



Service Quality in the Finnish Health Care System and Patients' Decisions

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Customer service is considered an important part of any organization and one which has a direct effect on the organization income and customer satisfaction toward organization efficiency. The value of organization services could change customer attitude. Each customer has his/her expectations and customer services could lead to memorable experiences, positive or negative ones and change customer perception towards what the organization offers. The customer or to be more specific healthcare patient, patient satisfaction is related to sharing in the decision making for treatment, care evaluation and cost reduction. The quality of health care services is of utmost importance to society and through research knowledge can be acquired about the importance of quality, concepts and its role in health care development and recommendations can be made to help in its improvement.

In this research the author examines the Finnish healthcare system provision and policy. Research is conducted on client types, preferences and rights, and an understanding of the client's attitude towards healthcare services and factors affecting their decisions is desired. The author aims to investigate how much the quality of customer service in the Finnish healthcare system could affect customers decisions. Does the experience of challenges in customer services direct customer/patient from public healthcare services to private ones or vice versa? The purpose of the thesis project to offer guidance for healthcare professionals to improve the management of the healthcare system. Guidance includes the area which are valued by customers, the painful and joyful moments during the customer journey.

The author's objectives during the research concern knowledge discovery; to know how much health care facilities put the quality factor in consideration, to be aware health care problems, to understand the different kinds of behaviours from the perspectives of professionals or clients, to summarize the most important elements which should be in any health organization to achieve a high level of quality and to decrease the gape between our needs and what are already offered by the health care.

Keywords: Customer services quality, customer satisfaction, Health System, patient decisions

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1 Introduction

Healthcare organization is different than business organization, it is with global importance and several branches to meet clients' needs. The healthcare system is always in need to improvement to better diagnosis, treatment and diseases prevention. Nowadays health information technology is the most recent focus in health system quality and there are a lot of international organizations which measure the quality in regular measurement of health organizations such as world health organization.

Recently, appeared a new concept in different sectors while different systems are looking forward toward service improving and client's satisfaction in its field. A lot of organizations started to invest in handling customer complaints and fulfil their requirements. Health care is a right for everyone, and the objectives of health policy are to reduce premature deaths, to extend people's life and to ensure good quality life. Healthcare system is full of challenges such as busy physicians, less skilled nurses, unclear financial position of health organization, data demands and security. Healthcare professional's responsibilities include a lot of goals such as improve customer satisfaction, healthcare management and creating much more value at lower costs which is so difficult. Value equals quality over cost, consider as a difficult equation but health system clients all over the world wait more and expect much more. Organizations aim must be customer satisfaction and producing customer loyalty. The upcoming sections will describe the health care system and related organizations in Finland, patient experience model, customer service standards and measures. The study will clarify municipalities and health professional's role toward patient's satisfaction physically, emotionally, and what is patient centred care and the importance of patient feedback on health care improvement (Cram.com, 2016).

The aim of this study is to highlight several problems related to the service community in the healthcare system and the practitioners in these facilities which stimulate the desire to study it, know the obstacles and try to shed light on the role of quality, its effectiveness, reflection on customer satisfaction and choices. During the research, I relied on the theoretical side and benefiting from the various references in describing my observations in different health facility. In addition to the applied method using a questionnaire form.

2 Theoretical Background

2.1 Service Maintenance Guide

2.1.1 Customer Service & its Perspective

Customer service is the important department in any organization due to its engagement with customer and professional interaction with the customer lead to the success of the organization. So that customer service department needs high degree of management, plus a special set of knowledge and skills to understand their customers. According to William Martin and Elaine Fritz Managing quality customer service book, there is no service quality management without understanding the nature of service and customers need. Understanding service characters will help in understanding how the services are seen by customers. Customer service employee must understand whether the service people or things oriented, if technology is involved in the delivery of the service or it is a traditional one, if the service needs physical, mental , or emotional interaction, how long and where the service take place, how much complexity the service is? Does the service for individual or group of customers? in addition to that customer service professionals must be aware by customer values, beliefs, social habits, preferences and expectations.

Delivering quality starts with knowing customers by focusing on provided service, depends up on agreement standards of measurement. Service image vary among customers and must be formed by the customer before using the service which should include the purpose of service, the degree of necessity, service results, relative costs and perceived risks. Service standards include establishing target, doing efforts to reach that target, using clear communication to all customers and creating valuable management tool.

2.1.2 Service Quality

Service quality raised in 1980s when a lot of organizations realised that quality not only related to goods but also to service providing sectors. Any customer starts to compare and evaluate technically what was received for the service? and functionally how services were provided? While the history of quality in the health field dates to 2000 B. C. by Hamo Raby king of Babylon. His law contained the costs and fees for the services provided, which combined quality, health care costs and special rules related to surgical errors, omissions and neglect. In the fifth century B. C. Tut wrote some medical standards for medical practices that required punishment for any deviation in these standards, while Aristo asked doctors to avoid changing in their usual method of treatment and Abu karat asked medical students to swear to give their best to care for their patients during their practical life.

Customer service is important in every field even health care. Doctors, nurses and receptionist provide patients by their services when patients are in need and their interact impact on our experience. Customer service quality in the health system measures by medical care which offered by professionals. “Good customer service means put patients first, make customer experience easy and different, understand patients and treat them with empathy which help in stress minimizing” (Campbell). Service quality considers as a measure of excellence or the being free from defects, consistent commitment to certain standards to achieve customer satisfaction and requirements. There are three types of quality that can be measured or matching the criteria, appreciated or requiring expert judgment or perceived which based on the degree of care that health care professionals give. Any organization is established to make money as quickly as possible and at the highest possible margins, high quality service means high prices which is less attractive to the average customer and lower quality work means more attractive price for customer and minimal time commitment.

However, managers should not overlook the importance of quality over quantity to avoid negative feedback. Nowadays word travels so fast via social media and customers are likely to check opinions and feedbacks online before approaching or engaging with any kind of offer or services (Sun). Total quality management considers as approach to long-term success derived from a dedication to customer satisfaction which requires a high level of commitment with every employee in the health system, self-motivation toward customer experience improvement. According to Adam Colgate quality management article, stop depending up on inspection is one of effective practice to promote the quality. In addition to commit to continuous evaluation of processes to improve the service and staff training. Benchmarking is one of method to evaluate the success of organization in relation to its competitors and analyse how it operates.

2.1.3 Quality Dimensions

Service quality dimensions include procedural Systematic and personal irrational dimensions. In the procedural dimension customer service professionals consider timing standards for delivering service to clients. How long service delivery takes? How many steps include? How service delivery system ingredients coordinate with each other? How the service control is? How flexible the organization is? How well customer service employee anticipates client needs? What are anticipation indicators? How does customer service employee know when messages communicated accurately, timely and what are the signs of effective communication? How customer service employee know in what clients are thinking? How is customer feedback? After all efficient procedural service requires organization and supervision, who, how supervised and what is the role?

In the personal dimension customer service influence by what the client has, what he/she expects? How the customer reflects? How customer service employee interacts and approach

their customer? In addition to body language and tone of voice conveys clients' message. Also, attentiveness and tact involve tuning in to customers' unique needs and what service customer do to address these unique needs? How should customers be addressed and How often and when they are called by customers? As we know selling service needs valued and effective selling skills to handle different situations such as complaints, how far the employee can maintain service skills standard? and What are the indicators which indicate problems solving? (Martin &Fritz, 1989).

2.1.4 Service quality standards

Service must be clear, concise and realistic. When the organization is looking forward to improving quality, it must plan for clear, workable, understandable standards agreed by all parties, with human zero defects and organizational goals and in the following table some example to illustrate quality service standards meaning (Martin &Fritz, 1989).

	Weak service standards	High quality service standards
Timeliness:	When clients are greeted so quickly.	Greeting takes at least 30 seconds.
Anticipation:	Service employees think one step ahead of customers.	client receives something without having to ask for.
Attitude:	Employees are just friendly.	Employees offer the service while talking.
Feedback:	customers are listened to.	Manager personally deals with customer directly.
Appearance:	Employees are ready for work.	Employees are specified as described in the Employee handbook.

Table1. Service quality standards

2.1.5 Quality Measurement

Quality measurement in the health system is so important because it is related to people life and healthcare professionals must assure work quality in that sector. In addition to control healthcare spending which interfere with the country economy and need financing the rising cost of healthcare. Nowadays, we can observe patients pay premiums with the expectation that their insurance company will during illness time. Healthcare performance assist individuals with their own decisions, provide context about health system and investments which help

in system improvement. Measuring effectiveness and quality of the healthcare are not easy. There are some indicators to assess treatment of specific diseases which encourage the improvement of practice at the provider level. In addition to some metrics for broader measures of population health such as self-reported survey.

