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Customer Satisfaction in a Small Health Care Unit

Analysis of customer feedback and personnel attitudes towards the feedback process

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All businesses should make customer appreciation their top priority instead of focusing on maximizing value for their shareholders. Data shows that maximising customer-value brings maximum profit to the shareholders, too. (Martin 2010: 61). Because health care is a highly personal service, health care businesses are required to pay attention to good leadership, knowing the customers' expectations and providing them with emotional care. According to studies, personnel's humanity and compassion plays a big role in perceived quality. (Baird 2014: 3-4.) As health care sector is becoming increasingly more competitive, customer experience and satisfaction is becoming the main factor in decision-making when choosing a service provider. By taking advantage of new technology more time should be invested to provide customers with more holistic care. (Morgan 2017.)

The aim of the study is to analyse customer feedback data and interview the personnel of a small health care unit to recognize drivers that affect customer loyalty and satisfaction and to find how the feedback system appears to the personnel and whether it is considered a good tool for developing the services. Acknowledgement of these factors is important for the organization to further improve their customer loyalty and satisfaction.

The study was carried out by analysing the customer feedback and interviewing the employees. Customer feedback was analysed in thematic analysis and interviews implemented as semi-structured interviews.

Results indicate that main drivers affecting customer satisfaction in the health care unit are friendly and skilful personnel, availability and accuracy of appointment times, clear and timely communication, fluent and correct billing, nice ambience, reaching the wanted service and adequate resources to assure smooth services. Semi-structured personnel interviews reveal that the current feedback system is not well-known among the employees and considered a tool for the managers alone. Lack of time and personification of feedback prevents reporting all given feedback. Customer satisfaction is considered essential among the staff but customer expectations are not always considered realistic and are therefore hard to fill.

Keywords	health business, customer satisfaction, health care services, service quality, CRM, customer service, customer-orientation, thematic research, semi-structured interviews

Contents

1 Introduction 4
2 Services defined 5
2.1 Health care as a service 5
2.2 Health care as a statutory service 6
2.3 Marketing mix for services 7
3 Customer satisfaction in health care services 9
3.1 Essential definitions 9
3.1.1 Customer vs. patient 9
3.1.2 Customer service 10
3.1.3 Customer satisfaction 10
3.2 Excelling in customer satisfaction 11
3.3 Managing customer relationships 12
3.4 Building customer loyalty 15
3.5 Modern technology and health care 16
3.6 Measuring service quality in health care 18
3.6.1 Dimensions of service quality 19
3.6.2 The gaps model 20
3.7 Previous studies on customer experience 21
3.7.1 Relationship between patient satisfaction and complaints 21
3.7.2 Customer satisfaction and financial focus 22
4 Summary: Customer service and satisfaction 22
5 Purpose of the study 23
6 Research work setting 24
6.1 Introduction of the principal 24
6.2 Expectations for the thesis 24
7 Research Methods 25
7.1 Thematic analysis 25
7.2 Semi-structured interviews 27
8 Materials and methods 28
8.1 Thematic research methods 28
8.1.1 Data gathering instruments 28
8.1.2 Analysing process 29
8.1.2.1 Step 1: Familiarizing oneself with the data 29
8.1.2.2 Step 2: Creating initial coding 30
8.1.2.3 Step 3: Theme searching 31
8.1.2.4 Step 4: Theme revising 32

8.1.2.5 Step 5: Theme definition 33
8.1.2.6 Step 6: Write-up 34
8.1.3 Assumptions and limitations 34
8.2 Semi-structured interview methods 34
8.2.1 Interview process 34
8.2.2 Assumptions and limitations 35
8.2.3 Instruments 35
9 Results 36
9.1 Results of the thematic research 36
9.1.1 Background information 36
9.1.2 Personnel 39
9.1.3 Appointment times 40
9.1.4 General or unnamed 40
9.1.5 Billing and pricing 41
9.1.6 Services 41
9.1.7 Resources 42
9.1.8 Communication 42
9.1.9 Ambience 42
9.2 Results of semi-structured interviews 43
9.2.1 Theme searching, revising and definition 43
9.2.2 Key findings 43
9.2.3 Knowledge of the feedback process 44
9.2.4 NPS 44
9.2.5 Negativity and difficulties in praising oneself 45
9.2.6 Personification issues 45
9.2.7 Improvement ideas 46
9.3 Strengths and limitations 46
10 Discussion 47
10.1 Reviewing the results 47
10.2 Ethical considerations 49
10.3 Reliability and validity 50
11 Conclusions 51
References 54

Appendices
Appendix 1. Thematic map.
Appendix 2. SPSS tables and figures.
Appendix 3. Interview questions.

1 Introduction

Roger Martin suggests that all businesses should forget the more traditional approach of focusing on maximising value for shareholders but make customer value the top priority. Data shows that maximising customer value brings maximum profit to the shareholders too. (Martin 2010: 61). Inevitably, this approach is vital in private health care business whose main objective is to treat illnesses and injuries while making profit.

Customer satisfaction is essential to all businesses regardless of its field of operation. Health care field is a combination of public and private health services, policies and activities of health departments and ministries, health-related non-governmental organisations and community groups, and professional associations. The basic concepts of economy and business apply to health care services, too. Hospitals and other health care providers must seek efficiency in their operations. (Wiseman 2011: 8, 16.) Typically, in health care moral and ethics have a high position when considering business actions and setting goals. Customer well-being and satisfaction is often at the very core of values, missions and strategies of health care providers.

Health care is a highly personal service, in which both expectations and emotions run high. This sets a certain requirement for health businesses to provide competent and emotional service to satisfy their customers. Service excellence in health care can be reached through good leadership, knowing the customers' expectations and providing them with emotional care. (Baird 2014: 3-4.). As the health care sector is becoming more competitive, customer experience and satisfaction is becoming the main factor in decision-making when choosing a service provider. By taking advantage of new technology more time should be invested to provide customers with a feeling of speciality and emotional care. (Morgan 2017.)

The thesis aims to recognize the places of improvement in customer satisfaction in a small unit of a private Finnish health care organization referred to as the Company X or the principal. To guarantee the anonymity of the company, the thesis aims to describe the research setting in a general level instead of introducing the company in detail. The study is done by analysing carefully data gathered from customers, who have visited the unit during the last 2 years. Target group of the study are all customers using the health care services during the last year and the personnel of the small business unit.

Figure 1. Research process.

The thesis begins with theory about customer satisfaction and customer experience in general proceeding further to the special features concerning customer satisfaction in the field of health care. After a thorough look into the dynamics of customer satisfaction in services, the thesis concentrates on the study. The study concludes of two parts: analysing the data gathered by the health care unit and interviewing the personnel of the unit. The objective of the study is both to recognize the factors that affect customer satisfaction and places of improvement but also offer practical suggestions on how to excel in customer satisfaction and experience.

2 Services defined

The term services can differ in different fields and therefore it is important to define the term. This section presents what is meant by services in this paper, what the term consists of and what are the specialities regarding the term in the field of health care.

2.1 Health care as a service

The concept of services has changed over time. In 1985, services were identified by three characteristics: intangibility, heterogeneity and inseparability. Intangibility means that services cannot be counted, measured, inventoried, tested or verified in advance. Therefore, manufacturing specifications are impossible to set, and quality of services is difficult to measure. As services are rather performances than goods, the results often vary depending on the producer, the customer and even the day. This variation is referred to as heterogeneity. The inseparability of services means that services are produced and consumed at the same time. The production of services can be planned, but it is not manufactured at a manufacturing plant different from the point-of-sale.

(Zeithaml et al 1985: 42.) Later, these three characteristics were introduced a fourth one. The fourth characteristics, perishability, refers to the nature of one-time transaction that cannot be stored for later use or sales. (Melnic 2007: 35.)

However, these traditional four characteristics have been argued not to be the only valid definition. In their article the Role of Service Characteristics in Service Innovations, Lehtinen and Järvinen choose to rely to another service definition:

> Service, actually a service-like marketed entity, is a benefit providing object of transaction that is a more or less abstract activity or process of activities essentially produced, marketed and consumed in a simultaneous interaction (Lehtinen 1984).

This definition recognizes the four characteristics commonly combined to services in slightly different manner. According to the definition above, service is of abstract, intangible, nature. Additionally, it is seen as a simultaneous process of production, marketing and consumption with a clear beginning and an endpoint. Services also require interaction between the business and the customer. (Lehtinen and Järvinen 2015: 170.) This definition emphasizes the continuity of the process highlighting the importance of all interaction with the customer, including marketing. It also sees the process as an entity that brings benefit for the customer. The characteristics mentioned, fit commonly to health care, even though for example a vaccination can be considered a product, whereas injecting it is undoubtedly a service.

2.2 Health care as a statutory service

According to World Health Organization, health services should deliver safe, accessible, high-quality and people-centered care. This means that health care service is not limited to providing non-recurring care but should take a more holistic view considering ”the whole spectrum of care from promotion and prevention to diagnostic, rehabilitation and palliative care, as well as all levels of care including self-care, home care, community care, primary care, long-term care, hospital care, in order to provide integrated health services throughout the life course.” (WHO, 2018.)

Finnish health care laws are based on EU laws and guidelines and is highly regulated and supervised, following the directives posed by the European Union. There are laws regarding patient data security, patient safety, waiting times etc. In 2011, the Ministry of Social Affairs and Health established a strategy until the year 2020 concerning health and social policies. The strategy focuses on providing citizens and their health

professionals up-to-date information to support the assessment and decision-taking of health care professionals. People are to be treated equally so that each citizen has a possibility to participate and health is supported in an equal way regardless of e.g.. their age, gender or economic contribution. (Ministry of Social Affairs and Health 2011: 4.)The strategy is expected to be updated soon. To ensure this equality and improve the cost-effectiveness and reduce waiting lines, Finland is going through a big health care reform. The details are not yet agreed upon but are discussed in governmental politics on a daily basis. (Valtioneuvosto. 2018).

Up until now the cities and municipalities have been responsible for organizing the health care services. From year 2021, the responsibility will transform to the regions and counties. With this change inhabitants have a freedom-of-choice in deciding whether to use the public or private health care services with same customer payments. The reform will expand in stages. (Valtioneuvosto. 2018.) The freedom-of-choice increases cooperation between the private and public health care sectors and offers the private sector new possibilities. The freedom-of-choice concerns only basic health care, not specialized care. Specialized health care will be organized in the public sector. The private sector has been strong in organizing occupational health care but the freedom-of-choice will most likely increase their other customer segments. (Unit manager. 2018.)

2.3 Marketing mix for services

It is important to acknowledge that the process producing services is part of organizations marketing and therefore, understanding the marketing mix for services is essential in researching service satisfaction and quality. In addition to the previously mentioned four characteristics, services have also been compared to products in terms of marketing. Goods were originally marketed according to the principles of four P's of marketing: product, place, price and promotion. Services, however, were recognized to be a little more complex and have a fifth P, performance. According to Zeithaml et al, performance is the number one competitive weapon when it comes to services. (Zeithaml et al. 1990: 10.) Even though these definitions were offered decades ago, they are adapted in business until these days.

In 1981, Boom's and Bitner's insight provided services a new perspective, which is still considered a modern approach to services marketing. It is important to consider when researching customer satisfaction or experience. In addition to the four previously

presented P's (product, price, place and promotion) they added three new characteristics to the list creating a 7 P's marketing mix for services. The added features of services are personnel, presence and process. The 7 P's model is still widely used when describing services. In the next chapter these seven features are presented one by one. According to Grove and others, however, the 7 P's should be complemented with four strategic theatrical elements, which are actors, audience, decor and interpretation as the 7 P's alone are unable to reach all features of services marketing. (Melnic 2007: 35, 37.)

Service as a product refers to the entity of activity or benefit offered for sale by the organization whereas the price is the amount of money customers are required to pay for the service. Place does not refer to the physical place alone but also the activities a company must make to make the service available. Promotion indicates the means of communicating the service provided for the target audience, both customers and prospects, but also persuading them about the strengths of the service. (Kotler - Armstrong - Harris - Piercy 2013: 6, 12.)

People are an important factor in marketing and providing services. They are the human factor who make decisions during the purchasing process of a service. Therefore, they are responsible for the quality received and perceived by the customers. The personality, the way they dress, communicate and act has an impact on the customers perception of the service. (Melnic 2007: 38.) The people in the services marketing mix can be anyone who is directly or indirectly in contact with the customer. Therefore, employing personnel that represent the company values is essential. The heterogeneity of services can create attitude and behaviour differences between the employee and the customer hence affecting customer perception and satisfaction. (Van Vliet. 2011.) Especially in health care, the personnel's humanity and compassion plays a big role in perceived quality (Baird 2014: 4).

Since a service is of intangible nature, a customer requires physical evidence in order to evaluate the service. (Melnic 2007: 38). Physical evidence can be anything that represents the company from brochures and receipts to furnishing or website. They all play a part in creating a physical environment for the service which makes the service more tangible and offers it a more visual metaphor. According to Van Vliet, there are three dimensions in creating an environmental statement for the customer experience; conditions like temperature, sound or smell, space and functions like map and equipment and signs, symbols and other artefacts like signatures and interior design. The physical

evidence acts as cues that help customers understand the company and make up their expectations hence affecting in their satisfaction. (Van Vliet. 2011.)

The last step in the 7 P's marketing mix, process, refers to the actions, protocols and procedures that are needed to take to deliver the service to the customer. In health care some of the processes are defined by law and must therefore be audited accordingly. When processes are standardized and blueprinted, the processes of the company increase in terms of transparency and effectiveness. This benefits both the understanding of customers and personnel about the company. (Van Vliet. 2011.)

