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# Developing Occupational Health Care Services For Better Customer Satisfaction

Case study – Lohja Occupational Health

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<p>The renewal of Good Occupational Health Practice in Finland brings new challenges and triggers self-examination among occupational health care providers. Successful renewal of occupational health care practices emphasizes activity, commitment and trustworthiness from occupational health care providers but also from the customer companies. For this co-operation to work effectively, communication in a common language increases its' importance furthermore. Since purchasing occupational health care services is required by law, this is a field of active and secure seller's market. For now, a few private occupational health care service providers are battling for customers, but new service providers are launched frequently. Since laws and regulation dictate the services to be provided, means of competition are few.</p> <p>Lohja Occupational Health (LOH) found itself in the situation of increasing competition in 2014. Though their operational principle as an association based, non-profit service provider differs from the competitors' operational principles, LOH wanted to find out their strengths and weaknesses in the field of occupational health care services and to canvas a base on which to build on their future actions to increase customer satisfaction. This was done with an anonymous customer satisfaction e-questionnaire, targeted to the service suppliers of the customer companies. With 28 send questionnaires and 54% respond rate, the customers of LOH seemed to be quite happy with their service provider. However, a few development areas could be lifted out for further consideration.</p> <p>One of the main development areas was to increase communication with the customer companies, including recurrent canvassing of customer satisfaction and increasing transparency of occupational health care services and responsibilities. To increase smoothness of processes especially in customer contacts, adopting LEAN thinking and strengthening the interpersonal skills of personnel would also increase customer satisfaction. One of main strengths of LOH is the fact that it is owned by customer companies which allows close communication and customer participation in decision making. Increasing customer knowledge of law dictated limitations to occupational health care services, this co-operation could be increasingly fluent and would remain one of the unique strengths of LOH.</p>	
Keywords	Customer satisfaction, occupational health care, improvement, development

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## 1 Introduction

In Finland all employers are required by law to arrange professional-level occupational health services to their employees. This brings challenges to customer relations, since buying occupational health services is mandatory to the customer, unlike in any other field of service provision. Another challenge, characteristic to OHC, is that service providers have two customer borderlines in one customer relationship: the individual customers consuming the services (employees) and the service purchasing customer (the company). (Koskela & Hakulinen. 2012).

The renewal of Good Finnish Occupational Health Care Practice triggers self-examination in the field of occupational Health Care service providers. The renewed regulation, that came into effect in the beginning of 2014, emphasizes prevention of work related health hazards and cooperation with customer companies and other health care operators, as the main roles of the occupational health services. It also emphasizes that nursing and medical treatment are not statutory functions of occupational health care, and the fact that many employers still buy these services to the employees through occupational health care (OHC) provider faces criticism in the quarters advocating renewal. (Mattila. 2012; Työterveyslaitos. 2014.)

The renewal creates new pressure on OHC services and OHC customer relations. For successful renewal of OHC services, service providers must be trustworthy, committed and active. They must have good communicative skills and ability to distribute responsibilities with human resources units (HR) and occupational safety and health administration (OSHA). This takes coordinating skills, common language and knowledge of the functions of different work places. To ensure functional cooperation OHC service providers are required by the new regulation to have documented quality systems by the end of year 2016. (Koskela & Hakulinen. 2012; Työterveyslaitos. 2014.)

OHS services can be purchased from municipal or private health centers or by operating companies own or company shared occupational health center. (Kela. 2013.) This brings additional challenge to customer relations and also triggers discussion about possible differences of quality between public and private occupational health care services. (Koskela & Hakulinen. 2012).

The following figure shows the division of customers on different OHC service providers in Finland in the year 2011.

#### Individual occupational health customers according to OHC provider

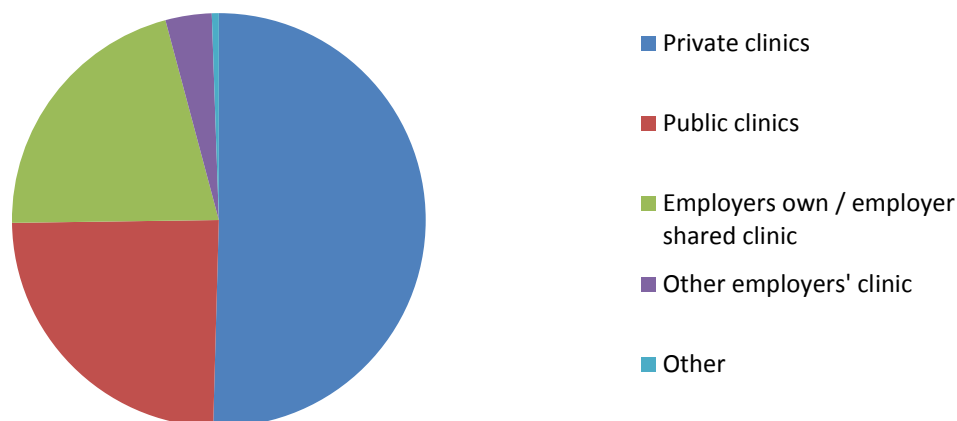


Figure 1. Individual OH customers according to OHC provider in Finland year 2011 (KELA 2011.)