Health professionals measure the ultimate outcome when they measure healthcare quality at system level such as how health people are, if there is any improvement or declining over time and well-being factors affecting. In addition to focus on different clinical situations, if the patient gets the right care, what patient receive, following the medical care and claims data. One of popular indicators is the OECD health care quality indicators 23 which coordinates efforts of national and international associations to report quality measures at the health system level identifying effectiveness, safety, responsiveness, equity, care cost, and accessibility of healthcare system. Measuring quality explains changes in the health system performance over time and demographic groups. OECD health indicators could be related to health risks such as alcohol consumption, caesarean sections indicator in healthcare use, computed tomography scanners indicator in health equipment and deaths from cancer indicator as an example in health risks (Peterson-Kaiser).

2.1.6 Patient as A Customer

Customer is a person that looks for a service or product voluntarily, shops around trying to get the best according to the person preferences, while patient as a health system client should not be considered as a customer. Patients have not chosen to use the service; they have been forced to use in most cases. Patients does not visit the hospital to enjoy; they have troubles behind their visiting. Patients have not idea beforehand about the service price and mainly there is no way to skip from paying after receiving the service. Patients service outcome could be negative by illness persistence. Patients are obligated to follow doctor's recommendations. Patient satisfaction does not relate to the doctor treatment only but also different processes during the health caring journey (Ling).

Customers have different priorities and attitudes and during the research I try to understand the difference between healthcare customers and how they consume healthcare services. Nowadays, many hospitals or health organization are focusing on Patient-centred care concept, focusing on keeping customers by providing good customer service. According to Wikipedia customer service considers as the provision of service to customers before, during and after a purchase and good customer service could be providing a suitable service for the individual according preferences and the industry type.

2.1.7 Patient satisfaction and Feedback

It is related to patient characteristics or the health care system features. Health care efficiency is not enough, good communication during consultation increases patient satisfaction. In addition to patients age, gender, health and socioeconomic status at the visited time. The most marked factor increases the need to the health services in the group over 64 which related to multiple long-term diseases. Patients appreciate easy access to the health care services. Ratings of the access and the ratings of continuity of care had declined by 2011. Deficiency associated with demanding working conditions, heavy workload, ageing, demanding patients and at the same time young doctors prefer working in hospitals instead of health centres. Healthcare services clients have the right to high service quality and options for treatment must be explained openly. They have the right to get the service within the time set by legislation and to know when their information is being used while its content must be confidential (Sosiaali- ja terveystieteiden ministeriö). Patients satisfaction considers as indicator of the health care quality, in addition to doctors and health organizations success. Patients satisfaction leads to patient loyalty which means the good performance of doctors or hospitals. Patient satisfaction considers as a core component of physician's rankings and patient feedback has a motivator role lead to medical outcomes improvement.

Health organizations have begun to improve services in response to the fact that healthcare system does not differ from other service industries and health care professionals can adapt a lot of learned lessons in other industries to improve customer service in healthcare (Sosiaali- ja terveystieteiden ministeriö). Via emphasizing personalized attention, simply greeting patients with a smile and small talk, implement patient-facing services which allow patients to view their health record, see results, pay bills, schedule appointments and find direct contact for their physicians (Matekja, 2017). Via strengthening team skills such as empathy, patience and consistency to handle different kind of situations. Handling surprises is a challenge skill, needs continuous learning and improvement.

Clear communication with positive attitude and language help in achieving patient satisfaction. Time management to achieve the right work balance. Health system clients appreciate when staff do effort to answer them and staff must have the ability to accept any kind of feedback. Any kind of feedback consider as a seed for new idea to improve tasks. Health care staff must look at services from patient point of view, paying attention to patient journey touchpoints, understanding by humanizing the relationship, building a trustable link and following-up even after solving a problem. Being available, catering and creating communities print inside the patient mind VIP treatment picture. Engaging staff, improving, and investing in their training will lead to organization success and patient satisfaction (SurveyMonkey).

2.2 The Health System in Finland

2.2.1 The Emergency of the Health Care

The first country doctor operated in Vaasa in 1749 and 53 of them were active by the end of the nineteenth century. It took long time from Finland to be independent in Medicine after independence in 1917 and the lack of physicians was high. Before that time the Russian authorities were forcing practitioners to register themselves to overcome that lacking and gradually health care is changed from private to public. Due to long study period many students were put off, resulting that lack of physicians and only five to ten students were graduating every year by the end of the nineteenth century. Finland shared with Nordic countries to have basic medical training and to study for a full degree. By the end of the eighteenth century six hospitals were in Finland, were like shelters for sick people, depend up on churches, donations and voluntary fees. The common cause of death was infectious diseases due to the lack of hygiene and they realized a huge difference in mortality rate after using boiling water for sterilization, clean wear and blankets, beside heating instruments.

In the 1920s, a declaration made to increase government funding and to increase the total number of hospitals. By the 1920s there were 236 hospitals in different cities and in 1939 for a population of 3.7 million were 26225 beds. Finland hospital services comparing by Nordic countries were unbalanced across the country, one patient place for every 838 inhabitants in Finland while 1 to 260 in Norway. In 1933 the National Board of Medicine suggested the state-owned general hospitals enlarged to be central ones and covered all speciality. The municipality role in Finland health care appeared when Turku hospital was suffering from old facilities and municipality offered to share costs in comparison to the other Nordic countries.

The need for special care increased during the second world war and complaints about the lack of physicians. Helsinki and Turku Universities committed to graduate more physicians to balance between supply and demand achieved 1 physician to 300 nowadays. Later, Kuopio and Tampere Universities had a role by establishing a new faculty of medicine in 1970s and recently Oulu university. Nowadays medical doctors concentrated in the south of Finland with lack in upper parts with women domination. Currently the Finnish healthcare system based on municipalities responsibility supported by government and taxpayers. Each country has 20 hospitals and most challenging health care is provided in university of hospitals. In 1972 Finland started primary health care act which consider as a national planning system, provide by municipalities and cover all Finland residents for sickness, maternity and special care allowances. In addition to student health care services and medical expenses. After 1990s government control decreased, giving freedom in providing services, but we can see nowadays the return of government control (Saarivirta, Consoli and Dhonot, 2010).

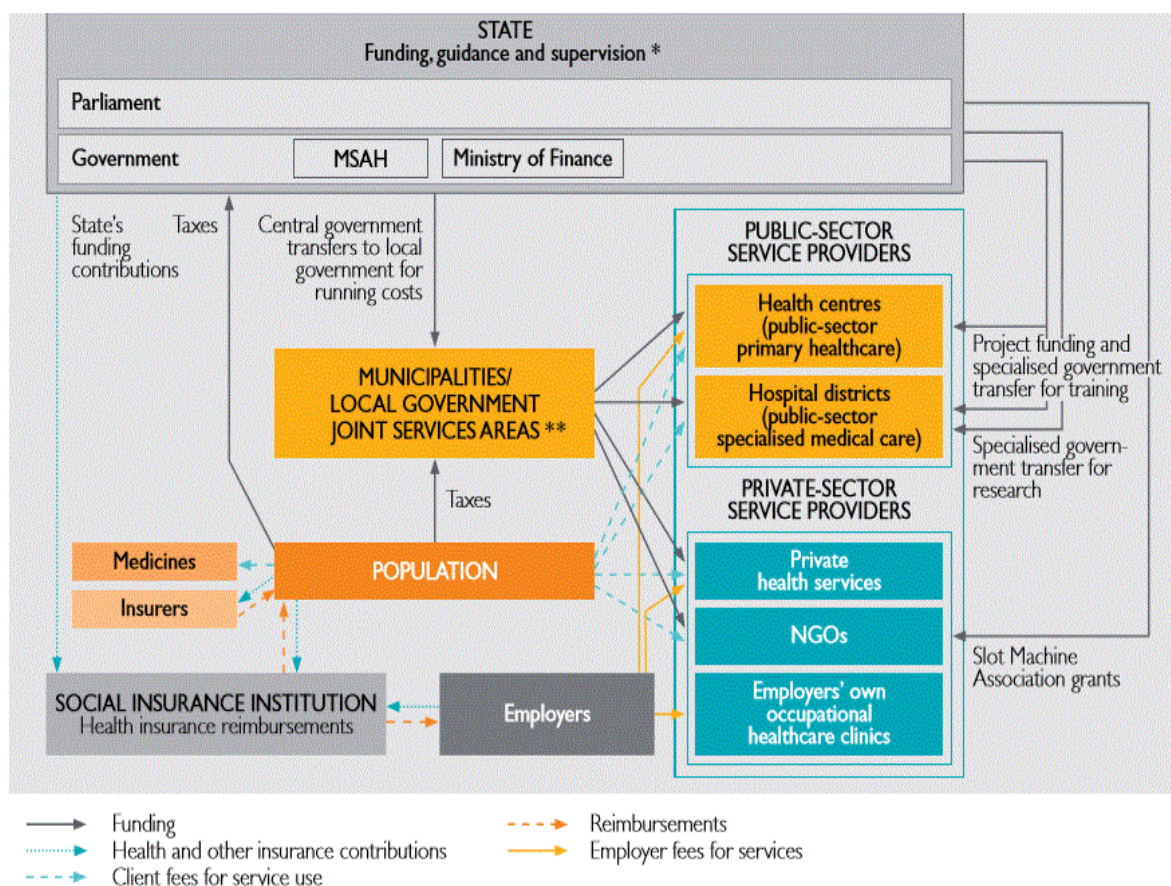
2.2.2 Health System Structure and Responsibilities