3 Customer satisfaction in health care services

This chapter presents what is meant by the term customer satisfaction in general and how companies can excel in creating a great customer experience. Customer and customer satisfaction in healthcare has its special features. These features are also explained in this section.

3.1 Essential definitions

To understand customer satisfaction, one must first understand what is meant by a customer, customer service and satisfaction. A customer can be considered anyone who purchases the products or services of a company. A buying and paying customer is a prerequisite for a functioning business. Therefore, customers' well being is often emphasized in company values. According to Aarnikoivu, this does not necessarily mean valuing the customer service employees and can therefore lead to flaws in service culture. (Aarnikoivu 2005: 13, 15).

3.1.1 Customer vs. patient

In health care a customer is often referred to as a patient. Nowadays, health businesses are choosing to refer to their patients as customers. Even hospitals do not treat patients anymore but prefer taking care of customers or customer-patients instead (HUS 2016). A customer can be any current or prospective buyer and user of any of the company's services or products (Peppers - Rogers 2017: 21). As opposed to a regular customer, a patient is forced to rely on their service provider much more than in a regular service purchasing situation. Healthcare customers are most often unwell, vulnerable, frightened, in pain, exhausted and/or confused. (Torpie 2014: 6.)

According to Kathy Torpie, a psychiatrist and a keynote speaker, healthcare is lacking a thorough understanding of patient true needs that lead to customer satisfaction. What business managers believe their customers want and what the patients actually want differs significantly from another. According to a study implemented in 2012, patient needs are quite basic: willingness to feel like they are the most important person for the staff and that they are an active participant in their treatment. This requires keeping the patient informed. Business managers, instead, believed that customers demand modern facilities, private rooms, food on demand, privacy and other superficial things. (Torpie 2014: 6.)

For the staff, this sets its challenges. To fill customer expectations (and exceed them to create better satisfaction), employees need to create an individualistic therapeutic relationship with the customers. This requires self-awareness, respect, compassion and connectivity. To maintain a caring customer environment, the staff should be encouraged and rewarded by the gratitude of the patients but also management should acknowledge personnel input to motivate them further. (Torpie 2014: 7.)

3.1.2 Customer service

Customer service can be defined as the encounter between the customer and the customer server. During the encounter customer service representative embodies the company's values and relationship with the customer creating an interface between the customer and the entire company. The success of this encounter is influenced by how customer-oriented activities are conducted in different departments of the company and it requires a deep commitment to customer focus. A customer-oriented approach additionally requires active knowledge of customers through diverse data acquisition channels. Due to a customer-oriented approach, customer service has become an important part of marketing and sales, that previously were much more product-derived. (Aarnikoivu 2005: 16, 20.)

3.1.3 Customer satisfaction

Customer service can be measured by customer satisfaction. Customer satisfaction can be achieved via reaching or exceeding the expectations. According to the Cambridge Dictionary, customer satisfaction is “a measure of how happy customers feel when they do business with a company” (Cambridge University Press 2018). Customer satisfaction

correlates with expectations (Maister 2005: 2). In health care expectations are high. Usually a customer seeks help to a problem that is either painful or inconvenient and can even be a matter of life and death. Hence, emotions run high. Customers expect to meet competent professionals and tolerate less mistakes than in other fields. Health services are also highly personal in nature, as most health problems are intimate. According to Baird, health care has originally been focused on healing minds, bodies and souls of people but has later become more cash flow and market share focused forgetting to concentrate on the importance of emotional caring. This change should be reversed by using possibilities provided by modern technology. The time saved by automated tools, should be used to provide customers with individual human care. (Baird 2014: 3-4.)

3.2 Excelling in customer satisfaction

In recent years, excelling in customer service has been recognized as creating a good customer experience. This expression has become established in the business terminology. Companies hire specialized employees as customer experience managers to take responsibility in customer engagement tasks and customer feedback. I has been argued by many, that customer experience is a more complex form of service quality and customer satisfaction and is context specific. (Klaus 2015: 1.) Customer satisfaction can be considered one component of customer excellence in addition to CRM, brand preference of customer loyalty (Peppers - Rogers 2017: 22). In health care customer experience is created by empowering customers and highlighting empathy in customer service situations (Morgan 2017). Therefore, instead of concentrating on customer satisfaction only, a company should take a wider perspective to their customer viewpoint and value the customer service situation. This study aims to look at customer satisfaction in the wider concept of customer experience.

Maister has presented two laws of service of which first provides a straightforward formula on how satisfaction is created. In the formula, S = P - E, S stands for satisfaction, P for perception and E for expectation. Therefore, the higher the expectations are in relation to perceived service, the less satisfied the customer is. If the expectations are low, but perceived service good, the satisfaction remains high. It is important to point out that none of these three factors are numerical but psychological and subjective, instead, and are therefore hard to measure. Nevertheless, the focus of service managers should be on these three factors. According to the first law of service, satisfaction can be influenced by changing the way the customer perceives the service situation or what he/she expects from it. (Maister 2005: 2).

Figure 2. Maister's first law: Formula for service satisfaction (Maister 2005:2).

As his second Law of Service, Maister suggests that "It's hard to plan catch-up ball." By this, he means that the early stages of a service encounter create a halo-effect. If resources were spent to improve the perceived quality of service, paying attention to the early stages might have the best return on investment. It is much more difficult to turn around an unhappy customer than keeping a happy customer satisfied. (Maister 2005: 2.)

3.3 Managing customer relationships

Creating a great customer experience can lead to high customer satisfaction. Customer experience is the sum of all interactions a customer or prospect might have with the service of the company over time. The current technological advances require a company to establish a meaningful and profitable relationship with its customers leading to a more valuable customer base. The organization must consider the entire customer journey and integrate all interaction channels to improve customer experience. (Peppers - Rogers 2017: 21-22).

This requires a thorough knowledge of customers' expectations and paying attention to interactions which take place during the entire service process from marketing to selling or even IT-system configurations. Collecting a thorough knowledge of customers can happen through a learning relationship, ergo letting the customers teach the company.

By offering results, actions or changes based on customer teachings, the company can establish a strong customer-relationship and improve customer loyalty. This suggests that companies should not fear asking for their customers help. The learning relationship has turned out to be an effective competition tool. The relationship established through this strategy can hardly compete with competitors' products or services regardless of the similarities. The learning relationship can be considered a two-way street. On one lane, the customer learns from his preferences and can interact with the company more efficiently and effectively than previously. On the other lane, the company learns about its strengths and weaknesses and can act on them in the strategy more efficiently than previously. The learning relationship also leads to a collaborative relationship, creating services that customers value (Peppers - Rogers 2017: 23-24, 27.)

The customer relationships in health care are mainly of intimate nature. They often involve physical touch and sharing highly personal information. Creating emotional and personalized interaction between the client and the company representative, customer retention can increase by making loyalty more beneficial than non-loyalty. This has been acknowledged to be the benefit of a learning relationship and is worth cherishing. Like any relationship, company-customer relationship takes time to evolve and must benefit both parties. (Peppers - Rogers 2017: 49, 52).

The 5 E's of Customer Relationship help a company establish a closer relationship between the company and the customer. These five E's are described in figure 3 below. First of the 5 E's is the customer environment. The company must understand what is going on in the customers life to be able to provide him with the service he needs. Things like what are they trying to accomplish and what are they looking forward to or what are they scared of, matter. (Peppers - Rogers 2017: 55). In health care, this can be considered as having a more holistic approach to patient care.

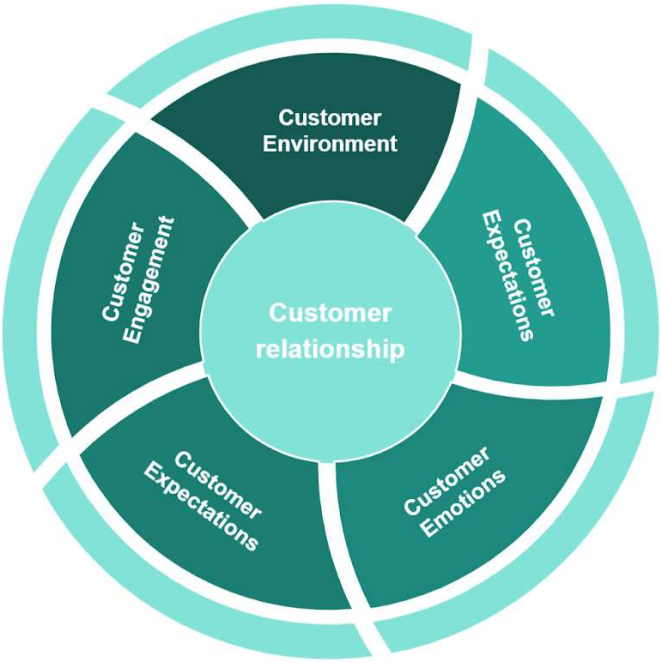


Figure 3. 5 E's of customer relationship (Peppers - Rogers 2017: 55-59).

The second E stands for customer expectations. According to Peppers and Rogers meeting customer expectations is not enough to create a lasting customer relationship. Fulfilling customer expectations might deliver a satisfied customer but does not guarantee a customer relationship as satisfaction is based on a short-term opinion. Therefore, a relationship based on satisfaction alone is a vulnerable one and companies should pay attention to creating lasting relationships. One way to overcome this, is to pay attention to what the customer is *not* expecting. By acknowledging these issues, the company can make a difference and surprise the customer in a positive way. (Peppers - Rogers 2017: 56).

Like any relationship, customer-business relationship is an emotional one. When people are asked to mention relationships they have, are the closest ones like friends and family mentioned. Regardless, customers can build emotional relationships with businesses and brands. An emotional relationship can lead to a customer missing the brand in case it exited the market. When trying to create genuine relationships, a business must aim to reduce negative emotions and induce the positive ones. It might be inevitable to cause frustrating feelings to a client throughout the relationship, but a company should avoid strengthening and continuing those feelings if they happen. Therefore, reacting to reclamations in a sensitive way are important in maintaining a good customer-relationship. Like any relationship, also customer relationships require caring. A satisfied

loyal customer can be on a comfort level when doing business with a company but should be reminded that he is valued. Customers want to feel love, pride and respect when doing business with a service provider. (Peppers - Rogers 2017: 57.)

The term customer experience has been mentioned in the text several times. A sequence of positive experiences can lead to an improved customer relationship. For a company to excel in customer experience, it must understand the big picture of the term. Experience is not only what happens in store or online, but everything in between and beyond. Customer experience consists of all interactions with the company, in the past and present, and can be anything from seeing an advertisement to talking to a chat robot online or having an appointment with the doctor. According to Peppers and Rogers, there are four levels of customer experience that should be investigated. First, a company must be easy to do business with and all barriers must be put aside of the service. Second, interaction with employees play an important part on customer experience and can have a great impact on the feeling the customer gets when dealing with a business. Therefore, human resources department should be taken along when discussing on customer relationship strategies. Third, a company should acknowledge that the experience is a continuing process and does not end when the customer exits the service unit. To create a meaningful relationship and a good customer experience a business should have a keep-in-touch-strategy. Fourth, a business should recognize their potential in creating experiences for the customers. These can be e.g. extra-curricular experiences like workshops or lectures. (Peppers - Rogers 2017: 58-59.)

The fifth E of customer relationship is customer engagement. Offering customers a possibility to involve in service design or delivery creates a higher level of commitment to the company. If a customer can give something of himself in the value proposition of the service, he is more open for a long-lasting relationship. In social media era we live in, these highly engaged customers can become valuable advocates to the company by providing them with referrals and genuine endorsements leading to growth in customers. (Pepper - Rogers 2017: 59.)

3.4 Building customer loyalty

The longer a company can keep the customer, the more value that customer generates to company shareholders. This has been claimed to be true regardless of industry. It is important to create an individual customer relationship, since it enhances loyalty and, in the end, leads to a more stable customer base. It is also more expensive to acquire new

customers than retaining the existing ones. Keeping and managing the existing customers should have a designated responsible employee in the company. Often this is forgotten, and no incentive is offered for the personnel when keeping an established customer relationship. Maintaining a customer-centric approach in business strategy requires an updated access to current information about individual customer. This enables picking up where last left off. It can be achieved only through seamless integration of business units, processes and tools. (Peppers - Rogers 2017: 33, 37-38.)

Customer loyalty can be divided into two types: behavioural loyalty and attitudinal loyalty. Attitudinal loyalty refers to the state of mind a customer has towards the company. If a customer has a positive attitude towards the company, he prefers to use their services rather than the service of the competition and can therefore be considered loyal to the referred company or brand. Attitudinal loyalty is closely linked to customer satisfaction and a company wanting to increase customer loyalty should concentrate on building a positive brand, image, service and customer experience to overcome those of the competitions.

Behavioural loyalty is measured in terms of number of purchases or visits alone regardless of customers attitudes. For example, a customer might visit a certain health care provider because it is significantly cheaper than the competitor. This can happen among the occupational health customers since their employer is paying for the services in a certain place. It is simply more convenient for the client to be loyal to that certain company if loyalty is measured in number of visits, not in emotional attachment. The attitudinal and behavioural loyalty should not exclude each other but considered simultaneously when aiming to improve customer loyalty. (Peppers - Rogers 2017: 61).

Customer loyalty should be considered a top priority in any business since customers are essential to any company. They are scarce and the source of revenue in all industries. Customers add value to the company as they recommend the business to friends but can also be a very powerful advantage in competition. (Peppers - Rogers 2017: 45.)