By comprehensive OHS coverage of employees the aim is to prevent work related health risks and to promote health and working ability of employees. In order to achieve this, occupational health care (OHC) needs to have sufficient understanding of the specific features of working conditions and the work itself as well as of the health status and working ability of employees. This is why OHS need to be planned in close cooperation between the OHC and the workplace, usually HR-department and occupational health and safety unit (OSH), and through them the employees themselves. (ILO. 1985; Kela. 2013.)

Since the use of OH-services is not voluntary to the client companies, the challenges to maintain successful patronage are many. Especially between private OHC service providers, the competition is becoming tighter. Though customer focused approach in OHC means active cooperation not only with the client company but with every employee using the services, the needs between these two may vary and hence OHC service provider has two different customer groups to serve. (Manninen et al. 2007. 13-19.) From the customer companies point of view,

good OHC means workforce wellbeing, development of working conditions and control of the work undone (sickness leaves, incapacity to work, disability), while from individual customers point of view the aim is at a long working carrier and healthy retirement, joy of working and support in problem situations. (Seuri. 2014).

This thesis aims to scan the customer conceptions of the quality of services in one OHC service provider, Lohja Occupational Health (LOH). LOH wants to find out what are their strengths and weaknesses regarding the renewal and the requirements of good occupational health care practice and also to map if these requirements and development strategies line up with the development needs that may rise through the theis questionnaire. The results serve as a base for building and using a good and effective quality program and developing customer services according to the needs that may rise through the thesis questionnaire.

## 2 Customer relationships as allocation of resources in OHC

The actions of OHC in proportion to customer company can be seen in three different ways of approach that dictate how flexible, innovative and need oriented the actions of OHC are. Statutory approach follows the social guidance, while occupational health based approach is dependent on the service system and resources of OHC. In this thesis the approach is the third; customer based approach. This is the approach that follows the needs and terms of the customer company by changing the actions of OHC service provider and aims to better customer satisfaction. (Juntunen, Puumalainen & Mäkelä-Pusa. 2010. 27-28; Sinokki. 2014. 62-65).

Previous researches about customer satisfaction in OHC, highlight a few essential factors increasing customer satisfaction. The most essential factors seem to be trustworthiness (Hakulinen. 2009. 16-17; Hakulinen, Pesonen, Laaksonen, Jalonen, Pulkkinen-Närhi, Rautio, Räsänen & Manninen. 2012; Heikkinen. 2008. 27-29; Verbeek, de Boer, van der Weide, Piirainen, Anema, van Mastel & Hartog. 2005. 119-123) and customer based approach with common language and active interaction (Hakulinen. 2009. 16-17; Hakulinen et al. 2012; Hakulinen & Pirttilä. 2012; Heikkinen. 2008. 27-29). Also the quality and accessibility of services was considered important, as was intimacy and confidentiality. (Hakulinen. 2009. 16-17; Hakulinen et al. 2012; Hakulinen & Pirttilä. 2012; Heikkinen. 2007 4333-4337; Heikkinen. 2008. 27-29).

Though previous researches have found that the customer relations in OHC do not differ much from other business relationships, in OHC marketing, competition and managing customer relationships were considered less important than in other lines of business. (Hakulinen et al. 2012; Peltomäki & Husman. 2002. 139-14.)

Though previous researches have found that customer satisfaction is a complex theoretical context, measuring customer satisfaction is still considered a valuable tool for quality improvement. In OHC these evaluations are increasingly important, due to changes in organization of OHC, and providers are encouraged to continue measuring customer satisfaction. (Veerbeek, van Dijk, Räsänen, Piirainen, Kankaanpää & Hulshof. 2001.)



### 3 The principles of good occupational health-practice

The principles of good occupational health (OH)-practice are prescribed in the occupational health care (OHC) act by Ministry of Social Affairs and Health (708/2013). This act serves as the measuring point of good occupational health practice quality and directs the organizing, implementing and developing occupational health care. In addition good OH-practice requires knowledge and experience in OHC as well as respecting the general principles of OHC. (Finlex. 2013; Manninen, Laine, Leino, Mukala & Husman. 2007. 13-19.).