Health care services are under the supervision of Valvira (Authority of Welfare and Health). Finland has 133 health centres divided in between 7 areas, 74 of them are municipal and the rest belong to authorities. Finland offers basic health care, prenatal and child healthcare free of charge to all families (N.B pregnant women before the delivery time get a maternity package). In addition to hospitals in the private sector which represent 5 % of total medical services in Finland. The most common private care services are physiotherapy, surgery, dental-care and health insurance reimburses patients for some of private services.

Health system provides citizens by health care advices and preventive health care services. In addition to screening services for cancer and abnormalities. Home nursing for older people which means intensive and temporary hospital level care in patients' homes. Hospitals and health centres have their own pharmacies beside 800 pharmacies all over Finland which use electronic prescriptions since April 2013 (valtionneuvosot).

As illustrated briefly in the next diagram the regional State Administrative Agencies, National Supervisory Authority for welfare and Health (Valvira) and the Finnish Agency (Fimea) supervise healthcare services together. Ministry of health prepares legislation and direct the implementation and the development of health care services. In addition to the responsibility for links political decision-making. Healthcare professionals in Finland divided into licensed professionals who has completed a training programme laid down in the relevant legislation and professionals with a protected occupational title practised by those who possess the requisite training, experience, and competence. They are not requiring authorisation by Valvira to use a protected occupational title.

Everyone is entitled to receive treatment in Finland regardless of their citizenship, country of origin and residence permission. If the person from outside EU, the insurance company cover the costs or the person. Finland has bilateral conventions on social security with several different countries such as Australia, Quebec and Israel which usually apply to pensions and entitle the treatment within public healthcare (Patient's rights to treat).



*The Regional State Administrative Agencies, National Supervisory Authority for Welfare and Health (Valvira) and The Finnish Medicines Agency (Fimea) supervise healthcare. The following expert institutes are in charge of information guidance: the National Institute for Health and Welfare (THL), the Finnish Institute of Occupational Health (TTL) and STUK - Radiation and Nuclear Safety Authority, Finland.

Figure1. Organisation, funding, provision, and supervision of health care services.

Source: Julkaisut.valtioneuvosto.fi

2.2.3 Health Expenditure and population overview

Health expenditure means how much country spends on health and the health spending grows rate plus capital investment in health financial structure. The spending on health divided into public and private medical care components which represent more than the half of all health spending. In Finland health services account for majority of health care spending in addition to spending in the public sector is much more than the private one as shown in figure 2.

Health care is financed through a mix of financing arrangements including government spending, compulsory and voluntary health insurance and private funds as shown in next chart, Figure 3 (OECD). Public medical services are funded by 78% by taxation, 20% by patients through access charges, nearly patient has spent 590 euro per year on medical services, all medications after paid for by the government. In 2010 Finland amounted 16 billion euros and approximately 3000 euro per capita which close to the average of OECD countries.

Health expenditure per capita, 2014 (OECD stat)

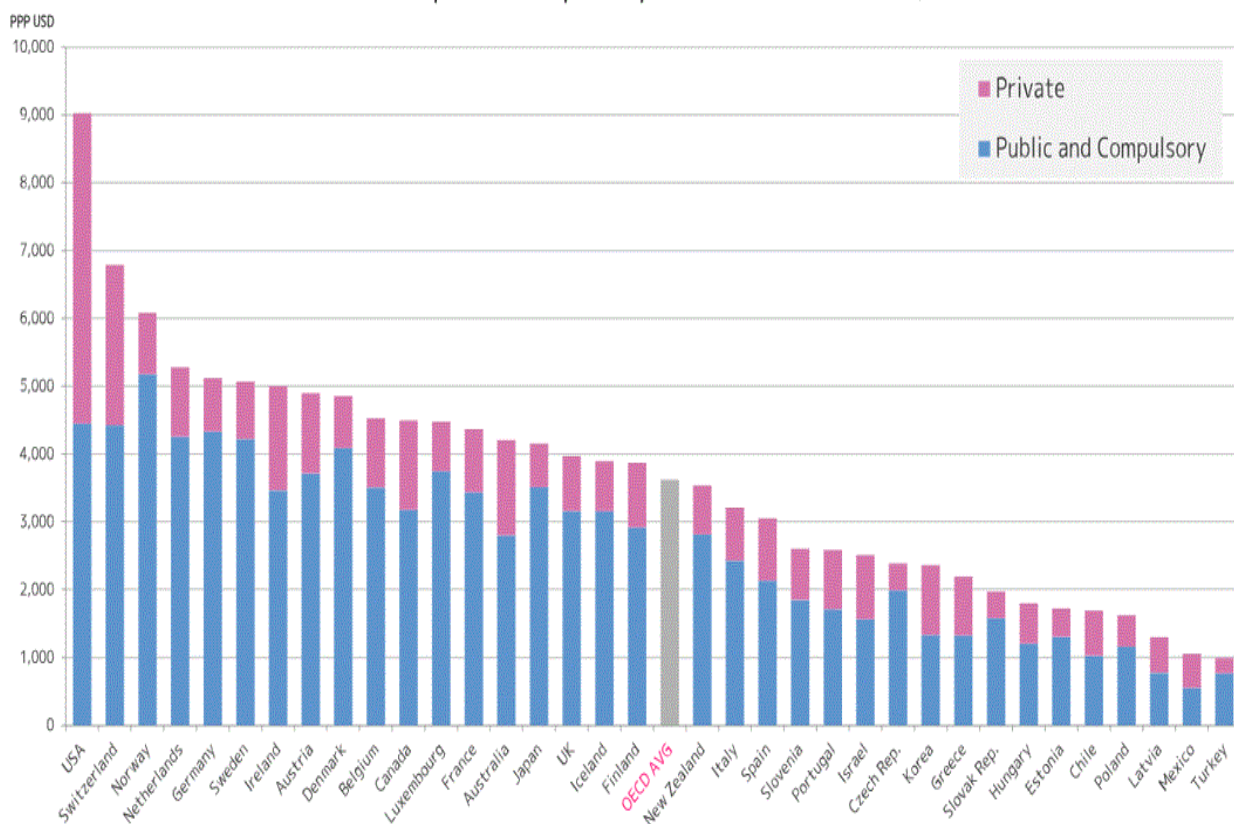


Figure2. Total health expenditure per capita in US dollars which breaks down into public and private.