3.5 Modern technology and health care

Technological advances have led to a revolution in providing and demanding services. Customers are more aware and demand services just the way they want them requiring flawless customer service. Customers demand more individualistic service and can

communicate their feedback through e.g. social media. To an organization, this creates a new possibility and a challenge. They now have better tools for providing their customers with the individualistic service customers demand. The companies' challenge is to learn to know the individual needs, hopes and dreams of their customers in order to better respond to their expectations. Mass media is no longer as trusted as before. Customers trust the experience of their fellow customers and crowd-sourced feedback has become an important reference when evaluating services. Customers can no longer be controlled like before and their expectations change and evolve fast requiring fast reactions from the businesses. (Peppers - Rogers 2017: 28-29.)

Digital transformation can be understood as a journey with several intermediary goals that ultimately aim at continuous optimization across processes and divisions. The development of new competencies is all about the ability to be more agile, customer-centric, innovative, people-oriented, streamlined and efficient to benefit from new service- and information- driven revenues. In practice, customer experience optimization, operational flexibility and innovation are both key drivers and goals of digital transformation. (I-Scoop 2018.) Digital transformation aims to help people around the world to live healthier and more productive lives by providing them with for example genomics, 3D bioprinting or surgical robotics (Roberts 2018).

In health care, digitalization has led to ground-breaking changes. As technology has developed it has offered fundamental improvements in life expectancy and preventive care, having additionally provided people with easy access to health services even at remote areas. (Letzter 2016.) The effects can be seen in Finnish private health care. Many organizations have exploited technological solutions in their strategy for years and they aim to develop their digital services further striving to develop Finnish healthcare. Digital transformation offers the principal, too, tools for measuring clinical and operational quality, quality of customer experience and assists in introducing new electronic services to the customers in the most effective way. (Corporate social responsibility and quality book 2017.)

Some of the digital healthcare technologies are yet to arrive while others already exist in some form or another. Now, it seems, the most potent of them all is online health services. Consumers have already grown accustomed to treading the digital pathways for numerous activities, such as banking, shopping and communicating. It seems that people nowadays want their healthcare providers to deliver a digitally enhanced

experience as well. Healthcare providers and health insurers alike now face the challenge of transforming themselves from bricks-and-mortar treatment facilities and claims payers to deliverers of a wide assortment of digital services. (Fix-Bähre et. al. 2018.)

Online health services are all about reducing human interaction, saving time and money in the process. Online operations that are already possible and available include booking appointments, video consultations with a doctor, sophisticated CRM systems using advanced analytics, preventing illness through the use of data collected via biosensors, distributed ledger technology (DLT) that allows all operators participating in a patient's care to securely access all information relevant to treatment and much, much more. Online healthcare aims not only at an improved patient experience but slowing the seemingly inexorable rise in health care costs as well. Some even go as far as to say that internet technology may rank with antibiotics, genetics and computers among the most significant changes in medical care delivery. (Fix-Bähre et. al. 2018 & Coile 2000.)

Online services are naturally being constantly developed at principal's organization. They have recently introduced remote services for all clients. Via this service a client can reach a nurse or a doctor without having to travel from home and without waiting. The service is available 24/7 and can be entered through an online service. Naturally, not all cases can be treated remotely, but remote evaluation of necessary procedures can save time and money for both the customer and principal, hence providing customers with more effective and timely care. (Unit manager 2018.)

When discussing health care, ethical issues must be solved before taking advantage of all digital solutions. Technology provides great opportunities but comes with great responsibilities, too. Not only are digital solutions cost-efficient, but can also help physicians with faster, more accurate and human care. However, in some cases the digital solutions might steer the thinking of a physician or a nurse. Therefore, human thinking should be encouraged when working in digitalized health care. (Robertson 2011.)

3.6 Measuring service quality in health care

As stated by the second law of service, Maister (2005: 2) suggests that affecting customer satisfaction requires attention in quality. According to Zeithaml et al, it is the customer alone whose evaluation count then criticizing service quality making all other judgements irrelevant. In their focus group research, good service quality is achieved by

reaching customer expectations. (1990: 16, 18.) This implies that customer service quality is equal to customer satisfaction (Maister 2005: 2).

3.6.1 Dimensions of service quality

Service quality can be evaluated based on ten dimensions. Even if these dimensions were introduced decades ago, the essence remains unchangeable. The content of questions raised by customers concerning each dimension might have changed, however, especially in regards of security and access. The ten dimensions of service quality are listed below.

- Tangibles: Physical facilities, employees, equipment, communication materials.
- Reliability: Performance of agreed service dependably and accurately.
- Responsiveness: Desire to provide straightforward service and help customers.
- Competence: Ownership of necessary skills and knowledge to perform the service.
- Courtesy: Personnel's politeness, respect, consideration and friendliness.
- Credibility: Service providers trustworthiness, believability and honesty.
- Security: Lack of danger, risk or doubt.
- Access: Easiness of contact and accessibility.
- Communication: Listening to the customer, speaking suitable language and avoiding jargon.
- Understanding: Taking the trouble of exploring your customers wants and needs.

(Zeithaml et al 1990: 21-22.)

In addition to these ten dimensions, there are two more that are commonly referred to as service quality dimensions along with tangibles, reliability and responsiveness. These two are assurance and empathy. Assurance entails the knowledge of the personnel and their ability to create trust and confidence among the customers. Empathy refers to individualized caring that the company shows to its customers. (Zeithaml et al 1990: 26.)

Quality evaluation changes based on the perspective. A doctor measures his/her quality in cure-rates and number of received patients. A customer however, evaluates their friendliness, informativeness and genuity. (Baird 2014: 6.) There are three issues to acknowledge when considering service quality. First, service quality is harder to assess than product quality. Second, service quality perception is based on consumers comparison of one's expectations with actual service performance. Third, evaluations

are not based on the outcome alone but involve assessment of the process that led to the outcome. (Zeithaml et al 1985: 42.)

3.6.2 The gaps model

The service quality gurus, Zeithaml, Parasuraman and Berry, have introduced a model called four gaps model. The model describes the four gaps that cause service quality problems and is used by managers to this day. These gaps need to be closed to offer excellent service. (Zeithaml et al 1990: 12.) The research was conducted in the banking business, but the results are applicable to any service. The research was originally conducted in the banking business, but the model has been used in all service fields from hotel (Blecic et al 2011) to hospital services (Yadav - Dabdade 2013) and can be applied to any type of service.

First gap is the gap between customers' expectations and management perceptions. The management of the company should be sure to have accurate understanding of customers' expectations since their perception may be different of their customers' perceptions. In the research in the banking sector, the customers expressed their concern about other customers ability to hear their private banking information when talking to their banking advisor. This worry was not acknowledged by the personnel or management of the company and was not acted upon. (Zeithaml 1990: 37). Same issues regarding privacy should be taken into consideration in health care as many customers must share the reason of appointment upon their arrival with the personnel.

The second gap is left between the management's perceptions and service quality specifications. It is not enough that the management understands the expectations of their customers, but they need the ability to translate them into a functional process. In order to achieve the goals the performance specifications need to be set by standardizing the service. It is not simple setting standards that reflect customer expectations, but if managed well, closing this gap should have a positive impact on customers' perceived quality. (Zeithaml et al 1990: 41-42.)

Third gap is created between the service quality specifications and service delivery. This gap is created when personnel fails to perform the wanted service delivery process and common with service businesses. The interactive nature of services makes them vulnerable for gap three. Customer and personnel are responsive to each other's mood, communication methods and skills, languages, manners, attitudes and competencies. At

times, there are moments when employees are unwilling to perform along the specifications required by the management. To overcome gap three, service businesses are required to invest in their human capital in terms of e.g. correct employee selection, empowerment and treatment. (Zeithaml et al 1990: 89-90.)

The fourth gap derives from poor communication among operations, marketing, human resources and other branches leaving a gap between service delivery and external communications. To deliver customer-perceived quality, promises must be delivered in a consistent accurate and appropriate way. Customer must be aware of the standards and efforts implemented by the company. Customers that are aware of concrete improvement steps taken in their best interest, are likely to perceive service delivery positive. (Zeithaml et al 1990: 115-116.)

3.7 Previous studies on customer experience

3.7.1 Relationship between patient satisfaction and complaints

The number of complaints about health care filed to the Regional State Administrative Agencies tell something about the customer experience. According to a study conducted by Helsingin sanomat (29.10.2018) there are approximately 1200-1300 complaints about health care filed each year in Finland. More serious cases are filed to the National Supervisory Authority for Welfare and Health. The number of the serious complaints has ten-folded since the 1990's but has not increased recently. Most of the complaints handle the doctors and their behaviour. The number of complaints, however, do not tell anything about the quality of healthcare as such, since not all of the complaints are confirmed and lead to actions. In 2017, there were several tens of thousands doctor visits per complaint. The results can be interpreted in three ways depending on the viewpoint. An unsatisfied customer can find consolation in the numbers, service provider can see that the customers are more aware than previously but when compared to the number of customer visits in health care, the numbers are significantly low. The most complaints are filed about prescribing medication, delayed diagnoses and inappropriate behaviour. (Laitinen - Repo 2018.) These top three complaining reasons should be belaboured when discussing customer satisfaction and experience in health care. In addition to the awareness of the customers, the results also describe the change on how customer satisfaction and experience have changed over the last 30 years.

3.7.2 Customer satisfaction and financial focus

According to a landmark study by the American Hospital Association, there is a growing focus on the financial wellbeing of health care companies leading to reduced accessibility, higher costs, lower care quality and impersonal care. However, focusing on the financials does not lead to a better customer experience as customers want more personalized patient care. According to Baird, improving care requires that each team member takes ownership at every patient encounter. (Baid 2014: 4.)

As every team member participates in creating a personalized patient care experience, it is essential that the personnel are well. According to the Finnish Institution for Occupational Health, well-being at work should be considered an investment. Studies show that thorough and patient investments in the well-being of the personnel has deep positive effects on the organization's competitiveness and revenue but also the reputation and customer satisfaction and quality of services. A well employee is motivated and responsible, knows the goals of his work and can use one’s knowledge and strengths leading to a feeling of importance at work. It is also important to provide the personnel with feedback on their work. (Finnish Institute of Occupational Health 2013.)

4 Summary: Customer service and satisfaction

There are some essential issues that are repeated in most information sources regarding customer satisfaction. Customer satisfaction in health care and other service fields is closely related to service quality (Baird 2014: 4). Service quality is difficult to evaluate and is based on the customer's opinion of the process and result compared to his/her expectations. (Zeithaml et al 1985: 42.)

What can be considered interesting when conducting the research about customer satisfaction are the top three reasons for the complaints. It will be interesting to see, if any of these are mentioned in the study discussed later. (Laitinen - Repo 2018.)

Another issue that is repeated in different sources is the lack of homogeneity of services and the effect of people. The behaviour and actions of the personnel play an important role in customer perception and, therefore, satisfaction (Van Vlies. 2011).

5 Purpose of the study

The purpose of the study is to acknowledge the issues which drive customer satisfaction in health care. By acknowledging these drivers an organization can create actions that improve their customer satisfaction leading to better business results. A buying customer is a prevalence for all businesses, but fulfilling or exceeding customer expectations leads to higher loyalty and return rates leading to more profitable business (Aarnikoivu 2005: 13). Recognizing customer drivers can help an organization in creating more efficient processes and maintaining their competence.

The aim of the study is to analyse the customer feedback data gathered by the principal and interview the personnel in a small unit to recognize drivers that affect customer loyalty and satisfaction hence enabling the organization improve their customer satisfaction. Acknowledgement of these drivers is important for the organization to further improve their customer loyalty and satisfaction and therefore, the customer's perception of the organizational image.

The objectives of a study are the means by which the aim is intended to achieve (Dawson 2002: 56). The main objective of the study is to identify possible correlations between variables and customer satisfaction so that the organization can develop strategies to improve necessary issues. The original objectives of the study are presented in more detail in figure 4 below.

- ➔ Determine customer expectations
- ➔ Nature of met or unmet expectations
- ➔ Influence of background to the expectations
- ➔ The relationship between getting healthy and satisfaction
- ➔ The relationship between quality of care and satisfaction
- ➔ Effect of personal chemistry in customer satisfaction
- ➔ The nature and extent of possible influences on choice of available provision, institutional advertising and marketing. The influence of previous image.

Figure 4. The original objectives of the study.

Unfortunately, the original objectives needed to be alternated as the data did not provide enough detailed information for creating variables such as gender, age, living location,

previous experience or image of the company. Therefore, the list of objectives was reduced. The reduced list can be seen in colour black in figure 4 whereas the original objectives are marked with colour grey.

The most important objective is to find answers on through which drivers customer satisfaction at a small health care unit can be improved and how the current feedback system appears to the personnel. The means to do this are analysing the customer feedback data and interview the personnel. The results are then presented to the company.

6 Research work setting

This section describes the background information regarding the company. As the principal of this study wishes to stay anonymous, background cannot be revealed in detail. Expectations for the thesis are also presented in the following chapters.

6.1 Introduction of the principal

The principal of the study prefers to stay anonymous for several reasons. First, the feedback system is considered a tool of competition. Additionally, the unit locates in a small city, which leads to the personification of services, satisfaction and customer feedback. Therefore, the anonymity protects the integrity of the personnel.

As to guarantee the anonymity of Company X, this chapter does not go into detail. The principal is a small unit of a private health care business. The unit employs only 4 people and 3 part-time private practitioners. Most of the customers are occupational health customers. The premises are small but modern offering a variety of services like a doctor, nurse, occupational nurse, physiotherapists and laboratory services.