These principles are the base for building quality programs to guide occupational health care service providers to better, equal quality and well balanced services. The principles dictate the standards of the services that have to be provided to a company purchasing OHC services. They are also a tool of cooperation between OHC service provider and customer company. Though these principles ensure certain level of OHC service quality, in the competitive field of OHC services, the required level of services may not be enough to attract customers and raise customer satisfaction.

#### 3.1 The legality

The occupational health care act is only one of the laws and acts that control the operations and compensations of occupational health care. Other related acts are for example the occupational health and safety act (738/2002), act on occupational safety and health enforcement and cooperation on occupational safety and health at workplaces (44/2006), act of health care professionals (559/1994), narcotics act (373/2008) and sickness insurance act (1224/2004, 1338/2004). (Finlex. 2013; Manninen et all. 2007. 10-11.).

The decision in principle of the state describes the development strategies of OHC until the year 2015. The main emphasis of the development strategies lies on quality improvements of working life, intensifying preventive operations to promote and maintain good working ability and ensuring extensive and good OHC nationally. The main targets of the development strategies are enforcement of the law, developing service systems, ensuring qualified, adequate and multiprofessional human resources and practicing evidence based OHC. (Manninen et all. 2007. 10-11.)

### 3.2 The usage of evidence-based information

Practicing occupational health care takes knowledge and experience about different working environments, but in the end the decision in OHC have to be made on evidence based information. In OHC, as in all health care the main sources of evidence based information are Terveystoiminta and Käypä hoito. Also The Institute of Occupational Health and Cochrane Occupational Health field collect evidence based information for Finnish OHC use. (Manninen et al. 2007. 44-45).

It is OHC service provider's responsibility to bring and explain the evidence based information into the co-operation with the customer companies. Understanding the evidence based information behind the whole occupational health care concept, increases customer satisfaction and facilitates co-operation.

### 3.3 Customer focus

Customer focused OHC is based on mutual agreements and trust, it is approachable both physically and mentally and the interactivity in customer relationships is fluent. The processes of OHC need to respond to those of the client companies so that both can engage to promoting and maintaining the health in working environments. (Manninen et al. 2007. 13-19.)

The trust can be gained by transparency in decision making, communicating and pricing. It is to be noted, however, that OHC service provider is the expert in it's field and in order to gain and maintain the trust, the expertise needs to show to the customer in an understandable way.

### 3.4 Cooperation

OHC has many roles in customer focused cooperation and many interfaces to partners (occupational safety and health department, rehabilitation, office for employment, insurance companies, the social insurance institution). A plan of action, made together with the client company taking into account their hopes and vision for the cooperation, clears the processes to both parties. (Manninen et al. 2007. 13-19.)

In order to utilize the role of OHC when designing the services in the areas of social and health care services, it is important to understand the forms of cooperation between OHC and other actors in the health care field. OHC is the expert in evaluating the relation between work and health. It works closely with other health care providers as a coordinator in operations supporting ability to work. OHC utilizes occupational and medical rehabilitation and recognises the possibilities of using social insurance and employment administration in supporting ability to work. In the figure below the coordinating role of OHC in supporting working ability is represented more clearly.