Source: from Wikimedia Commons, OECD health expenditure/capita/country. SVG

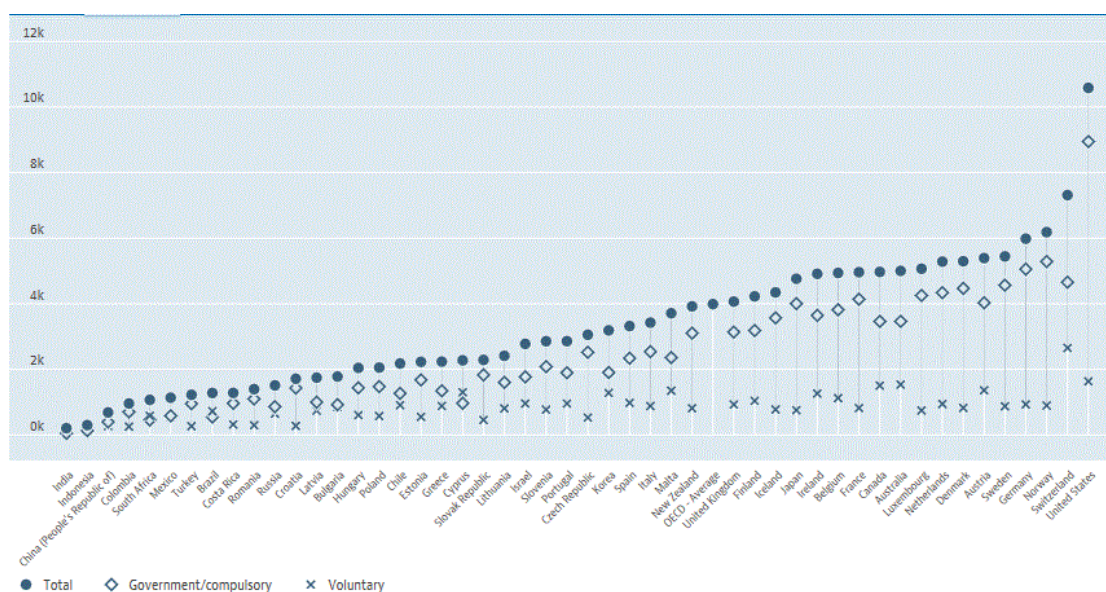


Figure3. Health Spending Total/Government/compulsory/voluntary/capita, 2018

Source: OECD: Health expenditure and financing: Health expenditure indicators

In 2006 long-term elderly care amounted to 13.6 billion euros. The share of health expenditure on prevention and public health was at its lowest in 2011 at 3.2 percent. The share of health expenditure fluctuated over the 11-year period (Statista). In 2017 health spending amounted to 20,6 billion euros with 2,4 % increasing comparing by the previous year with 772 million euros spending for primary health care. The static display the share of health expenditure on prevention and public health services as a share of current health expenditure in Finland (Wikipedia).

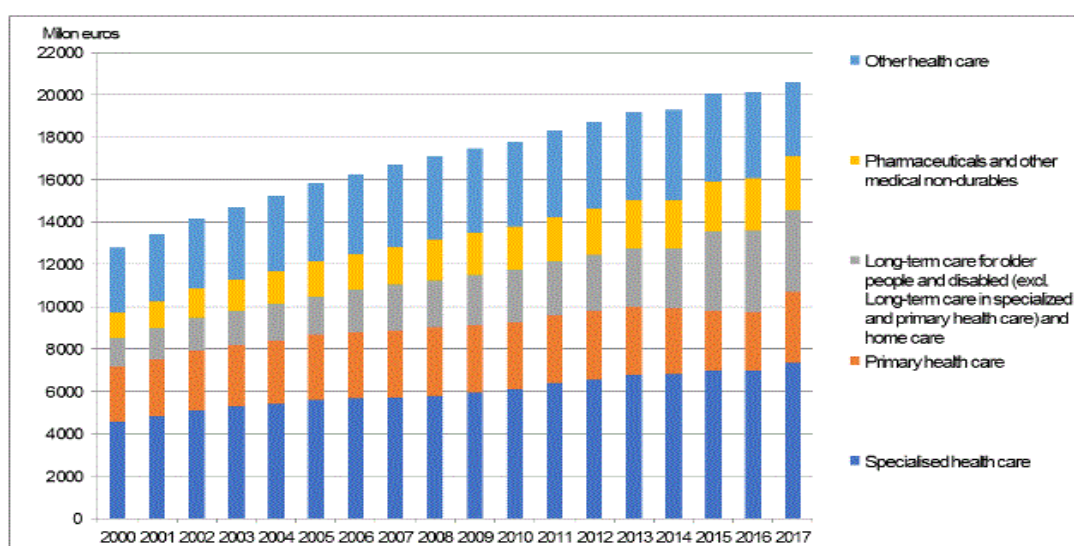


Figure4. Finland Healthcare expenditure by function in 2000-2017, in 2017 prices, euro million

Source: Health Expenditure and Financing 2017

Finland population is about 5.532,156 million according to United Nations data and this percentage considers 0.07% of the total world population. The population density is 18% per kilometre (worldometers.info)³⁴. Finland gross national income per capita is 50,169.885 (2018) (ceicdata.com). Life expectancy at birth 79/84, probability of dying under five years is 2 per 1000 live births, probability of dying between 15 and 60 years 95/44 per 1000 population, total expenditure on health per capita is 3,701 and total expenditure on health as % of GDP is 9.7 (worldometers.info). Next table shows Finland population by broad age groups in 2020.

Age Group	Males	Male %	Females	Female %	Total Age Group Population	Age Group's share of total population
0-14	449,735	51.16%	429,306	48.84%	879,041	15.87%
15-24	312,504	51.27%	297,047	48.73%	609,551	11.00%
25-54	1,060,752	51.09%	1,015,495	48.91%	2,076,247	37.47%
55-64	358,552	49.37%	367,644	50.63%	726,196	13.11%
65+	550,863	44.08%	698,820	55.92%	1,249,683	22.55%

Table2. Finland Population by broad age group in 2020

Source: Worldometers

2.2.4 Healthcare system challenges

Healthcare faces different challenges which affect government regulations and arise from technological innovations and increase in patient expectations. Healthcare problems being experienced by an increasing number of patients is going to a covered medical care facility, seen by physician who may not all have the same level of proficiency. In addition to local tax-exempt non-profit hospitals with low Medicaid plan while doctors want to be paid a wage, they feel is commensurate to their duty. We can find patients who visit uncovered facility are quickly redirected while breakdowns mainly happen during emergencies. Shortly there is a challenge between health care prices and how they can be lowered (Koka. 2019).

Healthcare sector faces cybercriminal risks which are so critical due to personal patient information sensitivity and the need to protect it. Price transparency, many customers/patients are researching service pricing for various health systems before deciding and book an appointment. Patient experienced a lot of services from their providers and they demand better services. Different healthcare organizations on both sectors public and private one is facing a competition in attracting patient.

“Finns are very satisfied with their health care system services, but advancing sciences raise a new bar for quality in terms of the outcomes achieved in the treatment of illness. Aging and rising public expectations threaten to increase costs and impede timely access to care. Aging does not affect only patients’ demographics but also the availability of clinicians. The health care quality and costs not only affect the individual care process but also the delivery itself which means the care outcomes vary according to the severity of condition. Most of health care services requires patient to visit physician offices or hospitals which is costly effected” (Cram.com,2012). According to OECD Finland 22 should raise the level of services by

introducing much more doctors and extend nurses tasks. There is imbalance in access to general services, consultations rate is more. Waiting times are long even for elective surgery.

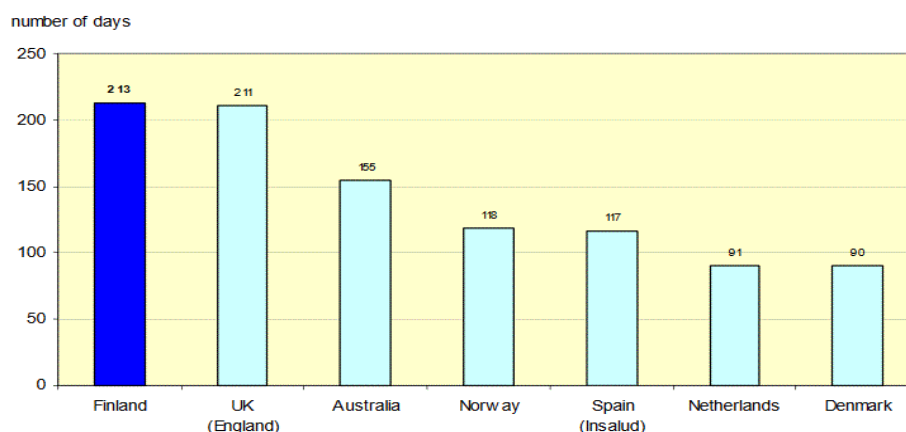


Figure5. Average waiting times for surgery in Finland comparing by others OECD countries, 2000.

Source: OECD Reviews of Health Systems, 2005

2.2.5 Public Healthcare and Waiting Time

Poor time means patients are kept waiting under stress as much as time is going on also, for healthcare professionals stress can be build. Effective management leads to increase in productivity, deliver better care, more listening time, stress limitation and enhance personal satisfaction (mips.com.au)²⁰. Also, time problem might arise due to shortage of physicians and nurses. For non-emergency cases assessment by healthcare professional may take 3 days, while assessment by specialist may take 3 weeks, treatment take 3 months and may extend to 6 months, consultations, lab tests may take 3 months, and dentist visiting takes three months after the first contact to healthcare centre as well. Sometimes waiting time extend to 91-180 days (Unknown, Oecd.org).