6.2 Expectations for the thesis

Company X expects the study to provide the organization with deeper knowledge of their customer satisfaction. The organization is willing to learn what the issues affecting their customer satisfaction are and how they can be affected on local level. This study concentrates only in one of the units. There are certain expectations and procedures from the management that must be met. However, in small locations customers'

expectations, desires and satisfaction might differ from the mainstream. The principal expects the study to point out those problems so that they can, firstly, acknowledge them but secondly, react to them to improve their customer satisfaction. (Unit Manager 2018.)

7 Research Methods

The following chapter describes the research methods. Thematic analysis working methods are presented to elaborate the research process. Also, the means of conducting personnel interviews are described.

7.1 Thematic analysis

This study was conducted as a qualitative research. When analysing qualitative data there are two main approaches: the deductive and the inductive analysis approach. The difference lies in the emergence of the final theory explaining the phenomenon. Deductive approach concentrates on testing the validity of a predefined theory by collecting and examining evidence. In the inductive approach, instead, the researcher first analyses the data and then builds a theory based on the findings. Therefore, in inductive approach the theory arises from the data. (Crossman 2018.)

The research data has been handled by thematic analysis. This means that the data analysis is highly inductive as the themes emerge from the data itself. Thematic analysis was chosen to avoid the imposing of the researcher. In thematic analysis data collection, analysis and background research are done simultaneously. This enables obtaining full knowledge of the themes arising from the data. Thematic analysis is also comparative in nature. The data is compared with data gathered from several people, or customers, as in this study. This means that in the analysing process researcher can move backwards and forwards between transcripts, memos, notes and the background literature. The analysis continues as long as new themes arise from the data. (Dawson 2002: 115-116.)

Analysing qualitative data has its challenges. Researchers background usually effects on the results. For this reason, qualitative research has been argued as unscientific research by some. (Dawson 2002: 110-111.) To keep researchers background from affecting the results, the researcher aims to keep herself as neutral as possible. It can be considered an advantage, that the researcher has not established a personal relationship to the health care unit before analysing the data. To maintain this neutrality, the researcher aims to first analyse the customer satisfaction data and after careful

analysis, conduct deeper research by personnel interviews. Thematic analysis was chosen because it allows freedom of analysis and is flexible in nature.

According to Braun and Clarke (2014) one of the risks in thematic analysis is to make assumptions and generalisations too easily. However, if this is consciously avoided too far an extent, it might result in overlapping or inconsistent themes. On the other hand, unprofessional and too simplistic theme creation should be avoided to create valid results. The researcher must avoid making interpretations on the data based on his previous experiences. People are always interpreting others' actions through their own understanding on issues. Language plays an important role in this. We all interpret language based on our previous experiences leading to subjective interpretation. Therefore, all interpretation should be knowingly avoided while conducting the analysis. (Javadi - Zarea 2016: 38-39.) In this study, the interpretation of the results can be found in chapter 10 (Discussion).

To address thematic analysis on a practical level, Braun and Clarke established the six steps of thematic analysis in 2006. This approach was first introduced for qualitative research in psychology but has become widely used in qualitative studies in the entire field of health care and well-being due to its ability to maintain a flexible approach to the subject at hand. However, their approach to thematic analysis has been argued to lack nuance and in-depth of analysis leading to only descriptive or positivist results. According to Braun and Clarke, if harnessed to its full potential, their method can provide a realistic and systematic interpretative framework of data analysis. (Braun - Clarke 2014.) The six steps approach was not adapted due to aforementioned advantages alone, but also its opportunities for using creative tools, like post-its and mind maps (Braun - Clarke 2006: 89), which have been proved to fit to researchers natural working methods. The six steps approach is portrayed shortly in figure 5. Each step is described in more detail later in chapter 8.1.3.

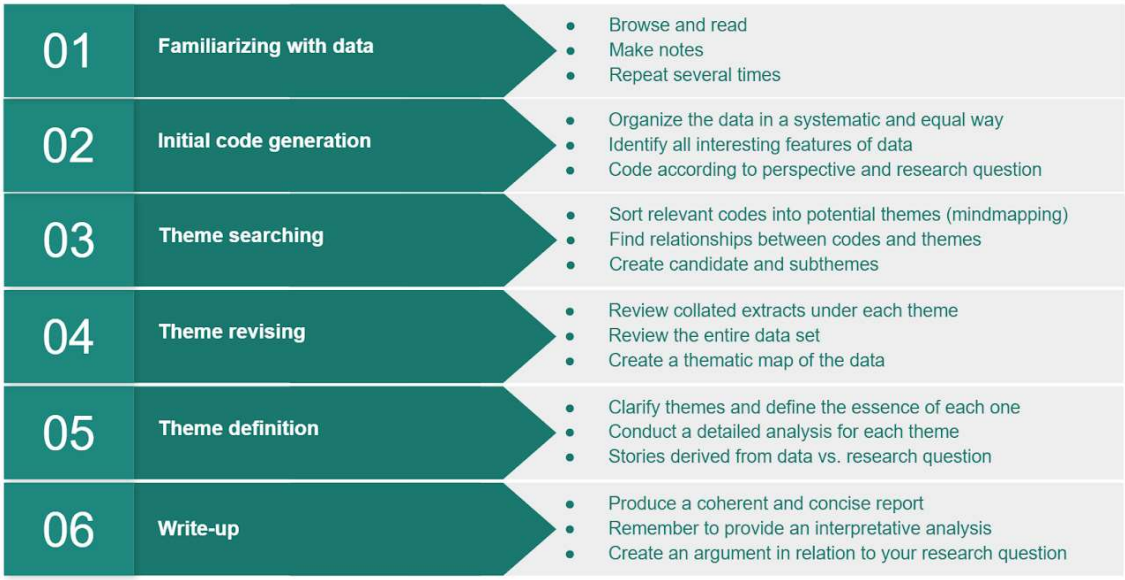


Figure 5. The six steps of thematic analysis summarized (Braun - Clarke 2006: 87-94).

These six steps of thematic analysis of this study are presented step-by-step in chapter 8.

7.2 Semi-structured interviews

After careful thematic analysis of customer satisfaction data, the personnel of Company X were interviewed according to the arisen themes from the thematic analysis. Focus groups or group discussions were considered, but due to its inability to go as deep in the subject as un- or semi-structured interviews, focus groups were discarded. According to Dawson, interview methods can be divided into structured, unstructured and semi-structured interview types. A structured interview type has a list of questions which are asked from all the respondents in a similar matter and it is used for quantitative purposes in e.g. market research. (Dawson 2002: 27-28)

Unstructured interview aims to develop a holistic understanding of a certain situation from the point of view of the interviewee. Unstructured method allows the interviewee to talk freely while the interviewer tries to keep the questions in minimum concentrating on probing for more detail and steering the discussion to stay on the correct subject. There are no predetermined set of questions or topics in this method. Naturally, this sort of interview method requires establishment of trust between the interviewer and the interviewee. (Dawson 2002: 27-28). Even though according to Dawson, unstructured interviews are also called in-depth interviews, there are other sources which argue that in-depth interviews can have a predetermined list of discussion topics (Boyce - Neale 2006: 4).

A semi-structured interview method is the most common type in qualitative research. In this interview method the aim is to compare specific information gathered from previous interviews or other previously implemented research methods. By maintaining the interview semi-structured the interviewer enables flexibility of discussion. To compare the information reliably the interviews, require same questions to be asked from all participants. The set of questions or topics are called in interview schedule. (Dawson 2002: 28-29.) As the thematic research impacts on the background of the interviews, the semi-structured interview type was used for this study. The aim was to find how the feedback system appears to the personnel and whether it is considered a good tool for developing the services. The interview schedule of this research is described in chapter 8.2.1. The topics arise from the thematic analysis and the feedback procedures in the company.

8 Materials and methods

In the following chapters, data gathering, and analysing methods are described in detail. Thematic research methods were used to analyse the customer feedback data. Semi-structured interviews were analysed similarly, but as the data pool was gathered from only seven people, the process was simpler.

8.1 Thematic research methods

8.1.1 Data gathering instruments

The research data was gathered by Company X as a part of their usual nationwide feedback system. However, the data concerning this unit was never examined further and negative feedback had only been acted on as they emerged case by case. Therefore, the overall picture of customer satisfaction had never been examined at the unit. (Unit manager 2018.) This study concentrates on finding drivers affecting satisfaction at Company X. The data was gathered from customers via online feedback tool, phone calls, emails, oral feedback and SMS-messages.

The data consisted of all the text the company had gathered from various sources, including the NPS answers. The main tool of feedback collection are SMS-messages and the previously mentioned Net Promoter Score. Company X uses Net Promoter Score

(NPS) for measuring their customer satisfaction. NPS is used to measure customer experience by asking a customer to evaluate, on a scale 1-10, how likely he/she would be to recommend the services to a friend. The answers are divided into three categories by their answer: the promoters (NPS 9-10), the passives (NPS 7-8) and detractors (NPS 0-6). The company's NPS score is calculated by subtracting the percentage of subtractors from the percentage of promoters. Promoters are considered the most valuable asset of customers, while they are likely to refer the company to others and increase growth. Passives are satisfied but open to competing offers as well. The detractors are unsatisfied and can damage the business by bad word-of-mouth. (Satmetrix Systems Inc. 2017). The NPS of this unit has been varying between 60-70. According to NPS & CX Benchmarks, NPS score in health care companies was 71 on average in April 2019 (2018).

8.1.2 Analysing process

The data was handed over to the researcher in electrical form by Company X on 5th December 2018. The data was stored in Microsoft Word and Excel formats and it was gathered from the customers during 20.10.2017-28.10.2018. There were replies from 93 customers in 103 occasions. This difference is due to written responses to the NPS system and feedback gathered when calling the customer as requested by their NPS answers. However, since one sporadic answer can entail several pieces of feedback 163 pieces of feedback were recognized. 11 of the feedback given were in word format and 40 + 52 were in excel format. Feedback was given in two languages: Finnish (102) and English (1). To avoid translating errors, the analysis was conducted in Finnish and only the results translated. After data delivery, it was analyzed according to the six steps of thematic analysis by Braun and Clarke (2006). These process steps are described in the following chapters.

8.1.2.1 Step 1: Familiarizing oneself with the data

The first step is to get familiar with the data transcript. It is essential that all data is read through several times by the researcher in several occasions. This ensures the thorough knowledge of the data making it easier to take the following steps. (Mcguire - Delahunt 2017.) According to the developers of the method, the first step should not be done hastily, as it affects the entire study (Braun - Clarke 2006: 87).

To be able to familiarize oneself with the data thoroughly it was reorganized in one file to create a more holistic view of the data. After having a clear overall view of the data, it was reorganized so that each feedback was broken into parts as one feedback commonly consisted of several issues by breaking each feedback into pieces. These measures were done several times, to ensure that the contents of each feedback were understood correctly. Already at this point, there were some clear themes rising from the data.

8.1.2.2 Step 2: Creating initial coding

The second step is to create the initial codes for processing the data. Organizing the data in a systematic and equal way. Identify all interesting features of the data. Initial coding must be done bearing in mind the research question and perspective. Initial codes are a list of ideas that seem interesting and relevant in the data. As this step, is all about organizing the data, it can be considered analysing but is not interpretative in nature. The aim is to treat all data equally. This requires systematic handling of the data set. There are many ways for coding the data items, but three key advice to acknowledge. First, coding should be done for as many potential themes or patterns as possible as anything can become of interest later in the study. Second, to prevent losing context, keeping some of the surrounding relevant data is recommended. Third, it is worth remembering that each individual data item can and should be coded into as many “themes” as they fit into, because they can always be uncoded and/or recoded if necessary. According to Braun and Clarke, every data set has its contradictions, and these should not be ignored. They provide a possibility to maintain data items that depart from the main story. (Braun - Clarke 2006: 88-89.)

The initial codes started to rise after having familiarized with the data. The data was in several files leading to a need to organize it while familiarizing oneself with it. This, in return, lead to overlapping of steps one and two on some parts. While reading and browsing through the organized data, it was initially coded data item by data item.

According to Braun and Clarke (2006: 88), there are many ways to do the initial coding. To ensure that each feedback was given full attention and no piece of data was missed, the coding was done in several ways. In the manual coding process, all data was coded by writing notes and dividing data items under certain codes using post-it notes and markers. This proved to be quite an inefficient method and missing systematicality. Therefore, digital coding was chosen to support manual work.

Coding was implemented first by organizing all data to one Excel-file. Creating a row for each data extract from one feedback (data item). Each row was identified by a source number (feedback/data item number) and a note number (data extract number), so that the data could be reorganized to its initial order if necessary. A source number refers to feedback from one customer and note numbers list the data items given by that certain customer. This initial coding can be further studied in appendix 1.

8.1.2.3 Step 3: Theme searching

When step three is reached, the data is familiar and initially organized and can be divided under different potential themes. Themes are broader than the initial code created in the preceding step. This step is also where the interpretative analysis begins. When determining themes, arguments are being examined in relation to the phenomenon itself collating codes to an overall theme. According to Braun and Clarke, visualization makes step three easier. Most likely themes and sub-themes will emerge from the initial codes, whereas some might be discarded. One theme is commonly “miscellaneous”, which offers a temporary location for the themes that do not fit under any other. (Braun - Clarke 2006: 88-90.)