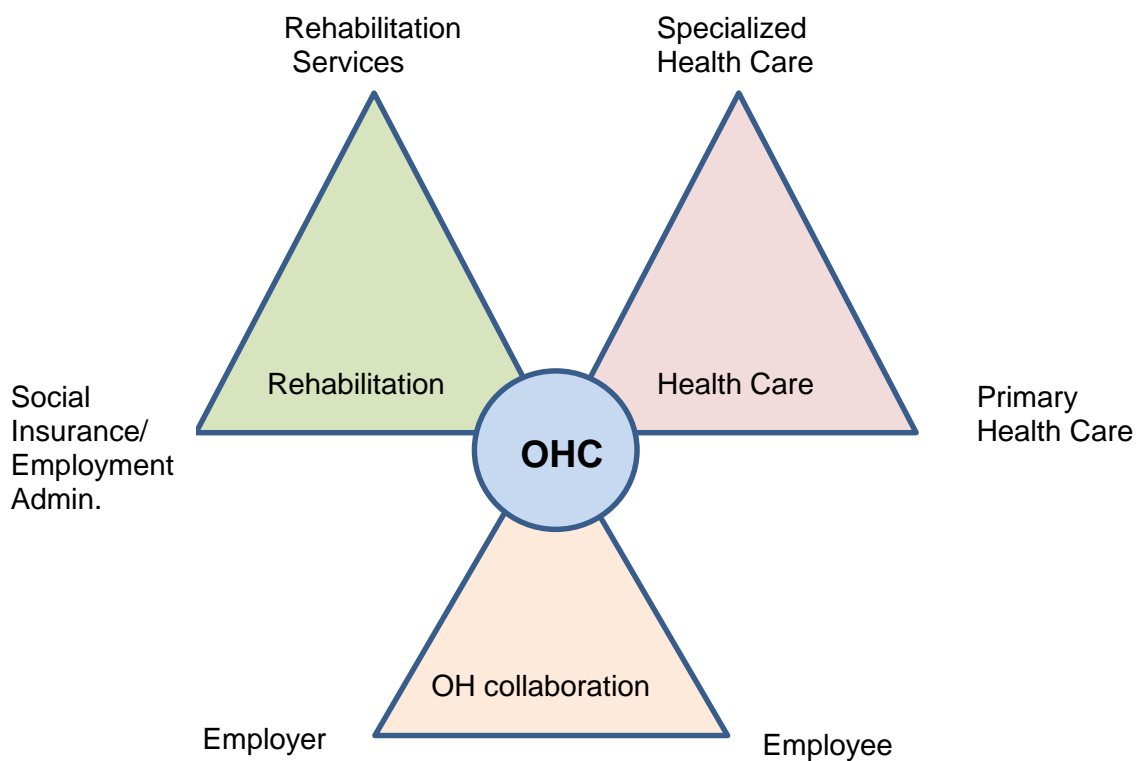


Figure 2. Coordinating role of OHC (Mukala K. 2012.)

### 3.5 Planning, quality and effectiveness

The good OHC practice is a constant process of demand evaluation, action planning, operating on demand, monitoring, evaluating and improving the quality and effects of operations. All of the processes of actions are designed and chosen with the customer company so, that the processes together comprise a system that responses to the goals of OHC. (Kela. 2014; Manninen et all. 2007. 13-19.)

All of the steps of OHC have to be, by law, documented and reported to the customer companies, but also partly on national level to the Social- and health ministry and KE-LA (the social insurance institution of Finland). When the action plan is done correctly based on thorough analysis of the working environment (together with the customer company), the actual action as well as measuring and reporting effects and quality of action is unambiguous and well-defined to all parties involved. (Kela. 2014; Manninen et all. 2007. 13-19, 77-84.)

According to the good OHC practice needs to be implemented in processes that base on individual needs of each customer company. The process starts from estimating the needs of the working place and goes through actions of practice to quality assessment and development. (Kela. 2014; Manninen et all. 2007. 24-25.)

The OHC processes can be divided to core-of-the-matter processes and back up processes. Core-of-the-matter processes are essential when pursuing quality improvement. The core-of-the-matter processes are the functions prescribed by law and the back up processes are the functions that back up implementing the core-of-the-matter processes. These processes will be further viewed in chapter 3. (Manninen et all. 2007. 60-65.)

### 3.6 Multidisciplinary and multi-professional approach

Multidisciplinary and multi-professional approach in practice is co-operation of OHC professionals in many fields answering the needs of the customer company. The estimation of the services needed is done by OHC professionals, yet the companies usually decide which services they want to provide to their employees. If the OHC unit cannot provide the services needed, they have to purchase the services from another company. (Manninen et all. 2007. 13-19.)

### 3.7 Professional qualifications and independence

Professional qualifications in OHC are dictated by the occupational health law supplemented with a separate manual of demands of qualifications. In short the qualifications consist of specialization in OHC and constant training to maintain professional skills. The resources of OHC professionals need to be proportioned to the needs of the individual companies. All of the OHC professionals need to be independent from both employers and employees. (Manninen et al. 2007. 13-19.)

Doctors working full-time in OHC have to be occupational health specialist doctors. Doctors working part-time in OHC have to have passed an OHC advanced studies within two years when working in OHC field. Nurses working in OHC field have to be specialized in OHC or have to specialize within two years when working in OHC field. (Työterveyshuoltolaki. 2001.)

### 3.8 Ethics and confidentiality

Ethics and confidentiality are elementary in any health care operations. Professionally justifiable and ethically acceptable actions are the base of ethical operations, while confidentiality is built on expertise of OHC and certainty of adequate privacy protection, all defined in ILO agreement 161 (1985) and Occupational Health law (1383/2001).

Ethical choices in any health care operations are based on protecting and promoting well being and health of the customer. It is important for all health care personnel to understand the effects of actions on individuals and communities. Choices must be based on justice, equality and respect of autonomy and the benefit of actions must always top the possible inconvenience caused. (Manninen et al. 2007. 34-41.)