2.2.6 Private Healthcare Defects

Private healthcare does not cover all of health problems, even some of private hospitals miss x-ray tools, do not offer the treatment for a broken leg sending the patient to public healthcare. Also, some cases do not cover by the private health insurance and in normal cases they pay up to 80% of the care cost and patient must pay the rest. Sometimes, under private insurance patient are restricted to certain hospitals and doctors, not too much flexibility as some customer assume.

3 Methodology

3.1 Collecting Data

The quantitative research method is used in the study to collect more information, to have an idea about customer opinion toward the healthcare system in Finland, differences between private and public system from customer/patient point of view. The research was conducted online in May 2020 in both Finnish and English language on one of face-book group which visits by Finland residents (Finnish origin, migrant population). It answered by social media users in Finland instead of direct physical contact due to corona situation and risks behind direct physical contact in any health care institution. The survey was answered by 82 of online users who are resident in Finland, who consider as outpatients. Various questions have been asked to measure the satisfaction via asking about various service parameters which based up on SERVQUAL approach. SERVQUAL method identifies responsiveness, reliability, assurance, tangibles, and empathy with certain limitations such as weakness in reliability (survey link).

The questionnaire is enclosed at another section of the thesis. The questionnaire includes questions related to respondent's gender, age, income, employment state, insurance, caring process, management, and overall satisfaction. Satisfaction questions were asked using a Likert scale corresponding to very unsatisfied, unsatisfied, neutral, satisfied and very satisfied, respectively. Likert scale is a psychometric scale, serves different kind of questionnaires to scaling responses (Wikipedia). Health care management includes waiting time, check in procedure and feed back possibility. Staff skills mean their attitude and care, ability to treat, engagement with the patient in taking decision, and being in charge. Overall satisfaction toward using health care service or recommendation to others.

3.2 Sample Type

The percentage of female are more than the half among all the respondents as shown in the following chart. The importance of knowing gender in the research refers to how we interact with or are treated by people in the world around us, based up on our ascribed or experienced gender. Also, in decision-making female tends to be more attuned to micro-level signals while male tend to end a conversation once connect with a good idea or solution (Tannenbaum et al, why sex and gender matter in implementation research).

60% of respondents are full employed and the rest are retired. The most percentage of respondent's income are in between 1500-2000 euros. Understanding the financial side of the respondents help in evaluation and better analysis for the results, because customers/patients were economically inactive, might have depression and recent studies have recognized the importance of income and health system characteristics such as health financing parameters, provider payment mechanisms and private provision of the services.

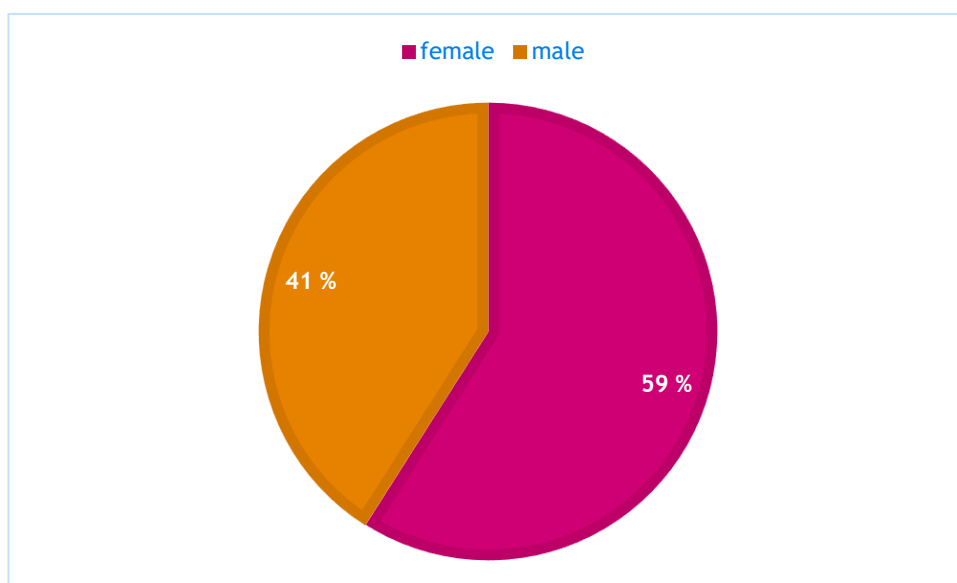


Figure 6. The number of respondents to the survey in percentage according to the gender.

The questionnaire was answered by different age groups. The largest age group is over 65 years and the smallest age group is between 45-54 years old. The age of the survey respondents is important to better redesign or improve health care services according to age based requirements as shown in figure 7. Knowing the respondents age help to understand much better requirements according to age group. Do younger have higher expectations which could affect the attitude? Does age influence how patients perceive interactions? Do older receive different communication by healthcare providers? (Jennifer et al.).

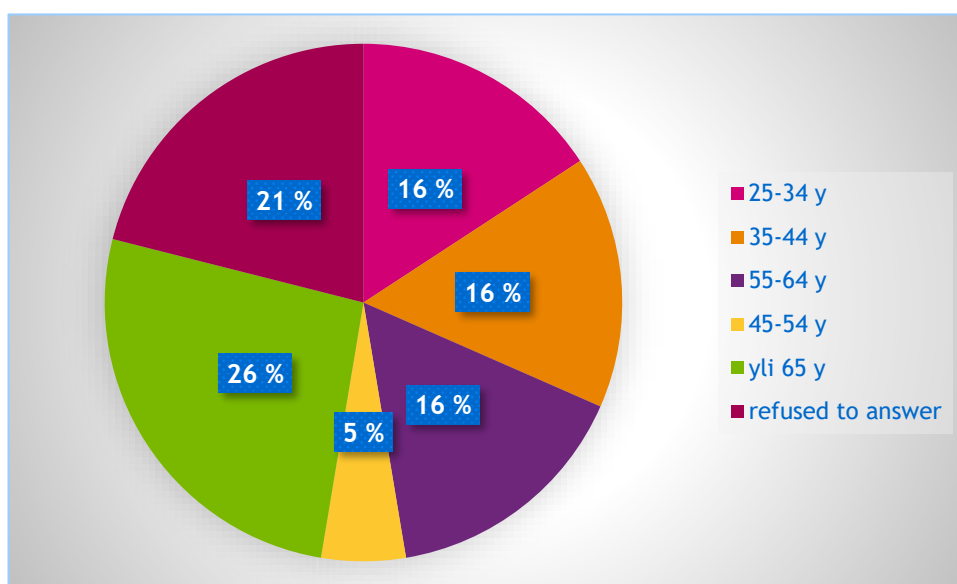


Figure 7. The percentage of respondents according to their age.

90% of the respondents are satisfied toward the Finnish health care system in general, services, quality, and prices specifically and 10 % are not satisfied 100% toward health caring quality level as represent in the following chart. Unsatisfied respondents do not recommend the private healthcare services as well. From their point of view the kind of services and its quality are nearly the same in both sectors, private and public one and they are not motivated to use private services and pay for it while the standard of quality are nearly the same.

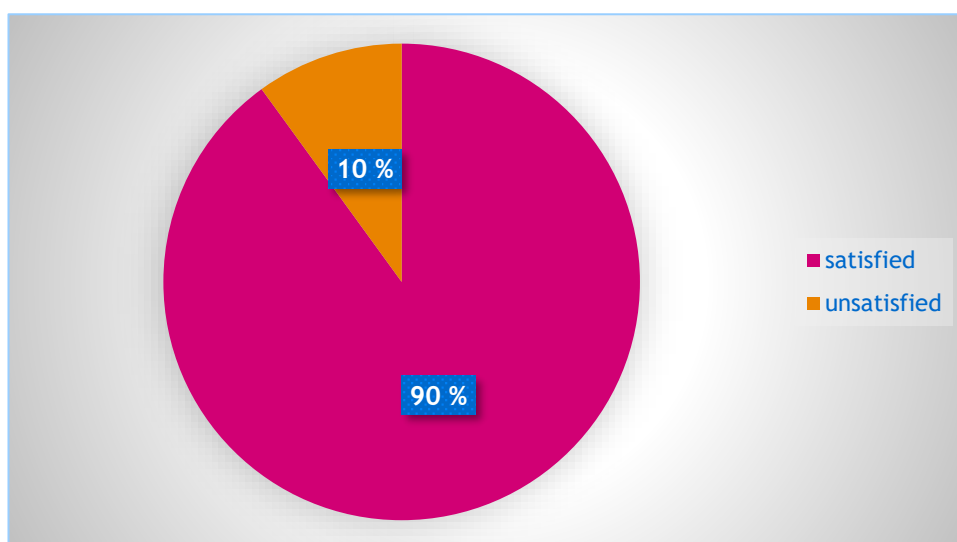


Figure 8. Satisfaction level toward Finnish health care system services, quality, and prices.

