptions, ultimately varying degrees of satisfaction. (Skowron, Gaşior, Sak-Skowron 2014.) Often the issues affecting the customer satisfaction are divided in two: situational and personal factors. (Stepurko, Pavlova & Groot, 2016.)

3.3.1 The situational factors in the concept of customer satisfaction

The situational factor can be such as the behaviour of the staff, waiting time, condition of the health care service office (Stepurko, Pavlova & Groot, 2016; Skowron, Gaşior, Sak-Skowron 2014), age, gender, education, work experience (Tsai & Wu 2011) or familiarity (Gabriel, Acosta & Grandey, 2013) of the staff or vision of the organization, which in the end has an influence on how the patient is encountered through service process (Kukkurainen et al, 2012).

It is shown that the sociodemographic factors such as age, education, health status, race, economic status and social class of a patient have a significant impact on patient satisfaction in medical care. In addition, the significant impact on satisfaction of a patient has the recommendations and opinion of the immediate environment of the patient such as family and friends. (Skowron, Gaşior, Sak-Skowron 2014.)

Tsai and Wu (2011) add up that the employee's characteristic like age, gender, education and work experience may have indirect influence on service quality. Patients may consider that an older professional and longer work experience increases the credibility and therefore, the perception of quality in service. (Tsai & Wu, 2011.)

The Swedish study by Grøndahl et al (2011) emphasise that the most important influence on patient satisfaction are the person-related conditions. Besides of age, gender and education level, Grøndahl et al (2011) added variables I. a. as pain in the moment, emotional stability, openness, agreeableness and sense of coherence.

There are also other variables, which have influence on customer satisfaction and service quality, direct or indirect. One of these is considered to be organization's internal marketing and commitment. Several studies show that service quality is improved by internal marketing actions. The customers are offered, through internal marketing, more service encounters and this improves customers' perception of service. (Tsai & Wu, 2011.)

A study from the pharmacy business indicates that helpful and professional encountering with the patient increases customer satisfaction and loyalty (Mardanov & Ricks, 2013). Also these attributes have to be recognized when planning the marketing activities from the customer satisfaction point of view. (Skowron, Gaşior, Sak-Skowron 2014.)

The credibility also has a great impact on service quality. The credibility of the health care provider has a significant role increasing the service quality. When service in health care can be intangible, predicting and assessing the outcome of the service may be enormous for the patient. Building the trust with patients and providing the sufficient information during the service process play an important role. (Chang, Chen & Lan 2013.)

3.3.2 The personal factors in the concept of customer satisfaction

The personal factor can be something like patient's personal mood at the moment of the service (Skowron, Gašior, Sak-Skowron 2014), the poor health condition of a patient (Stepurko, Pavlova & Groot, 2016; Schembri 2015) or patient's trust on medical company and its staff (Chang, Chen & Lan 2013).

Scholars have also proposed that variables such as patient's trust have significance on service quality. The patient's trust on service and its provider have a great influence on service quality. The trust in service is seen to increase customer satisfaction by creating customer value. It also establishes long-term customer relationships. (Chang, Chen & Lan 2013.)

There is evidence that on customer satisfaction has a significant influence how the personnel encounter the patient. Friendly attitude throughout the service process increases the patient trust and therefore has a positive influence on customer satisfaction. (Chang, Chen & Lan 2013.) In a research conducted by Gabriel, Acosta & Grandey (2013) the familiar as well as positive emotional service was always seen as signal of high quality service performance.

However, Chang, Chen and Lan (2013) suggested that the interaction between service provider and patient leans on certain roles and the expectations of those roles. The patients distinguish the difference between the ideal and expected role of a professional and therefore describe the service according the traits of role. These traits are professional ethics, professional skills, communication skills, personal characteristics and interpersonal relationships.

Stock and Bednarek (2014) declare that customer himself might have an influence on customer satisfaction. The researchers found out that inappropriate and demanding customer behaviour increases the service professional's emotional exhaustion, which decreases their customer-orientated attitude. This lowers the customer satisfaction rating. On the other hand, positive customers' behaviour increases the employees' customer-orientated attitude and therefore increases also the customer satisfaction. (Stock & Bednarek 2014.)