In occupational health care the levels of ethical thinking differ a little bit from other health care operations. In OHC ethical thinking can be divided to three different levels. Part of ethical decisions are made on society level through politic policymaking, another part on operational level of companies, based on law required actions and the last part on operational level of OHC, based on professionalism. (Manninen et al. 2007. 34-41).

## 4 The processes of OHC

Good occupational health care practice requires providing OHC services through a process thinking, divided to core-of-the-matter processes and back up processes. The main elements of practising OHC are using evidence based information and working through efficient, good quality processes. (Manninen et al. 2007:24-31.)

The following process figure describes the core-of-the-matter operations of OHC.

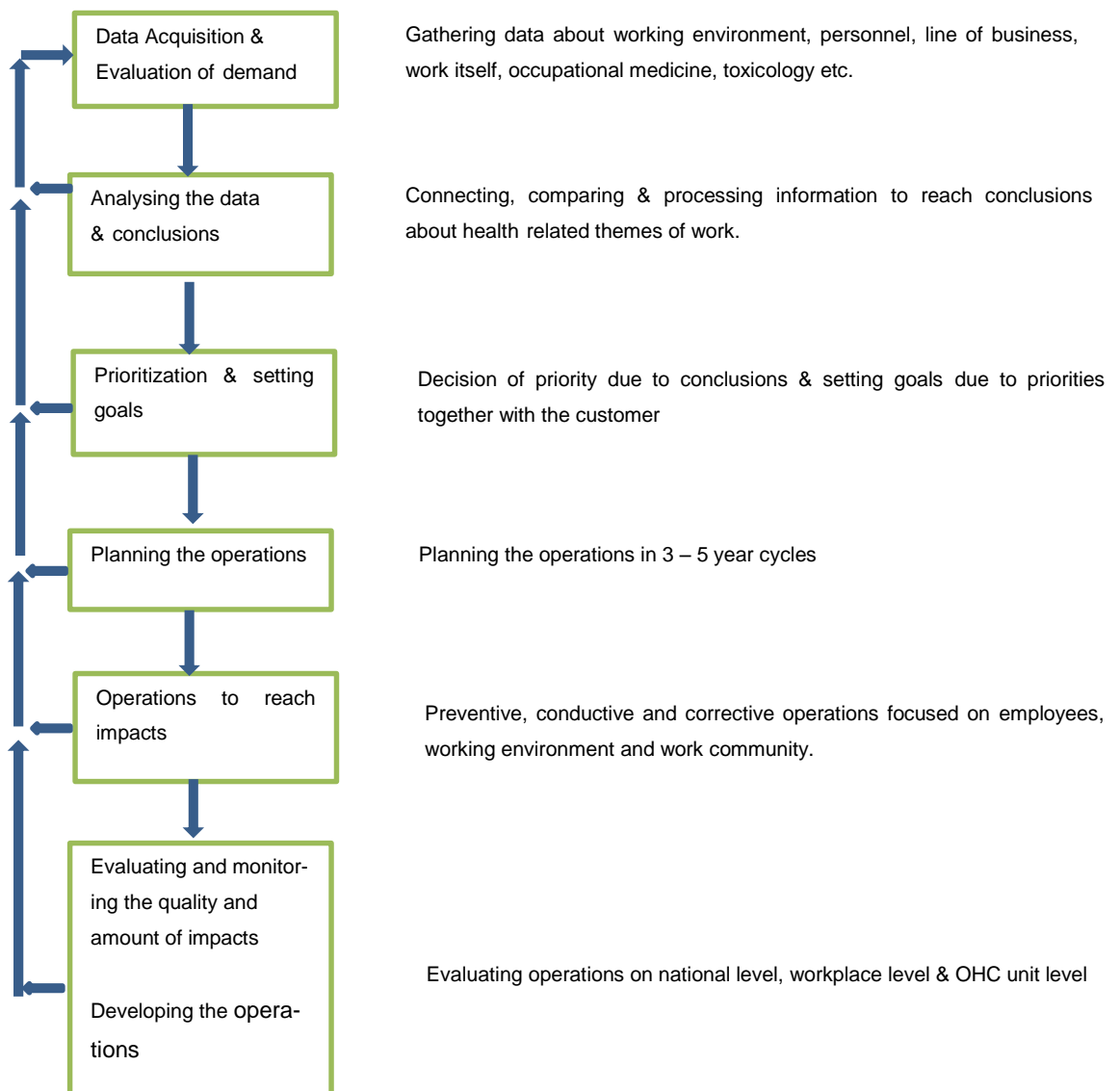


Figure 3. Occupational Health care processes (Manninen et al.2007, 25.)