In addition to that 25% of the respondents are unsatisfied toward the waiting time. Patient/customer wait in between 2-3 h until meeting the doctor or later by being in the waiting list until receiving the appropriate medical interfere as shown in the next figure, but waiting time does not affect customer/patient decisions, to change the public healthcare service provider to the private one according to the respondents point of view.

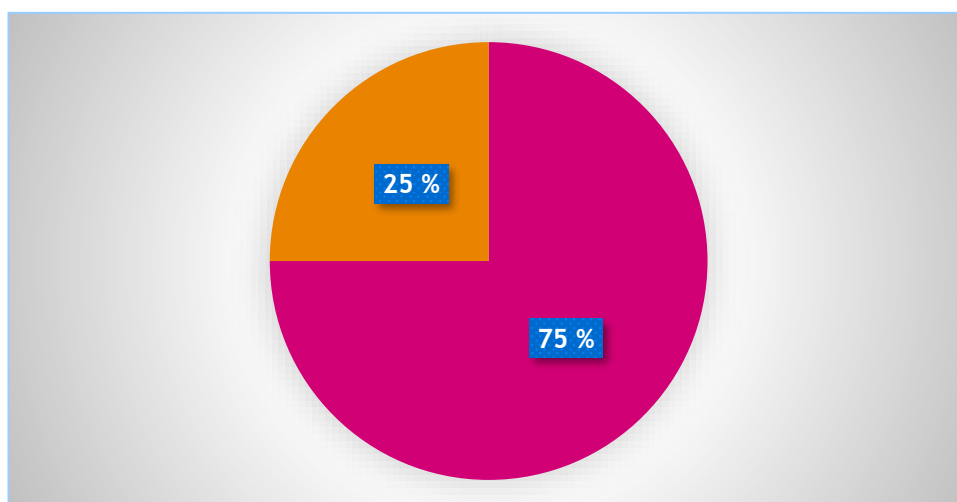


Figure 9. 25% of survey respondents are unsatisfied toward the waiting time.

Studying Health care professional's efficiency and measuring service quality help in finding out reasons behind customer behaviour or unsatisfaction which can help organizations to figure out and make changes to have the biggest impact on individual and business performance. The respondents appreciate professional's responsiveness toward them and friendly relationship as represented in the following chart.

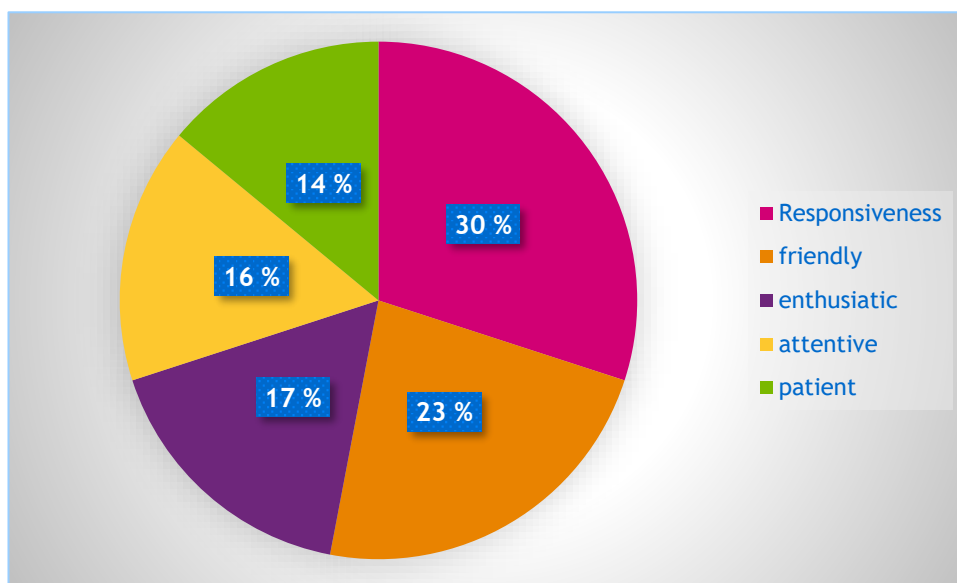


Figure 10. Personal values and qualities according to the respondents' point of view.

Responsiveness is a measure of how the health system addresses legitimate expectations of individuals. Healthcare professional's responsiveness entails an actual experience of people's interaction with the health system, which confirm or disconfirms their initial expectations (Mirzoev & Kane). Age friendly in the health system especially to elderly patient, child, and teenager. In the previous mentioned age group relate a lot of challenges and health problem which need a special interfere or understanding level from the professionals.

3.3 Data Analysis

Statics for respondents' socio-demographic characters summarized in corresponding to overall satisfaction in the following table. According to Mann- Whitney- Wilcoxon tests which allows two group or conditions to be compared as shown in the next table, gender against overall satisfaction process for example Mann-whitney U Test calculator (Soscistatistics.com).

	Number of respondents (%)	Overall satisfaction toward public health care	Overall satisfaction toward private health care
Gender	Male 41% Female 59%	4.8 4.7	4.4 4.5
age	> 18 y 0% 18 -24 y 0% 25-34 y 16% 35-44 y 16% 45-54 y 5% 55-64 y 16% < 65 y 26% no answer 21%	4.6 4.5 4.7 4.7 4.9 4.8	4.5 4.6 4.2 4.7 4.8 4.7
income	> 500 € 0% 500-1000 € 0% 1000-1200 € 0% 1200-1500 € 6% 1500-2000 € 69% 2000-3000 € 12% < 3000 € 13%	4.6 4.8 4.8 4.7	4.5 4.5 4.5 4.4
insurance	2%	4.6	4.6

Table 3. Respondents socio-demographic characters compared to overall satisfaction in both sectors.

Mann-whitney tests for satisfaction score between different patient groups shows that elder patients and patient with highly income are satisfied toward public healthcare services and even patient who has private insurance have the same level of satisfaction toward both sectors which indicate less tendency toward using private healthcare services, when patient receives the same service without paying so much.

Nowadays customer has a good level of knowledge to choose and decide there is a customer who is cost conscious, or a customer who is satisfied toward health care services in total, someone else who keens to learn about health online, or who are looking for certain healthcare services due to their conditions. In addition to previous kinds, there are customers who prefer to customize the services they wish to consume, or look to save money, look to

change services for better value. I can classify them simply into cost-oriented customer, value oriented and technology oriented one. According to the research I consider Finnish healthcare services consumers are value oriented and they do not find a gap between private and public healthcare services (Medicity news).

In according to the purpose of this study, the outcomes under investigation are customer satisfaction and health care efficiency. Customers have high expectations, especially when they have not only public health care sector services. So, it is important to maintain the general level of quality standards. Customer satisfaction refers to overall satisfaction toward the healthcare in its services in general and efficiency refers to the quality of care received by customer/patient. Customer dissatisfaction arises due to service providers not aware about service dimension and customer priorities.

Queuing time are the common problem which refers to the length of the queuing more than usual and its impact on customer satisfaction especially for retired people and service efficiency and it considers as one of factor which lead to customer dissatisfaction. In addition to the price of the service. The respondents are agreed that private health care is much better than the public one in the waiting time with variation in the quality level, but the price of the service in the private system does not motivate customer/patient to use their services. Respondents agree up on that they have what they need for in the public health sector.

The study results reveal that there is a significant difference between private and public sectors in terms of overall service quality in reliability and administrative responsiveness, in queuing time and prices.

4 Findings

In this part a summary of the research findings; a description of the relationship with thesis findings to literature part; implications of the findings. Firstly, decision making is the process of making a choice between options (Smith, 2008; Thomas et al., 1991). Some decisions are money, value, time, or seriousness related. There is a positive and statistically significant relationship between the main dimensions of service quality (concrete, reliability, emphasis, response, empathy), and the level of quality of service that emerges from this main hypothesis.

Concrete dimension, which is related to the modernization of equipment, medical supplies, the nature of lounges, waiting places for patients, doctors' offices, and staff. Also, related to the interest of the management of the establishment and the employees in the manner and authority of work clothes and solvency, the financial capacity of the facility and the level of quality of service.

Reliability dimension, which is related to a commitment and promises to provide a health and therapeutic service and the understanding and sympathy of the administration when filing complaints and patients' confidence in the type of service and the interest in registering patient information in records and computers. There is a statistically relationship between telling patients about the timing of service delivery and the level of quality of service, between providing immediate service to patients, permanent patient assistance and the level of quality of service. In addition to positive and statistically significant relationship between the interaction of medical staff and staff with patients, civility, credibility of employees and the knowledge of the needs by the patients and the level of quality of service according to respondents' feedback.