3.4 Cooperation and team work in the concept of customer satisfaction

Customer satisfaction is always a subjective perception on experience of service utilization (Stepurko, Pavlova & Groot, 2016; Schembri 2015) and satisfied customers are a link to competitive advantage in any business (Stock & Bednarek 2014). Team and teamwork in health care is seen to provide and enhance customer satisfaction in many ways. (Mitchell et al, 2012)

The advantage of teamwork is seen through value it provides: organizational efficiency, better patient and medical personnel outcomes and increasing of innovations. This can be the reason why team activities are increased in the health care services opposing the individual responsibilities. Teamwork reminds professionals to concentrate on shared values such as patient-centred, interprofessional care. (Mitchell et al, 2012)

In general, teams are established to achieve some desired outcome. Fully functional team is empowered with clear strategy, goals and roles. Interaction must be transparent, honest and a protocol of decision-making clear. Truly, empowered teams have capability to create quality of services and customer satisfaction. (Smith 2017.)

The successful team requires effective dynamics and mutual understanding of task and its goal. The effective team possess the same or similar characteristics in values, attitudes, personal traits and goals. The values of the organization, group and a supervisor play an important role in success of a team. (Mitchell et al, 2012.)

The research on teamwork and cooperation in occupational health care related to customer service is scarce. However, teamwork is widely researched within business activities. In their case study, Crader & Brown (2013) discovered significance between teamwork and customer satisfaction. Teamwork was seen to creating more value to the customer than traditional “one man working alone –approach”.

Despite many advantages of teamwork, there are studies also from opposing point of view. The research of team approach in health care indicates that especially interprofessional teams may engage conflicts and underperform. Some studies suggest that up to 70 % of medical errors are related to dysfunctional teams.

One of these disadvantages is a weak professional performance. Team members may fail in providing professional aspect that is needed. The lack of focus on knowledge may lead light and comfortable consensus. This kind of an easy way out –thinking creates superficial end products. Without the focus on differences on knowledge, the consensus leans on weak and premature ideas, and the value of a team is wasted. On the other hand, a strong professional identity increases articulation and knowledge from the different point of view. This leads to more collaborative interaction, which increases the value of a team. (Mitchell et al, 2012.)

Sleep, Bharadwaj & Lam (2014) implies that cooperation in a team and with the customer establishes a dual relationship. The team needs to interact with each other and simultaneously with the customer. This challenges the teamwork in relation to the organization as well. (Sleep, Bharadwaj & Lam 2014.)

The effective team is seen as proactive towards the customer. The other signs of a functional team are a display of intense information sharing, involvement with managing the team and a cooperative team environment. The research indicates that customer satisfaction increases with the cooperation between customer and service provider team. However, increased customer satisfaction will not necessarily lead to extended team performance. (Sleep, Bharadwaj & Lam 2014.)

4 THE AIM OF THIS STUDY

The purpose of this thesis is to assess and describe the service quality in occupational cooperation meetings. In occupational health care the drive is to respond the feedback from the customer and improve the service quality.

This study aims to develop the quality in occupational health care services in Case Company. This thesis is a part of the larger and continuous quality and customer service development project in Case Company. The aim was chosen from a wide range of alternatives. In the end the team work in customer encounters were chosen. This study concentrates on occupational health care team meetings between Case Company and a company.

The research questions are:

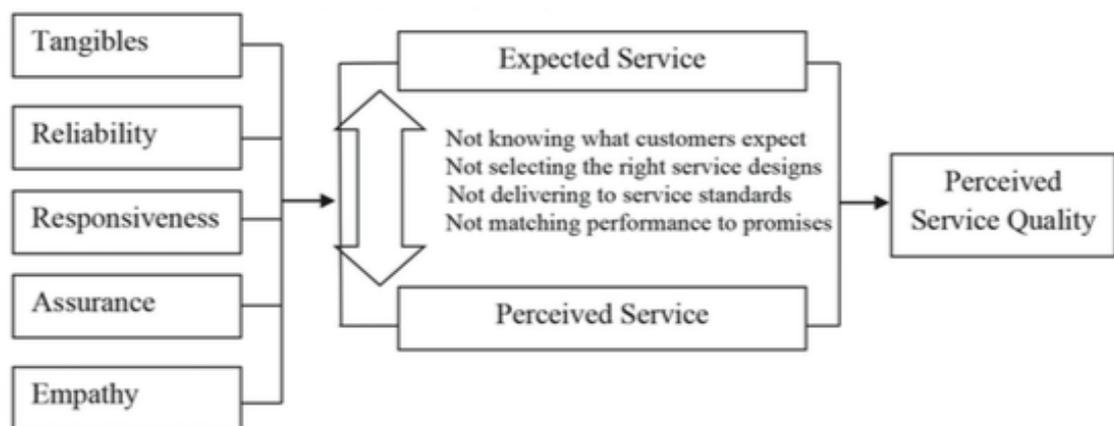
1. What are the occupational health care customers' expectations and perceptions on service quality related to occupational cooperation meeting?
2. What kind of quality of service is in occupational cooperation meetings?