The data needed to plan OHC operations comes from the customer company. The employer has a legal obligation (Occupational Health law 1383/2001) to give all the information that is required to evaluate and prevent health hazards on work. This information, compared to other information about the line of business, helps OHC to draw conclusions, prioritize urgent matters and make operation plans to provide good occupational health care regarding customers' needs. Operations are then evaluated in national level, together with the customer company and within the OHC unit. (Manninen et al. 2007:24-31.)

In addition to these core-of-the-matter processes OHC needs back-up processes. Back-up processes are functions that are needed to enable execution of core-of-the-matter processes. Following figure clarifies the meaning of different OHC processes. (Manninen et al. 2007:60-66.)

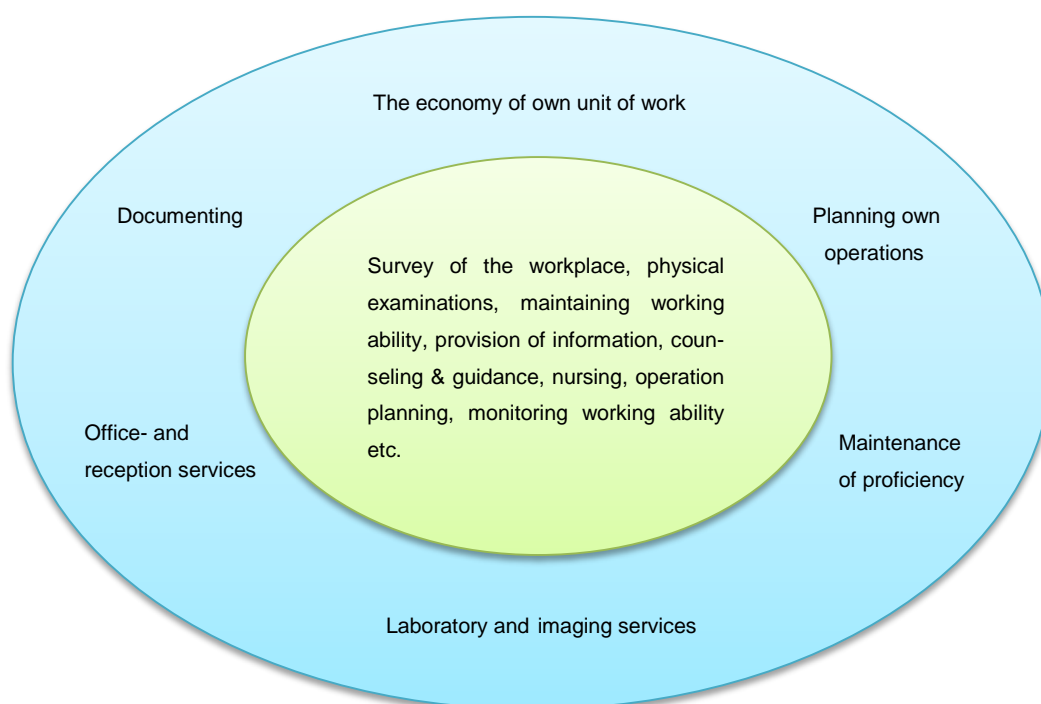


Figure 4. The matter-of-the-core processes and the back-up processes of OHC (Manninen et al. 2007. 61.)

## 5 The costs of occupational health care

In Finland 1,9 million people (~78% of workforce) are covered by occupational health care (Statistics Finland 2014; THL 2014). Excluded from this number are the private entrepreneurs, small enterprises and periodical workers. Occupational health law does not require the companies to organize any kind of medical treatment or nursing based on normal sicknesses and illnesses. However 90% of Finnish companies want to offer these services to their employees, with additional costs. The funds for occupational health care come partly from the employers but mostly from earned income insurances, paid by the employers and employees. The social insurance institution of Finland administers these funds as a disinterested party, and reimburses (from these funds) 50% of general practitioner level nursing and 60% of the preventive health care costs of occupational healthcare to the employers. The average cost of occupational health care to the employer is 145 euros per person per year, while average cost of one sick leave day is 350 euros. (TTL. 2014; Vuorela. 2013.)

Un-equality of occupational health care services has been a long lasting debate in Finland. The fact that employed nationals get health care services this way is often seen as unfair advantage and prevalent opinion is that all tax payers are sponsoring these health care operations. However, people not attending working life, do not pay the earned income insurance, and are not paying for the occupational health care of working people. (Vuorela.2013.)

Instead, according to The Finnish Institute of Occupational Health (2011), company form, organization form, employment form and employment duration are irrelevant when considering the obligation to arrange OHC, to ensure equality of services among employed nationals.