Before receiving the service and after receiving the service customer faces a lot of different challenges according to respondents' feedback which vary between waiting time on the phone, redirecting to another call centre, delaying in receiving the service. Respondents has some negative experiences before and after receiving the service which rely on their expectations and their feelings range from mild to anger. Respondents recommend careful listening without making assumptions and good empathize to their situation. Respondents also are looking for a respectful and honest communicate. In addition to their willing to follow up by healthcare professionals and reply on their feedback or complain in a friendly manner.

As any customer, patients have a plenty of choices to decide before using and choosing a healthcare provider and any organization needs to monitor and meet patient's expectations. Focusing on quality of care and patient satisfaction supports the renewal of healthcare services agreements in between municipality, city purchasing the services for their citizens (Increase your healthcare patient satisfaction today/happy or not.com).

Investigate how service quality influences customer satisfaction and defines the quality from the customer's point of view. The respondents are agreed that private health care is much better than the public one in the waiting time duration with variation in the quality level, but the price of the service does not motivate customer/patient to use their services and in general the Finnish population is satisfied toward the quality level in the public health sector and they would recommend to use its services instead of private sector services despite of queuing time which could exceed 2 hours waiting in clinic visiting or months when the customer/patient presents in surgery waiting list or specialty. While private healthcare users might change the service when they are not able to pay, when the private insurance could not cover their bills, or even when the required specialist are not offered by the private sector or due to missing medical equipment such as X-ray and other tools.

5 Recommendations

Today's world is full of competition, competition between industries in their services. Health care service industry is the same as any another industry which must focus on the patient/customer satisfaction and commit to quality of the service. Patient experience and interest in comparing services, running after time saving, quality and better prices services. Routinely observations of customer attitude and feedback collection help in organization strategies improvement. SERVQUAL model for measuring service quality is one of popular method in this field.

Surveys conduct to know, how customer satisfaction is related to different services. Health system services related to the person's health and wellbeing which highly attached customer/patient satisfaction. Customer delight to evaluate the service on regular basis will help in service improvement. As Customer satisfaction describes the customer attitudes and feelings toward the organization which considers as an indicator of the organization performance. Any organization must use all the collected information by conducted survey to improve the satisfaction level. Findings suggest prompt attention, basic amenities assurance, experience of staff and support family with kids' easy access.

A comprehensive understanding to customer/patient mentality, identifying customer needs is important to improve the service. In general use patient satisfaction as a balance measure, not a driver for outcomes, use healthcare analytics to understand and act on data and improve the engagement. In addition to that I recommend time management in the public health system, prioritizing important cases, setting some boundaries, staying away from bad distractions, and providing technical help for healthcare professionals. According to respondents' feedback, private healthcare sector in Finland in need to fulfil customer/patient need by adding more value such as providing much more medical equipment and specialist.

6 Limitations on the Study

Patient feedback is not credible because patient lack formal medical training, patient experience measures could be confounded by factors not directly associated with the quality of processes and may reflect fulfilment of patients' a desire or much more expectations.

References:

Electronic sources

Campbell, D. The Importance of Customer Service in Health Care. (online) Info. iowaradiology.com. Available at: <https://info.iowaradiology.com/the-importance-of-customer-service-in-health-care> (Accessed 20 Jan. 2020)

Ceicdata.com. Finland GDP per Capita (1960-2019) (Data& Charts). Available at: <https://www.ceicdata.com/en/indicator/finland/gdp-per-capita> (Accessed 20 Jan. 2020)

Client and patient rights. Available at: <https://stm.fi/en/client-and-patient-rights> (Accessed 10 Dec. 2019).

Colgate, A. Total Quality Management's Impact on Different Business Process. (online) BusinessDictionary.com. Available at: <https://www.businessdictionary.com/article/Total-quality-management's-impact-on-different-business-process/> (Accessed 8 Jan. 2020)

Cram.com. (2016). Customer Service and Patient Experience Model-1133 Words/ Cram. (online) Available at: <https://www.cram.com/essay/customer-service-&patient-experience-model/P3N3BR53GZKQ> (Accessed 21 Jan 2020)

7.Cram.com. (2012). Service Quality: The Future of the Service Industry Essay/Cram. (online) Available at:// <https://www.cram.com/essay/service-quality-the-future-of-the/PKCJA9PK5C>https://www.hbs.edu/faculty/publication%20files/Finnish_Health_Care_System_SITRA2009_78584c8b-10c4-4206-9f9a-441bf8be1a2c.pdf (Accessed 21 Jan 2020)

Decreasing trends in patient's satisfaction accessibility. (online) Available at: https://www.researchgate.net/publication/262789491_Decreasing_trends_in_patients_satisfaction_accessibility (Accessed 26.11.2019)

En.wikipedia.org. Health care systems by country. Available at : https://en.wikipedia.org/wiki/health_care_systems_by_country#Finland (Accessed 26.11.2019)

En.wikipedia.org. Likert scale. Available at: https://en.wikipedia.org/wiki/Likert_scale (Accessed 30.05.2020)

Eu-healthcare.fi. 2020 Patient's rights to treatment-EU-Healthcare.fi. (online) Available at: <https://www.eu-healthcare.fi/know-your-rights/patients-rights-to-treatment/> (Accessed 28 May 2020)

Happy or not. Increase your healthcare patient satisfaction today/happy or not. (online) available at: <https://www.happy-or-not.com/en/healthcare/> (Accessed 23.5.2020)

Jennifer E. DeVoe, Lorraine S. Wallace, George E. Fryer, Jr
Fam Med. Author manuscript; available in PMC 2016 Jun 23. Published in final edited form as: Fam Med. 2009 Feb; 41(2): 126-133. Available online at:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4918755> (Accessed 28.05.2020)

Julkaisut.valtioneuvosto.fi. (online) Available at: https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/69930/URN_ISBN_978-952-00-3395-8.pdf (Accessed 21 Jan 2020)

Koka, A. (2019) Guerilla Billing- Missing the Gorilla in the Midst-The health care blog. (online) Available at: <https://thehealthcareblog.com/2019/11/26/guerilla-billing-missing-the-gorilla-in-the-midst/> (Accessed 2 Feb.2020)

Ling, S. (2015). Patients are Not Customers-The Health Care Blog. (online) The Health Care Blog. Available at: <https://thehealthcareblog.com/blog/2015/03/21/patients-are-not-customers/> (Accessed 9 Jan. 2020).

Matekja, R. (2017). Available at: <https://www.healthcarebusinessinsights.com/blog/information-technology/promoting-customer-satisfaction-healthcare/> Accessed 9.12.2019

Martin, W. and Frit, E. (1989). Kirjauudu sisään. (online) Ebookcentral.proquest.com. Available at: <https://ebookcentral.proquest.com/lib/laurea/reader.action?docID=3116953> (Accessed 13 Jan.2020).

MedCity news. There are 6 types of healthcare consumers; which ones would you like to target? - Medcity news. (online) available at: <https://medcitynews.com/2013/02/there-are-six-types-of-healthcare-consumers-which-ones-would-you-like-to-target/> (Accessed 28 May 2020).

Mips.com.au. Smart Time Management for Healthcare Practitioners-Medical Indemnity Protection Society. (online) available at: <https://www.mips.com.au/articles/smart-time-management-for-healthcare-practitioners> (Accessed 30 May 2020).

Mirzoev, T. and Kane, S., 2020. What is health systems responsiveness? Review of existing knowledge and proposed conceptual framework available online at: <https://gh.bmj.com/content/2/4/e000486> (Accessed 27 May 2020)

Oecd.org. (2019). (online) Available at: www.oecd.org/finland/35817834.pdf
Sosiaali- ja terveystieteiden ministeriö. (Accessed 2 Feb.2020)

OECD (2019), Health spending (indicator). doi: 10.1787/8643de7e-en (Accessed on 26 November 2019) Available at: <https://www.oecd.org/health/health-systems/49105858.pdf>

OECD Health Expenditure per Capita by Country. Available at: https://commons.wikimedia.org/wiki/File:OECD_health_expenditure_per_capita_by_country_SVG (26.11.2019)

Peterson-Kaiser Health System Tracker. Measuring the quality of healthcare in the U.S. - Peterson-Kaiser Health System Tracker. (online) Available at : <https://www.healthsystemtracker.org/brief/measuring-the-quality-of-healthcare-in-the-u-s/> (Accessed 9 Jan 2020).

Saarivirta, T., Consoli, D., Dhondt, P. (2010). Available at: <https://pdfs.semanticscholar.org/f4f5/a03e> (Accessed 10 Nov. 2019).