1	Time-related issues
2	General feedback, unidentified
3	Miscellaneous
4	Personnel
5	Prices and billing
6	Feedback regarding the actual services
7	Ambience
8	Treatment of patients
9	Contractual issues
10	Communication
11	Resources
12	Instability of services

Figure 6. Preliminary themes identified from the data. Each theme can be divided into positive and negative sub-themes.

In the end, only preliminary main themes, sub-themes and other data items were left and they could be revised into actual themes. At this point, as many as 41 preliminary categories were recognized and divided into 12 preliminary themes, which could all be divided into sub-themes “positive” and “negative”. These preliminary themes are listed in the figure 6 above.

8.1.2.4 Step 4: Theme revising

Each preliminary theme chosen must be carefully refined. This phase will reveal, that not all of them are really themes at all, while some might collapse into one bigger theme or broken into two new ones. The preliminary themes should be reviewed and refined on two levels. First of the levels require, that each theme is reflected against the coded data extracts. If the data extract fits under the theme, the second level is reached. If not, the researcher must identify whether it is the theme which is problematic of the data itself. Is it necessary to revise the theme? Or could the data fit under some other theme or should it be discarded altogether? After a successful level one theme revising, a thematic map can be drawn from the coded data. (Braun - Clarke 2006: 91.)

The second level of step four the researcher reflects the themes against the entire data set. In case themes that do not work against the entire data set, one must either revise the theme to a more accurate one or consider re-coding some of the data. As stated previously, coding is an ongoing process. At the end of revising the themes, an accurate thematic map which represents both individual data extracts but also the entire data set. (Braun - Clarke 2006: 91.)

As a result of revising the themes, 8 themes were identified in two categories, satisfied and dissatisfied customers. These themes are personnel, appointment times, ambience, services, general, billing or pricing, communication and resources. A thematic map was created and revised. The final revised thematic map is presented in the figure 7 below. It is worth noticing, that the positive feedback is more compact and consistent than the negative. This means that there is negative feedback is scattered to more topics. This can be seen quite clearly in the thematic map.

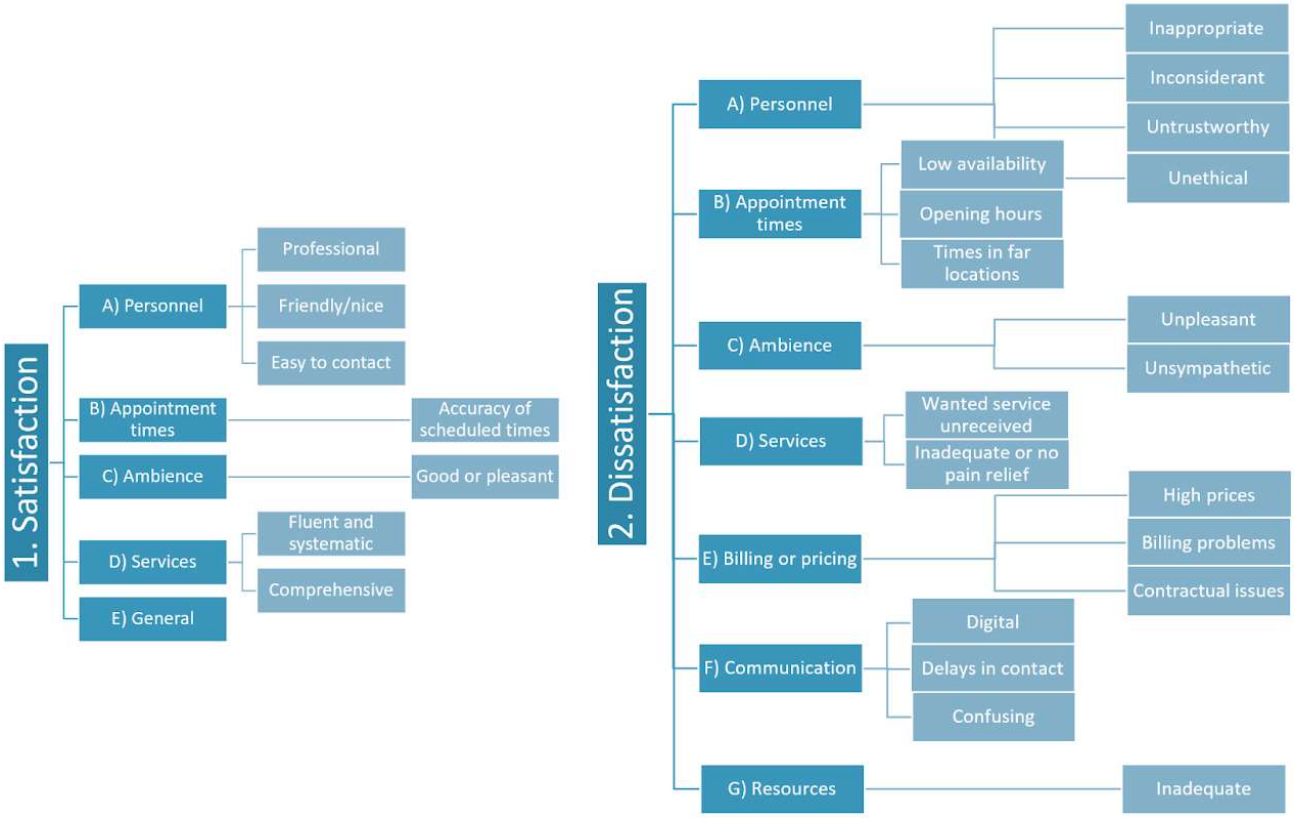


Figure 7. Thematic map. Thematic map can be seen in full scale in appendix 1.

8.1.2.5 Step 5: Theme definition

Step five takes place to ensure that each of the chosen themes and subthemes reflects the entire data set and is relevant in relation to the research question. Theme definition aims to find the essence of each theme and make sure one theme is not too complex and broad. Finding suitable names for each theme is also relevant at this phase as the next step is producing the actual report. According to Braun and Clarke, each theme name should be concise and punchy so that they immediately reveal what the theme is about. (Braun - Clarke 2006: 92-93.) Theme definition was done while revising the previously presented thematic map into its final form. Originally there were 3 categories, which were satisfaction, dissatisfaction and neutral. The theme neutral, however, was difficult to define and served no purpose in terms of the research question. Additionally, it did not reflect back to the entire data set and was therefore deleted.

8.1.2.6 Step 6: Write-up

The data was initially coded in Microsoft Excel. Further and deeper analysis was conducted in Excel and SPSS. SPSS provided a possibility to run frequency tables and crosstabulations on certain themes and categories. Excel continued to play an important role in the deeper analysis phase as well. The data organized in Excel was filtered according to each theme to find examples mentioned by the customers. The results of the step 6 are presented in chapter 9 of this paper.

8.1.3 Assumptions and limitations

Some of the feedback was collected from the customer via personnel creating an additional step and possibility of changing the tone of the feedback. This might have lead to communicative mistakes and misunderstandings about the core of the feedback. Therefore, the feedback written by the personnel should be treated with caution. This does not affect the actual theme, however.

8.2 Semi-structured interview methods

8.2.1 Interview process

The aim of the interview was to find out how the feedback system appears to the staff. The management were hoping to get answers to questions like whether or not it is considered a good tool for developing one's actions, does the feedback system provide employees with development ideas in one's work and are there any areas, which can be improved in the feedback system?

Apart from one interview, all took place during the same day. The first interview took place one week earlier. Initially the scheduling of the interviews was supposed to be organized by the supervisor of the unit, leading to difficulties and delays in organizing the interview schedule. In the end, the interviews were scheduled directly with the staff by email.

To ensure that each interviewee would talk about the same issues a framework of 21 questions were planned. These questions are presented in appendix 3. There were 5 different categories. The categories were customer satisfaction in the daily work,

processing of customer feedback in the organization, registering the customer feedback, quality development system and the results of the thematic analysis.

The unit is small it employs seven people, some of which are part-time and/or private practitioners. Originally only 3-4 people were planned to participate in the interviews, but due to the willingness of the staff all of them were interviewed. Three (3) of the interviews were implemented as phone interviews and four (4) were interviewed personally. Each interview was recorded to ease further analysis. Altogether, approximately 3 h 45 min of interview data was gathered leading to an average of 32 minutes per interview. The interviews took place in May 2019.

8.2.2 Assumptions and limitations

The method of semi-structured interviews proved to have been the right choice with most interviews as it was essential to get the discussion going and a pre-planned outline helped to reach this goal. As the interviewees were unfamiliar with the interviewer, it was important to reach a trusting and open environment between the interviewer and interviewee.

The place of the interview also might have had an impact on the results. It is possible that because the interviews were conducted at the employer's premises the employees were not able to speak freely. One interview took place in the lunchroom, which was open to every employee, so it is likely that this kept the interview quite shallow. Unfortunately, there were not enough private premises for all the interviews to take place. After conducting all the interviews, the image of the interviewer was that the phone interviews ended up being the most productive ones. This could have been due to privacy and the facelessness of the interviewer.

8.2.3 Instruments

Each interview was recorded by a Windows sound recording application. Each interviewee was informed about recording in advance and after the research the recordings were destroyed. Additionally, pen and paper were used for making notes for upcoming interviews on the same day. After the interviews the recordings were littered to enable analysing of the data. Analysing of the transcribed data was implemented by means of thematic research but due to the small number of interviewees, it was analyzed in less quantitative manners. A thematic map was generated based on the arising data.

9 Results

This section reveals the results of the study. The results are of the thematic data analysis and semi-structured interviews are presented separately. Thematic data analysis consists of analysis of the written feedback from the customers, whereas the semi-structured interview results are based on the personnel interviews regarding the feedback process.

9.1 Results of the thematic research

A careful thematic analysing process highlighted eight themes. These eight themes were all divisible into negative and positive pieces of feedback. A little over half (52,8 %) of the data is positive feedback. Most often the positive feedback handled the staff. They were perceived both professional and nice. Additionally, “good service” and “nice atmosphere” was often praised.

47,2 % of the feedback analysed was negative. Most of this feedback handled difficulties in finding appointment times, problems in billing or confusing communication. These difficulties also featured in the semi-structured interviews and personnel was quite aware of the stumbling blocks.

The thematic map shows that positive issues were divided into fewer themes, whereas negative issues were spread over more diverse themes. Most of the themes can not be considered statistically significant, as there were so few answers. However, the results offer the company with valid customer insight on things that the customers value and, on the other hand, dislike. The results of the thematic research are reviewed in more detail theme by theme in the following chapters.

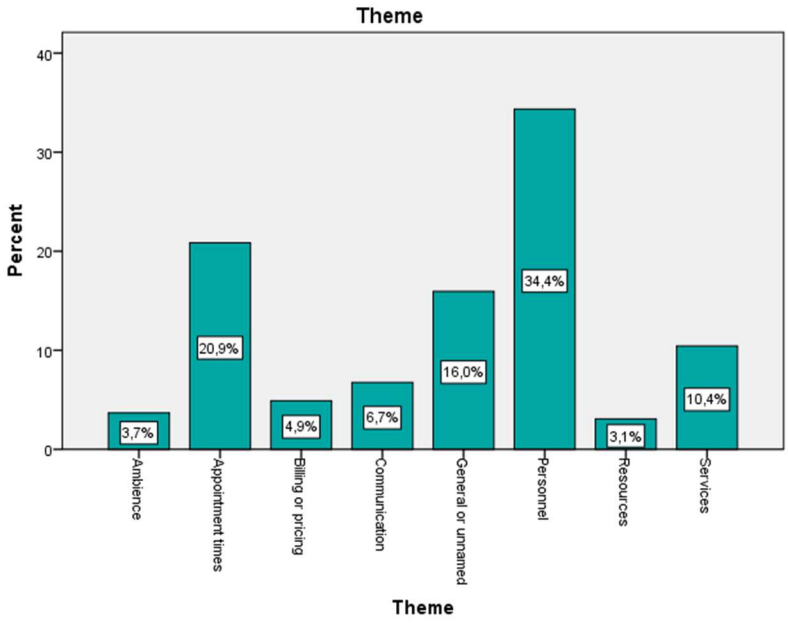
9.1.1 Background information

The data being studied is qualitative in nature and cannot be organized in nominal form. Therefore, the results are presented in figures and tables and described in detail in the text. All of the tables are found in appendix 2 of the study.

As stated previously, the data was gathered from the customers during 20.10.2017-28.10.2018. There were replies from 93 customers in 103 occasions. This difference is due to written responses to the NPS system and feedback gathered when calling the

customer as requested by their NPS answers. However, since one sporadic answer can entail several pieces of feedback, 163 pieces of feedback were recognized. These 163 pieces created the entire data set. 52,8 % (n=86) of the data was positive, whereas 47,2 % (n=77) was negative.

42,9 % (n=70) of the data was received via sms, 17,2 % (n=28) via telephone, 22,7 % (n=37) via online tool, 16,0 % (n=26) reported orally and 1,2 % (n=2) by email. 66,9 % (n=109) was reported by the customer directly via one of the customer feedback tools. 33,1 % (n=54) pieces of feedback was written by the personnel. When crosstabulating the author of the data and the type of data, the results show that 70,1 % (n=54) of all negative feedback was written by the customer while 29,9 % (n=23) was directed to the company via personnel. From all the positive feedback (n=86), 64,0 % (n=55) was written by the customer themselves and the rest, 36 % (n=31), given via personnel.