5 METHODOLOGY

5.1 The questionnaire development and measuring the service quality

The methodology of this study was discussed in management group in Case Company. Because this thesis is a part of a larger quality development project in Case Company, the methodology instrument was considered and chosen to suit for the whole development project.

This study used an adapted SERVQUAL questionnaire to measure the service quality in the context of occupational cooperation meetings. The SERVQUAL was originally developed from the basis of the research of perceived service quality. Parasuraman, Zeithaml and Berry (1985) identified 10 determinants of service quality. These components were later recast to five dimensions. (Parasuraman, Berry & Zeithaml 1993; Cronin & Taylor 1988). See picture 1. Measuring the service quality with SERVQUAL model (Mečev & Goleš 2015) below.



Picture 1. Measuring the service quality with SERVQUAL model

These dimensions are tangibles, reliability, responsiveness, assurance and empathy. Tangibles consists all the physical facilities, equipment and appearance of personnel. Reliability refers to ability to perform the promised service accurately. Responsiveness includes willingness to help customer and

provide good service. Assurance refers to ability to create trust and confidence but also knowledge of employees. Empathy means provided care and attention to customer. (Baxter 2004.)

The SERVQUAL scale assesses customers' expectations and perceptions. The given items are rated on seven-point Likert scale. The difference or "the gap" between perception and expectation points out the quality level of service. With seven-point Likert scale this difference varies between -6 and 6. (Baxter 2004; Mečev & Goleš 2015.)

Service Quality (SQ) = Perception (P) – Expectation (E)

A questionnaire was prepared according the five dimensions in SERVQUAL scale. The range of questionnaire was reduced from 22 items to 10 claims about the occupational cooperation meetings. The prepared questionnaire was pre-tested with the occupational health care staff. The questionnaire was formulated in the Webropol online survey tool.

5.2 Data collection, analysis and report

The target group was Case Company's occupational health care customer companies. All the companies operated in Turku region. Target group was selected through criteria 1) the respondent within a company was experienced in an occupational cooperation meeting and 2) a company had to have a valid email address.

The adapted SERVQUAL questionnaire with cover letter was sent to customer companies per email. See Appendix 2. Saatekirje and 3. Palvelukokemukysely. Answers were requested to return latest after two weeks. Two reminders and kind request to answer the questionnaire were sent.

One thousand, one hundred and sixty-five questionnaires were distributed through email and 161 valid questionnaires were returned, yielding a response rate of 14 %.

Data was analysed with using SERVQUAL scale gap analysis. The gap between the experience and perception was measured. The difference demonstrates service quality (SQ). Negative SQ refers to unsatisfied experience, the positive SQ indicates a satisfied customer. In the business management point of view, extremely positive SQ may indicate “too good service”, which is not necessary and only wastes resources.

The results as in the form of report were firstly introduced to Case Company’s management in Turku region on June 2016. This was a preliminary report, which was meant to be followed a full report in the end of year 2017. The follow-up is meant to be held in the spring 2018.

6 RESULTS

6.1 Demographic of the companies

Confidential

6.2 Customers' expectations and perceptions of the quality of cooperation meetings

Confidential

6.3 Tangibility in cooperation meetings

6.3.1 Cooperation meetings are held based on clear and scheduled agenda

Confidential

6.3.2 The presentation material in cooperation meeting is understandable

Confidential

6.4 Reliability in cooperation meetings

6.4.1 Appropriate arrangement and fluent approach during the meeting

Confidential

6.4.2 Clear and rational target of the meeting

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6.5 Responsiveness in cooperation meetings

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6.5.1 The satisfaction in cooperation meeting

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6.6 Assurance in cooperation meetings

6.6.1 Utility risen from cooperation meeting

Confidential

6.6.2 The expertise of staff

Confidential

6.7 Empathy in cooperation meetings

6.7.1 Understanding the need of the company

Confidential

6.7.2 Attention and help from staff

Confidential

6.8 Conclusions

Confidential

7 DISCUSSION

Occupational health care services aims to healthy and safe working environment and working conditions in cooperation with the customers. It is known that the OHC service is effective when health and work ability is promoted and sickness and incapability for work is prevented. All this requires good cooperation between customer and OHC services. Therefore enhancing customer satisfaction is one way to influence the effectiveness of health care.