Smith, M., Higgs, J., & Ellis, E. (2008). Factors influencing clinical decision making. Clinical reasoning in the health professions P,3. (Accessed 2 June 2020)

Socscistatistics.com. 2020. Mann-Whitney U Test Calculator. [online] Available at: <https://www.socscistatistics.com/tests/mannwhitney> (Accessed 23 May 2020)

Sosiaali- ja terveysministeriö. Social and health services responsible agencies. Available at: <https://stm.fi/en/social-and-health-services/responsible-agencies> (Accessed 10 Dec. 2019).

Statista. Health expenditure on public health services Finland 2015 Available at: <https://www.statista.com/statistics/670946/health-expenditure-on-prevention-and-public-health-services-in-finland/> (Accessed 21 Jan 2020)

Survey link available online at: https://l.facebook.com/l.php?u=https%3A%2F%2Fsurveyheart.com%2Fform%2F5ebc05c9cfea74553a1df355%3Ffbclid%3DIwAR2kW3H3aOyJOzxrJpx-OBn4JwCj4S5z5KKjpOXQ8Sn-W9RJSTLrRpn37bhpw&h=AT1Bbpf4Wl6qHWbsPjOi0iAMJtAUgDmFX-t4chwh8iwNSTt1NOBkHkDCOtGL7c1gBPDwYtjvSou9fexfqYyb2ln4ugaLCXIEUH_kGdH7aj6fI-Aez203WmPxDj-Zf-SGcrObaA

Sun, L. The Importance of quality over quantity. (online) BusinessDictionary.com. Available at: <https://www.businessdictionary.com/article/581/the-importance-of-quality-over-quantity/> (Accessed 8 Jan.2020).

Survey-monkey.com. survey-monkey.com (online) Available at : <https://www.survey-monkey.com/6-keys-improving-teams-customer-service-skills/> (Accessed 18 Nov.2019)

Worldmeters.info. Finland Population- Worldometers. Available at: <https://www.worldometers.info/world-population/finland-population> (Accessed 15 Nov. 2019)

Tannenbaum C, Greaves L, Graham ID. Why sex and gender matter in implementation research. *BMC Med Res Methodology*. 2016;16(1):145. Published 2016 Oct 27.

doi:10.1186/s12874-016-0247-7 Available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5084413/> (Accessed 28.05.2020).

Thomas, S. A., Wearing, A. J., & Bennett, M. J. (1991). Clinical decision making for nurses and health professionals. WB Saunders/Baillière Tindall. (Accessed 2 June 2020)

unknown. (online) Available at: <https://thl.fi/en/web/thlfi-en/statistics-by-topic/finances-in-the-health-and-social-services-sector/health-expenditure-and-financing> (Accessed 21 Jan.2020)

Unknown. (online) available at:http://www.oecd.org/els/health-systems/HDMeeting_Item9-2_Waiting-times-Finland_NationalInstituteForHealthandWelf (Accessed 29 May 2020)

Figures

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Appendices

Appendix 1: Questionnaire format in English language

Services Quality Measurement Related Questionnaire

1) What is your gender?

A- male

B- female

C- prefer not to answer

2) What is your age?

A- younger than 18 y

B- 18 - 24 y

C- 25 - 34 y

D- 35 - 44 y

E- 45 - 54 y

F- 55 - 64 y

G- 65 y or over

H- prefer not to answer

3) What best describes your employment status?

A- employed full-time

B- employed part-time

C- self-employed

D- unemployed, looking for work

E- unemployed, not looking for work

F- student

G- retired

H- homemaker

I- military

J- prefer not to answer

K- other

4) Which of the following categories best describes your monthly income?

A- under 500 €

B- 500 - 1,000 €

C- 1,000 - 1,200 €

D- 1,200 - 1,500 €

E- 1,500 - 2,000 €

F- 2,000 - 3,000 €

G- 3000 € or more

H- prefer not to answer

5) Do you have Health insurance?

A- yes

B- no

6) In which language do you receive the service?

A- Finnish

B- English

C- Swedish

D- In your mother tongue, Translator

7) How satisfied were you toward the health sector before and after your last treatment?

Before receiving the treatment					
Satisfaction level	very unsatisfied	unsatisfied	neutral	satisfied	Very satisfied
Service quality					
Efficiency of care					
Process of the service					
Waiting time					
Skills of the staff					
Costs					
Co-ordination with external health departments (ex. laboratory, x-ray)					

After receiving the treatment					
Satisfaction level	Very unsatisfied	unsatisfied	neutral	Satisfied	Very satisfied
Service quality					
Efficiency of care					
Process of the service					
Waiting time					

Skills of the staff					
Costs					
Co-ordination with external health departments (ex. laboratory, x-ray)					

8) Which of the following qualities is the most important for you?

A- Patient

B- Enthusiastic

C- Attentive

D- Friendly

E- Responsiveness

9) which of the following features that you do not like?

A- Un patient

B- non enthusiastic

C- Un attentive

D- Un friendly

E- Un responsiveness

10) How likely is it you would recommend the services of public health sector?

0	1	2	3	4	5	6	7	8	9	10	
Very Unlikely											Very Likely

For which reason your answer is related?.....

11) How likely is it you would recommend the services of private health sector?

0	1	2	3	4	5	6	7	8	9	10
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Very Unlikely Very Likely

For which reason your answer is related?.....

12) Would like to feedback, and how the service can be improved?

Appendix 2: Questionnaire format in Finnish language

Kysely terveydenhuollon palveluista

Tämä kyselylomake on osa suorittamaani opiskelusta Laureassa. Pyydän sinua arviomaan mitä mieltä olet nykyään terveydenhuollonpalveluista? Rengasta tarvittaessa oikea vaihtoehto.

1) Sukupuoli

- a. mies
- b. nainen
- c. en halua vastata

2) Ikä

- a. alle 18 v.
- b. 18 - 24 v.
- c. 25 - 34 v.
- d. 35 - 44 v.
- e. 45 - 54 v.
- f. 55 - 64v.
- g. yli 65 v.
- h. en halua vastata

3) Mikä parhaiten kuvaa nykystä elämäntilannettasi?

- a. kokoaikainentyö
- b. osa-aikatyö
- c. itsenäinen yrittäjä, työntekijä
- d. työtön, etsii töitä
- e. työtön, ei etsi töitä
- f. opiskelija g. kotiäiti
- h. alokas, mennessä palvelukseen tai seillä jo oleva
- i. eläkeläinen
- j. en halua vastata

4) Tuloraja/kk

- a. alle 500 €
- b. 500 € - 1000 €
- c. 1000 € - 1200 €
- d. 1200 € - 1500 €
- e. 1500 € - 2000 €
- f. 2000 € - 3000 €
- g. yli 3000 €
- h. en halua vastata

5) Onko sinulla yksityinen sairausvakuutus?

- a. Kyllä
- b. Ei

6) Millä kielellä saat palvelun?

- a. Suomeksi
- b. Englanniksi
- c. Ruotsiksi
- d. Äidinkielelläsi, tulkinavulla

7) Kuinka tyytyväinen olet yleensä terveystalveluihin ennen terveydenhuollon vastaanottoa ja sen jälkeen?

Tyytyväisyys taso	Erittäin tyytymätön	Tyytymätön	En osaa sanoa	Tyytyväinen	Erittäin tyytyväinen
Palvelun laatu					
Hoidon laatu					
Henkilökunnan ammattitaito					
Hoitoon pääsyn odotusaika					
Palvelun hinta					
Hoidon saatavuus					
Koordinointi muiden terveystalvelujen kanssa (esim. Laboratorio, röntgen)					

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8) Mitkä seuraavista terveydenhuollon henkilökunnan ominaisuuksista ovat mielestäsi parhaat?

- a. kärsivällinen
- b. Innostunut
- c. Huomavainen
- d. ystävällinen
- e. Vastuuntuntoinen

9) Mistä seuraavista terveydenhuollon henkilökunnan ominaisuuksista et pidä?

- a. kärsimätön
- b. välinpitämätön
- c. epäkohtelias
- d. epäystävällinen
- e. ei tunne vastuutaan

10) Kuinka todennäköisesti suosittelisit julkista terveydenhuollon-palvelua toisille?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

En todennäköisesti

Hyvin todennäköisesti

Perustele antamasi vastaus.....

11) Kuinka todennäköisesti suosittelisit yksityinen terveydenhuollonpalvelua toisille?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

En todennäköisesti

Hyvin todennäköisesti

Perustele antamasi vastaus.....

12) Olisitko halukas antamaan palautetta, kuinka palvelua voisi parantaa? Kerro miten.