Theme * Type of feedback Crosstabulation

		Type of feedback		
		Negative	Positive	Total
Ambience	Count	1	5	6
	%	1,3%	5,8%	3,7%
Appointment times	Count	30	4	34
	%	39,0%	4,7%	20,9%
Billing or pricing	Count	8	0	8
	%	10,4%	0,0%	4,9%
Communication	Count	11	0	11
	%	14,3%	0,0%	6,7%
General or unnamed	Count	5	21	26
	%	6,5%	24,4%	16,0%
Personnel	Count	7	49	56
	%	9,1%	57,0%	34,4%
Resources	Count	5	0	5
	%	6,5%	0,0%	3,1%
Services	Count	10	7	17
	%	13,0%	8,1%	10,4%
	Count	77	86	163
	%	100,0%	100,0%	100,0%

Figure 8. Share of each theme in all negative/positive feedback.

The data shows that all feedback runs under one of the seven themes, which are personnel, appointment times, ambience, services, billing or pricing, communication or resources. The rest of the feedback is less detailed and/or general in nature and is gathered under the theme general or unnamed. The division of themes is presented in the tables 1 and 2 below and figure 8 above. Each theme is analysed further in the following chapters. It is worth mentioning, that over 50% (55,3%) of the data handles issues related to personnel or appointment times.

Type of feedback * Theme Crosstabulation

			Theme								
			Ambience	Appointment times	Billing or pricing	Communication	General or unnamed	Personnel	Resources	Services	Total
Type of feedback	Negative	Count	1	30	8	11	5	7	5	10	77
		%	16,7%	88,2%	100,0%	100,0%	19,2%	12,5%	100,0%	58,8%	47,2%
	Positive	Count	5	4	0	0	21	49	0	7	86
		%	83,3%	11,8%	0,0%	0,0%	80,8%	87,5%	0,0%	41,2%	52,8%
Total		Count	6	34	8	11	26	56	5	17	163
		%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

Table 1. Share of negative/positive feedback in each theme. This table is presented in larger scale in appendix 2.

Theme

		Frequency	Percent	Cumulative Percent
Valid	Ambience	6	3,7	3,7
	Appointment times	34	20,9	24,5
	Billing or pricing	8	4,9	29,4
	Communication	11	6,7	36,2
	General or unnamed	26	16,0	52,1
	Personnel	56	34,4	86,5
	Resources	5	3,1	89,6
	Services	17	10,4	100,0
	Total	163	100,0	

Table 2. Division of themes.

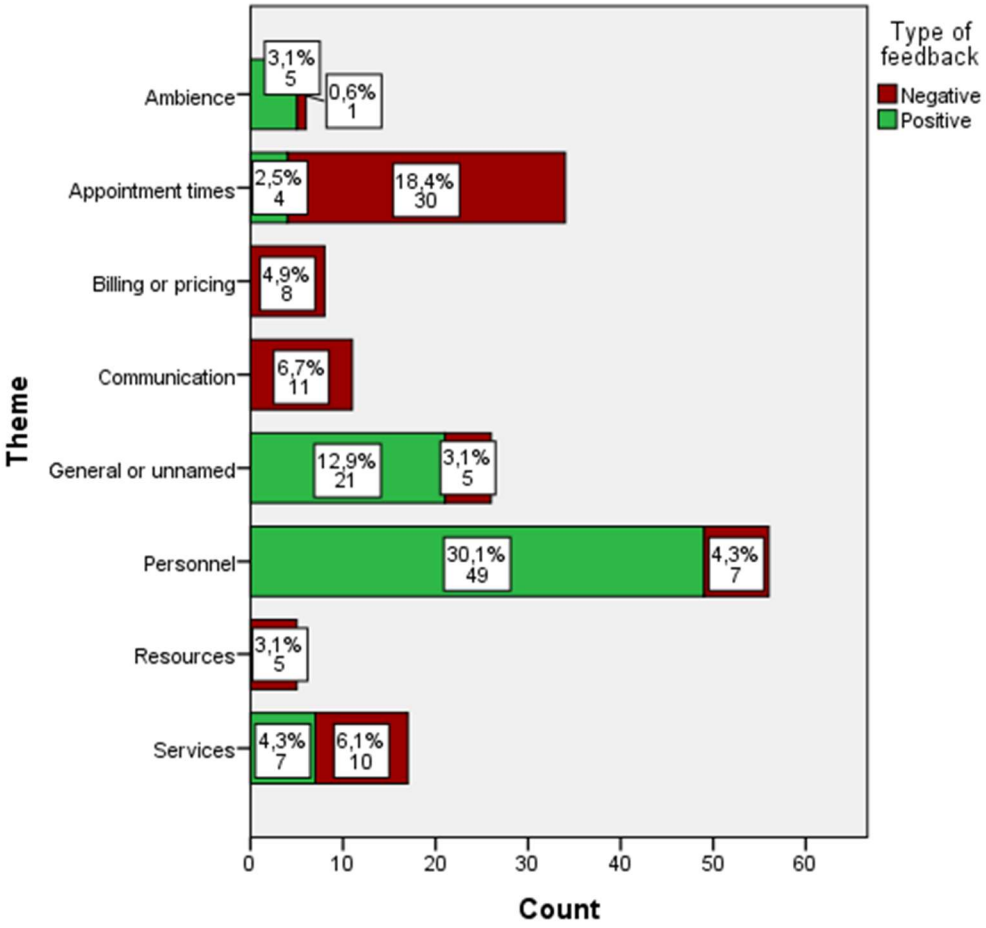


Figure 9. Division of positive and negative feedback in each theme. Percentage shows the percentage of each of all the feedback. 52,8% of the feedback is positive and 47,2% is negative.

9.1.2 Personnel

34,4 % (n=56) of the feedback handled issues related to personnel, making it the most popular theme among all the feedback. 87,5 % (n=49) of the theme's feedback was positive equalling to 57 % of all the positive feedback. Generally, the positive feedback concerning personnel stated one of the following:

> ”Professional/friendly/nice/observant/competent doctor/nurse/staff member.”
> ”Happy faces.”

Not all customers were happy with the personnel, however. 12,5 % (n=7) of the responses concerning staff was negative equalling to 9,1 % of all the negative feedback. Examples of the negative feedback concerning personnel are:

> “The commenting of personnel was inappropriate/irrelevant.”

"Treatment of customers is inappropriate."

9.1.3 Appointment times

The results show a clear indication that availability of appointment times is the most unsatisfying issue for the customers. Of all the negative feedback, 39,0 % (n=30) concerns appointment times (see figure 8). This is 88,2 % of the feedback in the theme (see table 1). Examples of negative feedback concerning appointment times were as follows:

"Poor availability of appointment times in this unit."

"Due to poor availability of appointment times, I was offered time in another unit far from my home/working town."

"Scheduling between two separate customers seem to tight."

"My employers healthcare contract states that the appointment time should be on the same day, but the times are not available."

Of all the feedback concerning appointment times 11,2% (n=4) was positive, which is 4,7% of all the positive feedback. All of this feedback stated more of less the following:

"The reserved appointment time was right on schedule."

9.1.4 General or unnamed

Not all the feedback fell under a certain theme or was extremely general in nature. 16,0 % (n=26) fell under this theme. 80,8% (n=21) of this feedback was positive, which is 24,4% of all the positive feedback. The rest, 19,2 % (n=5) was negative resulting in 6,5 % of all the negative feedback.

General negative feedback consisted mostly of negative NPS without any written feedback (n=3). Also, the feedback which did not state any specific problem were categorized under this theme. If the feedback stated ex. "my problem was attended well" this particular feedback was divided into both negative and positive general theme. There was feedback from 3 sources like this. Note, that the problem referred to by the customer

was not a medical problem in these cases. One customer stated that the “service-quality changes depending on the unit”. This was categorized as general negative feedback as the Company X has a determined level of service quality which should take place regardless of unit or town.

General positive feedback was something like “good or satisfactory service” without explaining further in detail which parts, how or why the service was experienced good. The feedback which were originally negative but had been acted upon resulting in positive outcome (=happy customer) were categorized in this group. Additionally, the feedback which had no written feedback but were positive according to NPS (NPS=7-10) were categorized in this group (n=9).

9.1.5 Billing and pricing

5,5 % (n=8) of the feedback handled issues related to pricing or billing. All of this feedback was negative. The negative answers related to billing and pricing equals to 10,4 % of all the negative feedback.

Examples of the negative feedback concerning pricing and billing are:

> “I was told the bill would go to my employer, but it was sent to me nevertheless.”
> “I was billed for a service I did not receive.”
> “Services are too expensive.”

9.1.6 Services

9,8% (n=16) of the feedback handled the service itself. Of this service-related feedback, 62,5% (n=10) was negative creating a share of 13% of all the negative feedback. Examples of this negative feedback is as follows:

> “I did not receive the service I wanted.”
> “I was denied the service I wanted.”
> “I was not offered pain relief.”
> “I did not receive a financial obligation to another place as I requested.”

37,5% (n=6) was positive feedback. This is 7,0% of all the positive feedback. Examples of positive feedback are as follows:

"The service was good."
"Easy and fast visit."
"The practise was fluent."

9.1.7 Resources

Feedback considering resources was very unanimous and negative in nature; 100 % (n=5) were negative. This was 6,5 % of all negative feedback. Resources were considered "too small/inadequate/bad", without deeper explanation. The feedback referred to either staff or time resources therefore being quite general in nature. However, only 3,1 % of all the entire data fell under theme "resources" making it the smallest feedback theme.

9.1.8 Communication

6,7 % (n=11) of all the feedback was related to communication. Unfortunately, 14,3 % of negative feedback was considered a result of poor communication. Again, 100 % of the communication was unanimous. Examples of communication-related feedback are presented below. Some of the feedback handled technical issues and some, personal issues.

"My appointment was booked to a wrong town/wrong day."
"The communication was very confusing."
"I was frustrated about the useless repetition."
"The appointment confirmation never arrived."

9.1.9 Ambience

The second smallest theme is ambience, with a share of 3,7 % (n=6) of the total feedback. Most of this feedback (5) complimented the ambience, creating 5,8% of all the positive feedback. Only 1 stated that "the atmosphere is uncomfortable".

"A nice ambience enables a low threshold of contact".
"Atmosphere has been nice before."
"It is nice to come here."

Examples of ambience-related praises are presented above.

9.2 Results of semi-structured interviews

The results of semi-structured interviews are presented in the following chapter. As a result of interviewing only seven people identification of results is a risk. To avoid personification, the findings are written so that personnel is handled as one homogenous group of people instead of dividing them based on their profession, work tasks, type of employment or other such indicators. Themes presented were repeated by many staff members.

9.2.1 Theme searching, revising and definition

Theme searching began while interviewing. First clear themes arose from the notes made during the interviews. As listening to the recordings, the thematic map began to shape itself to a more precise overview. The final thematic map and key findings are found below and are explained in more detail in the following chapters.

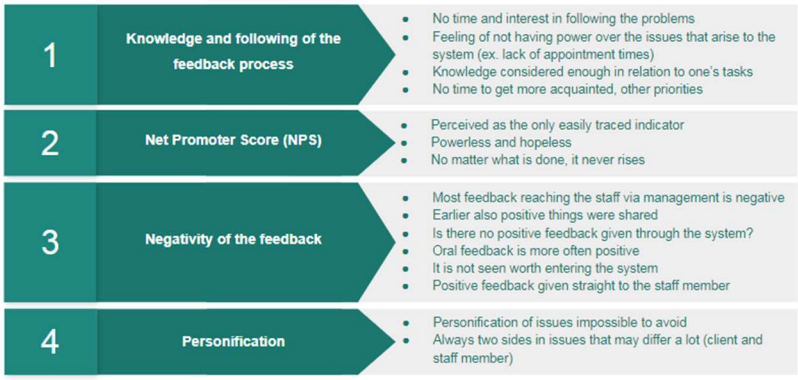


Figure 10. Thematic map of semi-structured interviews.

9.2.2 Key findings

According to the interviews, the feedback system appears to the staff as a management tool which is present at the background of their daily work but is not paid attention to daily. It is perceived as a tool for the management and not used actively by the staff members due to lack of time or importance on their primary work tasks. Customer satisfaction, however, is considered essential. When talking about customer satisfaction many interviewees point-out that in health care, the expectations of the client are sometimes hard to fill. A customer might want an easy solution, like a massage instead of exercises or a pill instead of a referral for physiotherapy or psychologist.

9.2.3 Knowledge of the feedback process

The interviews suggested that personnel is quite familiar with the feedback process. As they were asked to describe it, many could describe the process quite in detail. Most staff members felt that they knew enough in relation to their work tasks even if some felt like it was not essential to know the process that well. As opposed to what the researcher expected, personnel thought it was easy to recognize the feedback given directly to them by the customer.

Most of the personnel said they had not registered any feedback in the system themselves at all or the last entry was months ago. This is most likely due to the small size of the unit, which naturally leads to smaller amount of feedback given to the company via personnel. One must remember that some of the feedback is written by the customer themselves via other feedback tools. Some of the staff members also felt that they had no interest in registering the given feedback in the system due to lack of time.

The interviews indicated that not all staff members were aware they could enter feedback to the system themselves, let alone follow the progress. Some had no interest in it as it was not perceived necessary in their daily work. They felt like there was no time to enter the feedback tool whereas other tasks were prioritized. Those who were familiar with the system, however, said it was easy and simple to use and guided the user well.

One problem in the process recognized by the staff was, that the feedback reaches the staff late. If there are cases that require staff attention, reacting to the feedback is not easy or timely as time has passed.

9.2.4 NPS

According to the personnel, NPS is the only clear and followable customer feedback indicator visible to the staff. The NPS is constantly 60-70 regardless of what the personnel does leaving them feel powerless, hopeless and frustrated. To most of the staff members a low NPS is in contradiction to what the customers say in person; most feedback given directly to the staff is positive. Regardless of this, a low NPS number made most employees expect mostly negative feedback from this study, too.