This study assessed the customer satisfaction in one of the key processes in OHC in Case Company. The focus was in cooperation meetings, which are the continuous procedures in OHC. These meetings enhance and deepen the mutual understanding between customer and OHC services and therefore increase also the trust in OHC services. Understanding the customers' point of view in cooperation meetings will increase the knowledge of OHC staff about the actions of their behaviour and work. Cheng, Chan & Lan (2013) points out in their study, that the patient trust is developed in all the interpersonal encounters; the relationship of trust must be developed throughout the service process.

It is also reasoned to focus only on cooperation meetings in this survey because from marketing point of view, focusing on different customer segments and responding to their needs, increases the customer satisfaction. Also health care providers with better facilities and reputation are usually the first choice of customers. The studies show that the critical issue with increasing the customer satisfaction has the medical professionals in service process. The largest increase of customer satisfaction takes place in the concept of encounters of the patient with the medical staff. (Chang, Chen & Lan 2013.) Therefore it is also reasoned in this study to focus the processes of OHC services, which happens close to the customer, and in interaction with the customer.

There are limitations in this study. Firstly, using the SERVQUAL questionnaire in this study can be discussed although it was chosen in a mutual understanding in a project management group in Case Company. SERVQUAL

is still widely used, over 30 years after the first draft of questionnaire. In measuring the customer satisfaction, the SERVQUAL questionnaire is often replaced by SERVPERF approach, which has its own advantages. The SERVQUAL questionnaire measures the expectation of a customer that cannot be measured with SERVPERF. It is criticized whether the expectation of a customer on SQ matters at all. (Parasuraman et al 1994.) These limitations were accepted in the project management group. Still the SERVQUAL was chosen. The quality development project in Case Company uses in other instruments in different sub-projects and therefore SERVQUAL was seen to give perspective from another point of view.

Secondly, the limitations in this study are caused the questionnaire itself. The original SERVQUAL questionnaire and the amount of questions were narrowed down for this study. The meaning was to increase the response rate by lowering the barrier of answering. The thought was that great amount of questions in a questionnaire reduces the interest to answer. Narrowing down the questions may cause some inaccuracy in interpretation of answers, although the questionnaire was tested in a narrow group of respondents beforehand. Still remains an uncertainty whether the questions in this questionnaire correspond to those five dimensions of original SERVQUAL questionnaire.

Third limitation is the time between the actual experience of a customer and assessment of service quality. There were no limitations for the respondent about their experience. There were no demands concerning the time between the experiences of the cooperation meeting in Case Company and answering this survey. The only demand was that the customer had somewhere in the past had experience about cooperation meetings in Case Company. It is shown that failed service negatively affects the customers' overall perception of the company's service (Zeithaml et al. 1996). Service quality is also more difficult to evaluate than goods quality, and it is always a combination of expectations and evaluations of the overall process. For example, external communication will affect service quality from a customer's standpoint. (Parasuraman et al 1985.)

Although there are limitations in the questionnaire, the results of this study may still be useful. Service quality assessment may give some perspective on customer relations and customer behaviour: SQ can be viewed as indicator of that signal whether customers will remain with or defect from the company. There is also a significant relationship between customer's perception on SQ and their willingness to recommend the company. At the same time, the customer dissatisfaction has influence on loyalty and plans to leave the company. (Zeithaml et al. 1996.)

There are also levels in customer satisfaction concept and it might be useful to a company to understand the level the company is standing in. The desired level of service is a level that customer hopes to receive. An adequate service is however the service quality the customer accepts. The question is whether the company benefits for the improving the service beyond the adequate service level. The investments to improve company's position even better may not be warranted. (Zeithaml et al. 1996.)

However, this cannot be the case in Case Company when currently strong competitors are already existing or entering the market. To possibly enjoy competitive advantage requires pursuing the desired level of service in service quality to gain customer satisfaction. On the other hand, also this perspective is criticized. Parasuraman, Zeithaml & Berry marks that conclusion about the service quality leading to customer satisfaction is been discussed because the causal link between these two constructs is limited. (Parasuraman, Zeithaml & Berry 1994.)