## 6 The research

The thesis research was done for Lohja Occupational Health (LOH). The meaning of the research was to find out the strengths and weaknesses LOH has compared to other OHC providers in Lohja. At the time of the questionnaire there was one public and one private OHC provider in Lohja, and another private company was planning in joining the markets.

Measuring customer satisfaction is relatively easy, though it is a complex theoretical concept. Customer evaluations of OHC services are important to LOH and are becoming increasingly important due to the changes in OHC organization. OHC providers are encouraged to measure the customer satisfaction due to good OHC practice and studies made on the field. (Verbeek, van Dijk, Räsänen, Piirainen, Kankaanpää & Hulshof. 2001)

The timing of the questionnaire also gave LOH a chance to gather important information regarding the renewals in OHC sector. Also it has been a point of interest in the national network of registered association based OHCs to strengthen the network and to make the association based OHC network more renowned. The building of quality program may also benefit from the responses of customer companies. Though it was not the main goal of this questionnaire, it would provide information about association based network qualities and their importance to customers in Lohja.

The questions in the questionnaire were chosen together with the personnel in LOH. Questions were chosen considering the OHC recommendations so, that the answers would reflect the quality of care in LOH, regarding the required quality of OHC. Other selection criteria were the importance of the measured services according to OHC recommendations and the measurability and transparency of the measured fact in the workplaces.

Physiotherapist services were not included in the questionnaire because these services are bought from private physiotherapy entrepreneurs. Also the physiotherapy services often included in OHC contracts are information services, while actual physiotherapy is either not included in the contracts or is bought from outside co-operative companies.

Since LOH has only one laboratory nurse, it was decided that the laboratory services are not discussed separately. In the questionnaire questions that aim to measure customer opinions about OHC's are phrased clearly to do so (question 18) or are considered to focus on trained OHC personnel (OH doctors and nurses, questions 1 – 11), while questions considering nurses' services all together are phrased differently (questions 29 – 32)..

## 6.1 Research questions

The research questions were discussed together with researcher and LOH personnel.

- What are the strengths and weaknesses of LOH as an OHC provider?
- How can LOH utilize the existing strengths and develop their services in order to be able to compete in changing business situations?

## 7 Lohja Occupational Health

Lohja Occupational Health is one of the 30 registered associations in a national net called Occupational Health of Finland (OHF). OHF is one of the biggest (4 biggest) private occupational health care providers in Finland. It operates in over 30 localities in Finland and has over 3300 customer companies and 90000 individual customers. All registered associations are owned by their customer companies and operate on non-profit basis, which allows the companies to maintain a lower price level than the competitors. Any temporary profit achieved is repaid to the customer companies.

Lohja Occupational Health (LOH) has 32 direct customer companies and as many sub-contracted customer companies. On the whole LOH is taking care of almost 2500 individuals, half of those from direct customer companies. The size of customer companies varies from companies of personnel of two to companies of personnel of 600.

The Institute of Occupational Health (2012) reported the median amount of patients per occupational health doctor (OHD) in Finland 2010 to be 1084 – 2722 patients/OHD. The median amount of patients per occupational health nurse (OHN) in Finland 2010 was 444 – 763 patients/OHN. The range varies according to the service provider. (Työterveyslaitos, 2012). The Finnish Public Health Nurse Association recommends the maximum amount of patients per OHN to be 800/OHN in preventive OHC and 400 – 500 patients/OHN in comprehensive OHC. (Terveydenhoitajaliitto. 2005.)

At the time of the research the personnel of LOH consisted of two occupational health doctors, three occupational health nurses, one laboratory nurse and one office manager. The individual clients were divided evenly between the two doctors (average of 1226 customers/doctor) and the three occupational nurses (average of 817 customers/nurse). Laboratory nurse was in service for all individual customers.

Every customer company has their own designated doctor and nurse. The companies have been distributed so that the workload remains as equal as possible on the nurses and doctors. Nurses' and doctors' experience on certain fields of business has also been taken into account. The designated nurse / doctor is primarily in contact with the company and handles non-emergency situations with the companies' personnel. In emergency situations or during holidays, customers may be directed to one of the other nurses / doctors.

Since LOH is owned by its' customer companies, their main principle is working closely with the customer companies, offering equal quality OHC services to all their customer companies. They are also building a quality program, IMS, together with other OHC service providers in the national chain, to ensure the equal quality and flexibility of services. The renewal does not bring many changes to LOH's way of doing business, since their business idea has been accordant to what the renewal advocates, from the very beginning.