9.2.5 Negativity and difficulties in praising oneself

In addition to a low NPS most of the other feedback reaching the staff from the management is perceived negative and the emphasis is always on the low NPS. When asked about positive feedback many employees say that positive feedback is always given to a colleague in person. Therefore, as semi-structured interview results show, most of the positive feedback is not registered in the feedback system as often as negative customer feedback. This might lead to lower percentage of positive feedback in this study than the customers perception would be.

It is the personnel's' perception, that mostly negative things arise for discussion from the feedback system. Previously, some of the customer feedback was delivered to the staff by email every 2-4 weeks. This system included positive feedback as well and was missed among the staff. Some members thought that there must be no positive feedback given any longer via the current system as only negative feedback was raised for discussion and reached the personnel.

Some of the feedback was gathered directly from the customers and some were written in the system by members of the staff. According to the interviews, most feedback given directly to the staff is positive. As it is difficult to compliment oneself, a customer saying ex. "thanks for your lovely service" was not registered in the official feedback system. This automatically leads to emphasis on negative issues. Also, entering oral feedback from the customer requires asking client's permission on registering the feedback. It feels awkward to write praises on oneself to the system, let alone ask for the customer's consent to do so.

9.2.6 Personification issues

As stated previously, the unit is very small. Each negative feedback given on any of the co-worker's actions feel intimate and personal. According to the personnel, it is not nice to register feedback behind their co-workers back and instead the customer is encouraged to write the feedback themselves. It feels very difficult to form feedback without pointing an accusing finger at someone even if it was words of a client.

9.2.7 Improvement ideas

When asked about staffs' improvement ideas on the feedback system two clear themes were presented. It would be nice, if also positive feedback would reach the personnel through the system. It was perceived by many, that it is always the same issues that arise for discussion that the personnel have no power over those issues.

As a solution to the personification, it is suggested that the feedback of the small units in the same geological area would be combined so that cases handled in the team meetings would stay unrecognized and impersonalised. This might provide broader insight to many units.

9.3 Strengths and limitations

The data clearly presents two clear themes of which one was positive (personnel) and other negative (availability of times), which both play a significant role in the results.
This emphasizes the importance of these issues. The organization itself follows the customer feedback and aims to learn from it to better serve their clients' needs. The clear and structured feedback evaluation processes, however, offer a more holistic view on the feedback in the entire organization and fails to offer accurate information for a smaller unit. Therefore, the study clearly offers more detailed data for this unit alone possibly helping the management and staff understand the issues behind the NPS numbers. A researcher from outside the organization can offer a clean view of the organization and offer a fresh take on issues regarding the feedback.

However, the external researcher can also be considered a limitation to the study. An outsider can never know the processes thoroughly enough to offer ready-made solutions for the issues arising from the data. Therefore, the organizations input is required to further develop the results in practical processes and solutions.

Another limitation to the study is that the data was gathered before a change in the feedback system. Due to delays in organizing the interview schedules from the organizations side, the processes concerning handling the feedback data changed from the starting point of the study to the endpoint. It is safe to assume, that emphasis on found themes did not yet vary, however.

A small unit has its challenges and limitations to the study as well. A clear indication of a small unit is the amount of data gathered in a year. The smaller the unit, the less customers leading to a limited amount of data over a certain time span. There are only 7-8 staff members, so the data personifies easily among the staff and the community they live. This can result in creating a risk of shut feedback environment if not all feedback is dared to bring public. As some of the data is entered to the feedback system by the personnel, it is only natural that they remember each case making it possible to hear the personnel's side of the feedback, too. This is both a limitation and a strength for the study.

10 Discussion

This section of the thesis consists of reviewing results and evaluating the ethicality and reliability of the study. Results of the study are discussed against the theories presented in the beginning of the study. Evaluation of ethicality, reliability and validity of the study are based on common theories about the issues.

10.1 Reviewing the results

Developing an organization requires recognizing places of improvement. This study aims to point out some of those places for a small health care unit in regards of their customer satisfaction. In healthcare, quality and satisfaction are very closely linked. The study provides Company X some important intakes on the themes their customers value. Even if the data is originally from one unit alone, the results might be applied to other units as well.

The results indicate that main drivers affecting customer satisfaction in the health care unit are friendly and skilful personnel, availability and accuracy of appointment times, clear and timely communication, fluent and correct billing, nice ambience, reaching the wanted services and adequate resources to assure smooth services.

According to Maister's first law of service satisfaction, excelling in customer satisfaction requires creating a better perception than customers' expectations are. His second law suggests, that a client judges his image of the company and future expectations based on the first encounter. (Maister 2005: 2.) Therefore, it is essential to provide the

customers a great first contact, when they make an appointment. As the results of the study indicate, resources seem inadequate from both customer and personnel's perspective in this matter as available appointment times are scarce. Also, this violences contracts with client companies as times are unavailable within the limits of determined. By finding a solution to this problem, customer feedback is likely to improve. To address this problem, Company X has at least two choices: either to provide more appointment times by more resources or new more efficient processes or changing contractual demands. These objectives could possibly be reached by for example stepping up current treatment times to create room for more patients or by re-organizing some processes or working tasks.

The customers' perception on the personnel is very positive. The staff in considered friendly and nice in most cases. This should be valued and cherished as a friendly environment and positive customer emotions can provide a customer with a feeling of a more holistic approach and lead to higher customer commitment (Pepper - Rogers 2017:55-59).

As stated by Torpie (2014: 6), customers value a warm and welcoming environment. This could be seen in the results of the study as well. A nice and friendly environment was one of the clear themes arising from the data as well as a presence of a skilful and professional staff. Results indicate that these issues are worth holding on to.

Patients want to feel personally and individually cared for but also feel engaged in their own treatment. According to Torpie, the managements image of what customers need differ from what health service customers really want. For a patient, caring, personal and humane care is most essential instead of pleasant physical surroundings. Patients want to feel like they are the most important person. This feeling can be established by proper communication. Communication needs to be straightforward, appropriate, jargon-free, friendly and honest so that the customer can participate in their own treatment. (Torpie 2014: 6.) These issues are therefore worth paying attention to. Results show that some of the communication is considered confusing and there are delays in contacting the customers. Therefore, appropriate and timely means of communication are important. It is only natural, that personal chemistry makes communicating and creating relationships challenging. As pointed out in the interviews, one can never please everyone. Nevertheless, this issue is something Company X can act on.

To maintain a caring customer environment, the staff should be encouraged and rewarded by the gratitude of the patients but also management should acknowledge personnel's input to motivate them further (Torpie 2014: 7). According to the interviews, this is currently not the case. Positive feedback does not reach the personnel making them feel powerless and frustrated over low NPS. They do receive positive feedback orally by the customers but positive feedback from the system is rarely raised for discussion in team meetings. Previously, managers had a habit of sending individual pieces of feedback by email which consisted of positive issues, too. This habit appeared good to many members of personnel and could be reintroduced. As positive feedback is often given orally, the personnel should be encouraged to enter positive feedback in the system. At the moment, it is not often entered in the system.

Due to small size of unit, personification of issues is considered a downside by the personnel. This problem was recognized by the management as well. Personification could be reduced if customer feedback cases were handled in another unit or if cases from many units were combined and raised for discussion in team meetings. Practising mutual learning between the units might bring new insight to both parties and lead to more improvement ideas.

10.2 Ethical considerations

Conducting an ethical research means that the entire research process is based on responsible and ethical decisions. In addition to the obvious issues like anti-plagiarism and giving credit for contributors, ethical research requires much more. The research must respect participants, keep them informed and minimize any risks there may be using appropriate procedures during the entire process from forming the manuscript to presenting the results. (Wester 2011: 301.)

To assure the ethicality of the study, the process has been described as truthfully as possible. This openness should also ensure a possibility for an outsider to make their own conclusions on the results, thus providing the representatives of Company X to use the results according to their development strategies. To respect the principal and all participants of the study, anonymity has been a primary concern for the researcher along the process. To maintain the anonymity of the company some references are left vague. For the same reason, the interview results are not presented in too much detail. Regardless of the general nature of results, their validity should be respected. The

primary purpose of the study was to provide Company X with usable data on the factors affecting customer satisfaction to improve their actions.

10.3 Reliability and validity

Qualitative research aims to find patterns among words creating a picture of the phenomenon while maintaining all its dimensions. Information handled in qualitative research is nonnumerical and its interpretation is tied in human senses and subjectivity. These elements can be considered both essential and a danger to conducting a reliable theory based on the data. Human senses tend to provide broader dimensions on the study while risking the generalizability. (Leung 2015: 324)

According to Leung, validity in qualitative research refers to appropriate tools, processes and data. This means that the research question and its methodology is valid in relation to outcome. Sampling and data analysis ought to be appropriate and conclusions valid for the context. (Leung 2015: 325.) As evaluation of the work is subject to the reader, the appropriateness of the research methodology are left for each reader to evaluate.

Therefore, the researchers background easily affects the results in thematic research. (Dawson 2002: 110-111). In this study the researchers own customer service experience in health care is likely to affect. For example, it was easy to relate to personnel's experiences on their comments of having to put customers' health first instead of their own wishes for right treatment. Another factor, which might have impacted the results is the risk of making assumptions and generalisations too easily. Even if these risks were kept in mind during the research process, it is worth noticing that results may vary a little depending on the researcher. Therefore, the results might not be fully generalisable in terms of validity. To help the reader analyse the results, the research process in explained in detail in chapter 8.

Results of the staff interviews clearly state that customers are more likely to give positive feedback orally, which is not registered in the system. This might skew the results as the data analysed in thematic analysis derives from written feedback. It is worth noticing, that the tone of written feedback might be affected depending on whether the writer is a member of personnel or the customer. The data was originally in Finnish, so some tones and implications might have been lost during translation. The translation was done both freely according to the researcher's English skills, but also with the help of dictionaries. To improve reliability of the study, some pieces of feedback were discarded due to

uncertainty of what the customer had meant when writing the feedback. The results of the study cannot be generalized to concern the entire Company X as the data size is relatively small as is the size of the entire unit. Also, the unit's geographical location is likely to affect the customer expectations and hence, the satisfaction.

11 Conclusions

The purpose of the study was to identify the factors affecting customer satisfaction and find out how the current feedback system appears to the personnel. To represent those two perspectives the study consists of two parts: a thematic analysis based on customer feedback data and semi-structured personnel interviews. The objective was to determine through which factors customers experience and satisfaction could be improved. Due to the nature of data provided by the Company X, it was not possible to reach all the original research objectives. For example, the data did not reveal the gender or time of visit. Therefore, comparing the results against variables such as age, location or number of previous visits could not be carried out. This raises a question whether improved health situation plays a role behind respondents' feedback? Regardless of this, the purpose can be considered reached while clear factors affecting customer satisfaction could be identified.

According to the study customers expect friendly and skilled personnel, accurate and available appointment times, correct billing and clear and timely communication. Generally, fluent service and nice ambience is expected. Unfortunately, lack of resources shows to the customers creating unmet expectations and lower satisfaction rates. These expectations are also the drivers affecting the customer satisfaction. To improve customer satisfaction, maintaining current course of action is not enough. To reach higher NPS customers' expectations must be exceeded in terms of quality. This creates a need for constant development. Whenever customers expectations are met and exceeded, their expectations for the next visit become higher. In the long run, the ground level of satisfactory service rises, and the organization must aim higher.

Thematic research showed that customers value friendly and skilled personnel. This creates a comfortable ambience leading to a good customer experience. In most cases, the health care unit was able to provide customers just this. However, the personnel pointed out that one can never please everyone. Some customers experienced that they were mistreated. This shows a classic example on customer satisfaction issues: There

are always two sides to things. As this study analysed both the employees' and customers' experiences, it combines both aspects.

According to the study, the most important issues to improve customer satisfaction in health care are the availability of appointment times and consistent and clear communication. These objectives could possibly be reached by stepping up current treatment times to create room for more patients or by re-organizing some processes or working tasks. This must be done with caution, as the quality of care cannot be compromised. Customers want to feel like their problems are heard and attended to. A health care customer is forced to rely on their service provider much more than one in a regular service purchasing situation. This setting requires especially good and considerate communication skills from the personnel compared to other fields of business. Raising knowledge in appropriate and straightforward customer communication both in this unit and others can increase satisfaction in communication. Even if digitalization offers health care organizations great possibilities in efficiency, the human importance cannot be thrown aside as the study points out.

Organizations should remember to value their employees and offer them empowering feedback from the customers. All respondents of the semi-structured interviews stated, that they appreciate their customers and were worried because most of the feedback reaching them was negative. However, most (52,8 %) of the customer feedback was positive. The interviews indicated that the NPS number is the only clear indicator of customer satisfaction. According to the semi-structured interviews, most of the positive feedback seems to be given orally and is rarely reported in the feedback system, hence not reaching the management. The personnel should be encouraged to enter the oral feedback in the system more often. This requires tackling the problem of personification of the feedback. Personnel feel easily as if they are talking behind one's back when entering negative feedback in the system. Personification could be reduced if customer feedback cases were handled in another unit or if cases from many units were combined and raised for discussion in team meetings.

Personnel and their attitudes are widely valued by the customers. It is important to make sure the employees maintain their positive service attitude regardless of small resources. A positive environment can be induced by presenting the personnel with examples of positive feedback, instead of concentrating on the negative feedback alone.