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Further research is needed in refining the customer service and service quality in OHC cooperation meeting. Especially issues related to expertise of staff, attention and help from staff and understanding the needs of the company requires more evaluation. Mitchell et al (2012) points out that the service quality is often evaluated through the professionals and the staff. The behaviour of the

staff and encountering the patient are the issues that arouse the most intensive perceptions about service and its quality.

Furthermore, the impression of service quality from the small and big companies point of view is interesting. The idea is that the small and big companies have different kinds of needs and therefore different desire of outcome of service. To identify these differences more intensively than they are currently acknowledged would help direct the OHC service and the interventions of the OHC teams. Also this point of view was further studied in June 2016 in another sub-project related to quality development in Case Company. Not either these results are reported in this thesis.

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Appendix 1. The research table.

Reference	Aim of the study	Data	Key findings
Chang, Chen & Lan Taiwan 2013	To study correlation between service quality, patient trust and satisfaction from the prospect of interpersonal-based medical service encounters.	A questionnaire survey to outpatients (n= 285) in medical centres in Taiwan.	Interpersonal-based medical service encounters have a positive influence on service quality and patient satisfaction.
Gabriel, Acosta & Grandey USA 2013	To understand the service familiarity	Survey with 114 respondents.	Positive emotional displays has only limited role when the customer has a familiar relationship with service professional.
Grøndahl, Hall-Lord, Karlsson, Appelgrem & Wilde-Larsson Sweden 2011	To describe patients' care quality and satisfaction.	A cross-sectional design with questionnaire to patients (n= 373)	The theoretical model using an emotion-oriented approach can explain 54 % of patient satisfaction.
Kukkurainen, Suominen, Rankinen, Härkönen & Kuokkanen Finland 2012	To describe how the vision statements were perceived to describe the work in units.	A questionnaire to team members (n= 115) in Finnish hospital.	The organizational vision was perceived as quite stable and it was associated i. a. with workload, stress, motivation and satisfaction.
Mardanov & Ricks USA 2013	To describe relation between professionalism in pharmacy, helpfulness and customer loyalty.	Cross-sectional survey (n= 322)	Pharmacist professionalism and helpfulness has significant impact on customer loyalty.
Mitchell, Parker, Giles, Joyce and Chiang Australia 2012	To study and explain relationship between value congruence and team innovation in health care	A questionnaire survey to members (n= 346) and teams (n= 75) in health care	The identification and interactivity of a team increases the effect of value congruence.
Stock & Bednarek Germany 2014	To study how customer behaviour influences the customer satisfaction	Dyadic data from 141 employees and 375 customers.	Customer behaviour has both negative and positive impact on customer satisfaction.

Schembri USA 2015	To consider health care service quality from the patients' perspective	A narrative analysis on 300 patients stories.	Patients experience health care service quality in complex and varying ways.
Skowron, Gąsior, Sak-Skowron Poland 2014	To understand the nature of different groups of patients to effectively manage their relationships with current and potential customers.	Paper survey on sample of 1590 respondents.	The long-term patient relationship requires different actions and approaches from the business-marketing unit, depending on the differences of clients and client groups.
Sleep, Bharadwaj & Lam USA 2014	To explore the boundary i.a. between customer satisfaction and team performance point of view.	The third party provided the dataset. Survey to sales teams (n= 201).	Customer satisfaction increased by team performance, but the active work within the customer boundary did not increase the team performance.
Stepurko, Pavlova & Groot Ukraina 2016	To analyse the satisfaction of health care users in six European countries.	The dataset obtained through the multi-country quantitative survey	The average rates of satisfaction are relatively high, but there is room for improvements.
Tsai & Wu Taiwan 2011	To explore relationship among internal marketing, organizational commitment and service quality.	A questionnaire survey to hospital staff (n= 288)	The internal marketing has an impact both organizational commitment and service quality.

Appendix 2. The cover letter.

Hyvä (yrityksen nimi) yritysasiakas,

Teen tutkimusta työterveyshuollon yhteistyöpalaverien laadusta.

Mistä tässä on kyse:

Tutkimuksen tarkoituksena on selvittää (yrityksen nimi) yritysasiakkaiden odotuksia ja kokemuksia yhteistyöneuvotteluista. Tutkimuksen tavoitteena on parantaa työterveyshuollon palvelun laatua. Tutkimus liittyy liiketalouden ylempään ammattikorkeakoulututkintoon (tradenomi YAMK). Tutkimus on tarkoitettu (yrityksen nimi) asiakasyrityksille.

Tutkimukseen osallistuminen:

Kyselyyn vastaajan tulisi olla osallistunut työterveyshuollon ja yrityksen yhteiseen neuvotteluun. Kyselyyn vastaaminen on vapaaehtoista. Vastaukset käsitellään nimettöminä ja ehdottoman luottamuksellisesti! Vastaajien kesken arvomme viisi ensiapulaukkua. Arvontaan osallistuminen edellyttää, että jätätte yhteystietonne kyselyn lopussa.

Tutkimustulosten raportointi:

Tutkimustulokset raportoidaan siten, että yksittäistä vastaajaa ei voida tunnistaa. Kysymyksiä on 10 kappaletta, ja vastaamiseen kuluu aikaa noin 5 minuuttia.

Linkki tutkimukseen: XXX

Pyydän vastaamaan mahdollisimman pian, kuitenkin viimeistään ke 17.2.2016 mennessä. Halukkaille toimitan tutkimukseni sen valmistuttua. Tutkimusraportin kieli on englanti.

Kiitän lämpimästi vaivannäöstänne ja vastauksestanne!

Minna Laineenoja, *sähköpostiosoite*

Appendix 3. The questionnaire

Palvelun laatu työterveyshuollon yhteistyöneuvottelussa

Yrityksesi toimiala

- Maa-, metsä- ja kalatalous
- Teollisuus- ja kaivostoiminta
- Rakentaminen
- Tukku- ja vähittäiskauppa
- Majoitus- ja ravitsemus
- Kuljetus ja varastointi
- Rahoitustoiminta
- Koulutus ja terveydenhuolto
- Jokin muu, mikä? _____

Yrityksesi henkilöstömäärä

- 1-9 henkilöä
- 10-49 henkilöä
- 50-249 henkilöä
- 250 tai enemmän

Yhteistyöneuvottelu, johon olette osallistunut (valitkaa halutessanne useita)

- toimintasuunnitelmaneuvottelu
- työkykyneuvottelu
- kuntoutuspalaveri
- sairauspoissaolopalaveri
- jokin muu, mikä? _____

Pyydän Teitä vastaamaan seuraavaan 10 kysymykseen edustamanne yrityksen näkökulmasta.

Valitkaa ensin arvo, joka kuvaa **odotustanne** palvelusta. Tämän jälkeen valitkaa arvo, joka kuvaa **kokemustanne** kyseisestä palvelusta.

1 = ei lainkaan tärkeä/ei lainkaan vastaa kokemusta, 7 = erittäin tärkeä/vastaa erittäin hyvin kokemusta.

1. Yhteistyöneuvotteluun liittyvät järjestelyt ovat sujuvia ja tarkoituksenmukaisia

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

2. Yhteistyöneuvottelu käydään selkeän, etukäteen sovitun esityslistan mukaan lävitse

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

3. Yhteistyöneuvottelussa esitetty materiaali on ymmärrettävää.

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

4. Yhteistyöneuvottelulla on selkeä tavoite.

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

5. Yhteistyöneuvottelu on hyödyllinen

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

6. Yritykseni tarpeet huomioidaan yhteistyöneuvottelussa.

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

7. Yritykseni on pääasiassa tyytyväinen yhteistyöneuvotteluihin.

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

8. (yrityksen nimi) henkilöstö on asiantuntevaa.

Odotus palvelusta 1 2 3 4 5 6 7
Kokemus palvelusta 1 2 3 4 5 6 7

9. (yrityksen nimi) henkilöstö ymmärtää yrityksen tarpeet.

Odotus palvelusta 1 2 3 4 5 6 7

Kokemus palvelusta 1 2 3 4 5 6 7

10. (yrityksen nimi) henkilöstö kuuntelee ja haluaa auttaa.

Odotus palvelusta 1 2 3 4 5 6 7

Kokemus palvelusta 1 2 3 4 5 6 7

Tämän lisäksi voitte halutessanne jättää palautetta (yrityksen nimi) yhteistyöneuvotteluihin liittyen tähän:

Kiitos vastauksistanne!

Vastauksenne käsitellään nimettöminä ja ehdottoman luottamuksellisesti!