Similar study to this could be repeated in a few years to see the possible change of factors or with larger data set from a longer period. As the data did not reveal the age, gender or location of the respondents', comparison between these variables and recognized factors affecting customer satisfaction could not be done. If more detailed data could be analysed, the results might show interesting results between these groups and their expectations. This might offer important insight to the customer groups. Similar studies from other small units might also offer deeper insight about differences between small and large units. In general, it is safe to assume that NPS results alone are not enough to provide the organization with clear objectives on how to improve customer satisfaction. Especially the employees long for more detailed data to be able to recognize the places of development. The factors affecting customer satisfaction recognized in this study are most likely applicable to other health care units as well.

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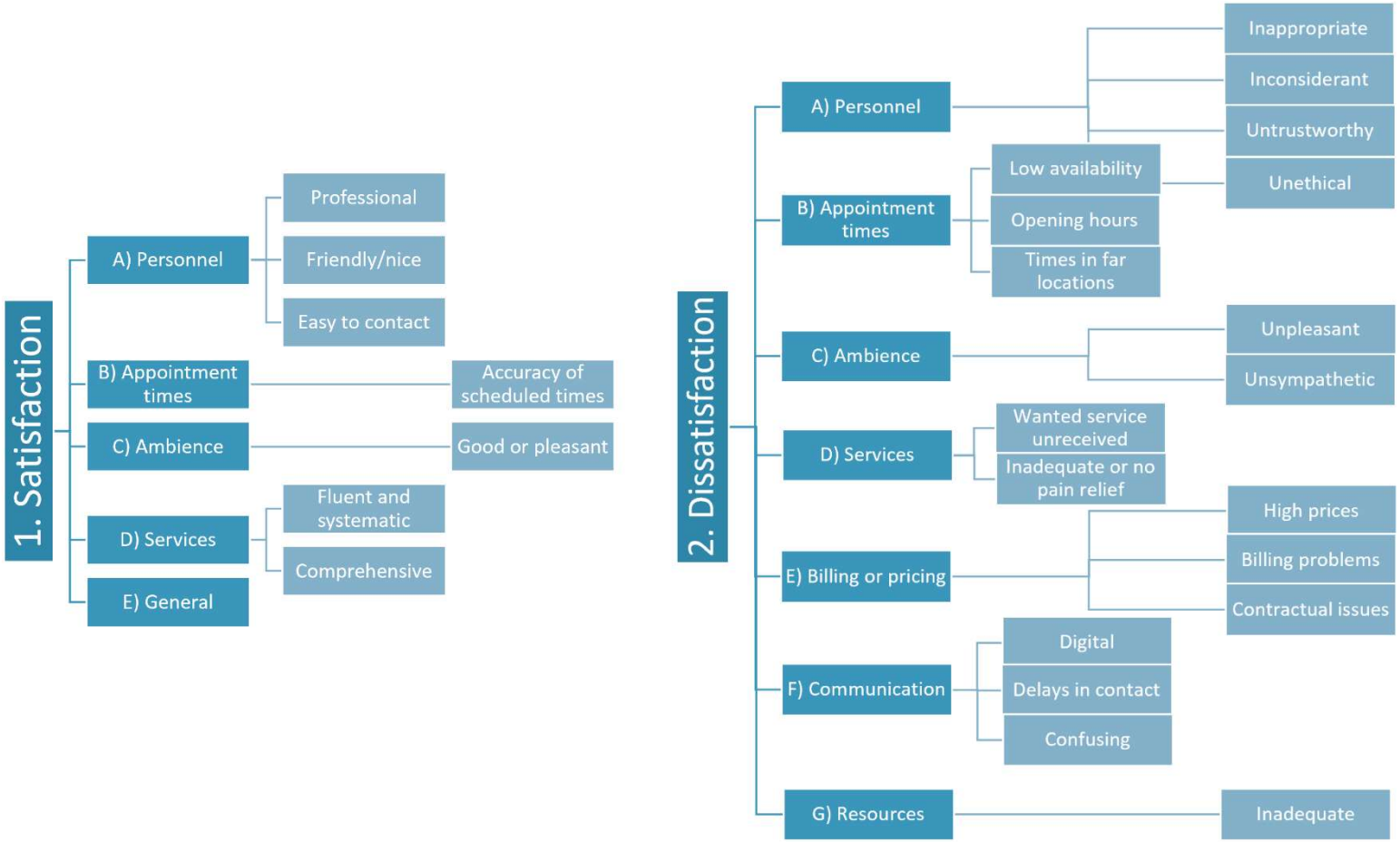
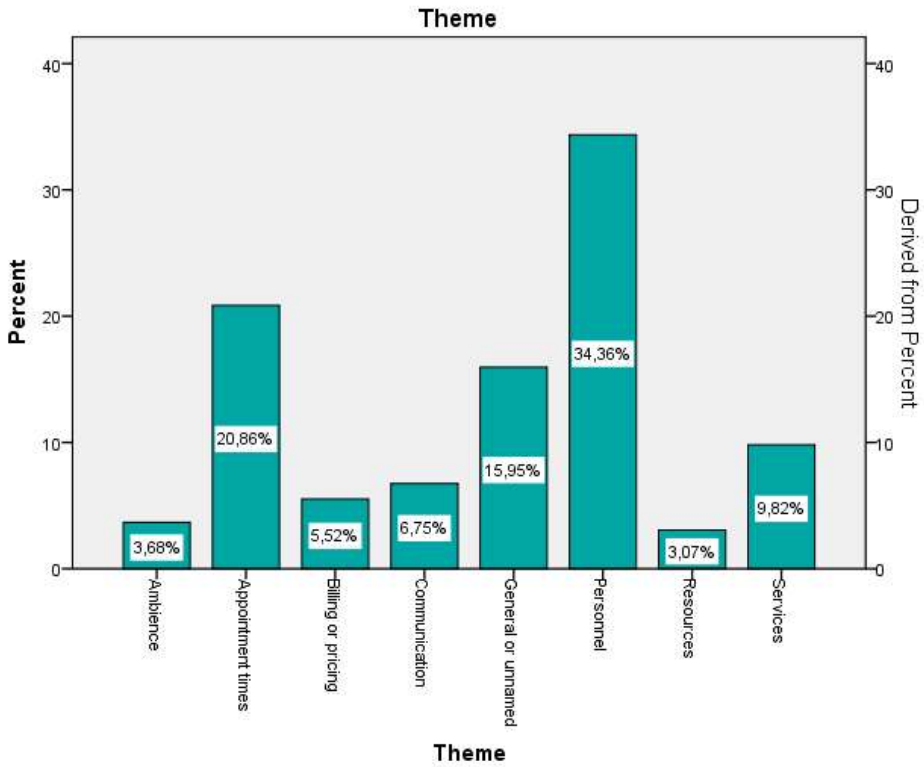
Thematic Map

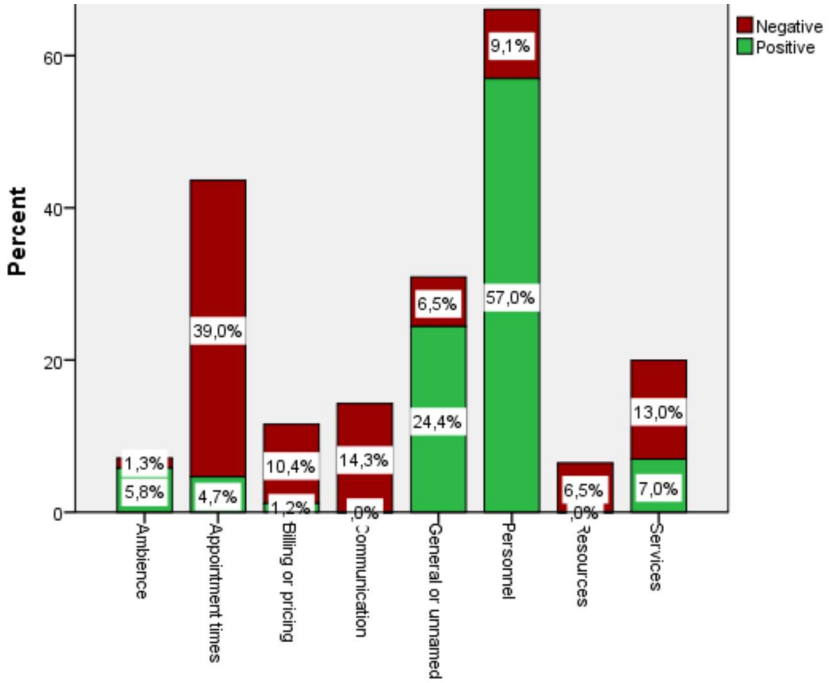


SPSS tables and figures



Theme

		Frequency	Percent	Cumulative Percent
Valid	Ambience	6	3,7	3,7
	Appointment times	34	20,9	24,5
	Billing or pricing	9	5,5	30,1
	Communication	11	6,7	36,8
	General or unnamed	26	16,0	52,8
	Personnel	56	34,4	87,1
	Resources	5	3,1	90,2
	Services	16	9,8	100,0
	Total	163	100,0	



Type of feedback * Theme Crosstabulation

			Theme								
			Ambience	Appointment times	Billing or pricing	Communication	General or unnamed	Personnel	Resources	Services	Total
Type of feedback	Negative	Count	1	30	8	11	5	7	5	10	77
		% within Type of feedback	1,3%	39,0%	10,4%	14,3%	6,5%	9,1%	6,5%	13,0%	100,0%
	Positive	Count	5	4	1	0	21	49	0	6	86
		% within Type of feedback	5,8%	4,7%	1,2%	0,0%	24,4%	57,0%	0,0%	7,0%	100,0%
Total		Count	6	34	9	11	26	56	5	16	163
		% within Type of feedback	3,7%	20,9%	5,5%	6,7%	16,0%	34,4%	3,1%	9,8%	100,0%

Author * Type of feedback Crosstabulation

			Type of feedback		
			Negative	Positive	Total
Author	Customer	Count	54	55	109
		% within Type of feedback	70,1%	64,0%	66,9%
	Personnel	Count	23	31	54
		% within Type of feedback	29,9%	36,0%	33,1%
Total		Count	77	86	163
		% within Type of feedback	100,0%	100,0%	100,0%

Type of feedback * Theme Crosstabulation

			Theme								
			Ambience	Appointment times	Billing or pricing	Communication	General or unnamed	Personnel	Resources	Services	Total
Type of feedback	Negative	Count	1	30	8	11	5	7	5	10	77
		% within Theme	16,7%	88,2%	88,9%	100,0%	19,2%	12,5%	100,0%	62,5%	47,2%
	Positive	Count	5	4	1	0	21	49	0	6	86
		% within Theme	83,3%	11,8%	11,1%	0,0%	80,8%	87,5%	0,0%	37,5%	52,8%
Total		Count	6	34	9	11	26	56	5	16	163
		% within Theme	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

Semi-structured interview questions (translated from Finnish)

Introduction:

May I record the discussion to return to your answers later?

Aim of the feedback system: Improve your performance.

Aim of the in-depth interview: Find out how the feedback system appears to the staff. Is it a good tool for developing one's output? Does any surprising feedback arise from the personnel's point-of-view? Does the feedback system provide the staff with development issues for their own work?

In my study, I have analyzed your unit's customer feedback from 2017-2018. To deepen the results, I am now conducting staff interviews. The purpose of these in-depth interviews is to find out how the feedback system appears to the staff and how it could be be improved to maintain customer satisfaction. You can speak freely and return to questions later if you wish. I will take notes and record the conversation for later transcription. Only the results (not the recording) go to your employer and no individual can be separated from the results. I realize this is a small unit and therefore I am trying my best to keep all results as unidentified as possible.

Background information:

Time of interview:
Position/working task:
What is included in our daily working tasks?

Customer satisfaction in the daily work:

1. How much do you think about customer satisfaction in your work?
2. What are your thoughts on customer satisfaction in everyday work? Do you consider customer satisfaction in relation to your own work alone or in your entire organization?
3. Do you think customer satisfaction is dealt with in the daily work? Sufficiently? Too much? Is present at all?

Processing of customer feedback:

4. Do you know, how customer feedback is handled in your company? Elaborate.
5. On a scale of 1-10, how well do you know the feedback process?
6. What do you think are the challenges in the feedback process?
7. What do you think works well in the feedback process?
8. Is there anything you would change in the feedback process? Why?
9. Is the customer feedback responded to? How?

Registering the customer feedback:

10. How often do you enter/register the feedback presented to you to the system?

11. On a scale from 1 to 10 (1 = very difficult, 10 = very easy), how easy is it to enter your feedback?

12. On a scale of 1-10 (1 = very difficult, 10 = very easy), how easy do you think the feedback given by the customer is to identify? Does the feedback channel play a role in identification, e.g email vs. oral? Examples?

    Quality development system:

13. Tell me a little bit about it. What is it and why does it exist? (= Quality Development System, to which often repeated feedback topics are raised for further processing. Open for all employees.)

14. Are customer satisfaction issues discussed regularly in team meetings?

15. How often do you visit the quality development system at the moment? Voluntarily or as commanded?

16. How do you experience it? What kind of feelings does this system resonate?

    Results of the thematic analysis:

17. What is your perception, are most of the customers of your unit satisfied or unsatisfied?

18. If you should name two of the most common complaints that customers have, what would they be?

19. If you should name two of the most common praises customers have, what would they be?

20. How much do the following study results confuse/surprise you then?
    Negative: Availability of appointment times. Communication.
    Positive: Professional and nice personnel. Good service.

21. Other comments?