In their web-pages (<http://lohjantyoterveys.fi/>), LOH declares to be trusted, nearby and an expert OHC LOH says to offer quality OHC services, with a group of experienced and professional OHC specialist. According to the web-pages customer wellbeing and supporting occupational health are more important to LOH than financial profit. These declarations are on the lines with the official principles of Occupational Health of Finland and serve as a base for measuring customer opinions and satisfaction.

LOHJAN Työterveys ry

Etusivu Palvelut Toimintaohjeet Yritys Tavoitteet Yhteystiedot

*Sinun työterveytesi - tuttu ja turvallinen*

Ota yhteyttä!  
Potilasasiamies  
Pyydä tarjous yrityksellesi  
Ajankohtaistiedote

**Tule aidon työterveyshuollon piiriin!**

Lohjan Työterveys ry on luotettu, asiantunteva, lähellä oleva työterveysasema. Olemme lohjalainen, voittoa tavoittelematon yhdistys. Tarjoamme laadukasta työterveyshuoltoa, josta huolehtii joukko kokeneita ja ammattitaitoisia työterveyshuollon erikoisosaajia. Olemme osa Suomen Työterveys ry:tä, joka on neljänneksi suurin valtakunnallinen työterveyspalvelujen tuottaja ja johon kuuluu työterveyshuoltoja ympäri maata. Taloudellisen tuloksen sijaan meille on tärkeintä asiakkaidemme hyvinvointi ja työterveyden tukeminen parhaalla mahdollisella tavalla.

**Teemme työtä sydämellä - sinua varten.**

Suomen Työterveys ry

Linkejä

- > Kela
- > Työterveystaitos
- > Suomen Työterveys ry
- > Terveyskirjasto
- > HUS Lohjan Sairaala

Figure 5. Lohja Occupational Health web-pages

## 8 IMS - Integrated Management System

IMS is the quality management system used in LOH. A quality management system (QMS) is a necessary tool to monitor the quality of actions of an organization, to support the way organization works and to define the way of quality management of products and services. Through a QMS an organization can organize and document workflow and processes, validate instruments and methods and enhance corporate knowledge. The idea of QMS is to integrate all business components into one coherent system. All of this is done in cooperation between management and employee level. In the case of LOH the QMS has been implemented also in cooperation between OHF member companies. (IMS.2014)

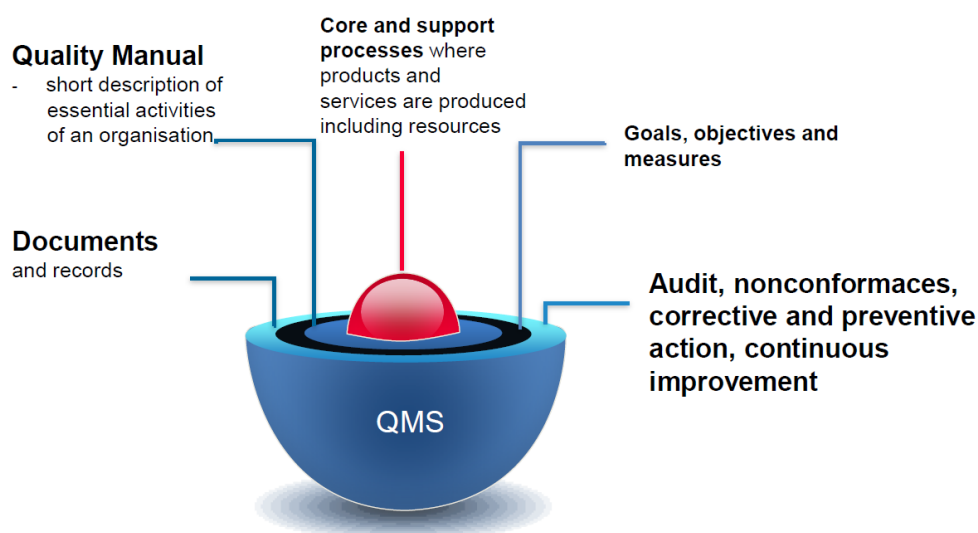


Figure 6. Main elements of QMS (Moisio. 2013)

Most of the member companies in OHF use IMS as a quality tool to reach coherent quality of services all over Finland. IMS enables coherent documents, forms, processes and quality, and makes the OHF more sustainable OHC service provider, though the chain of OHF companies is not as tight as of the rival companies. (IMS. 2014; Moisio. 2013)

The member companies of OHF differ in size and services. The processes described in IMS are the base for all actions of the member companies, though most of the smaller member companies have modified the processes to better respond to their actions.

The main idea of process management realizes in all of the processes. In the following figure is pictured the concept of process management.

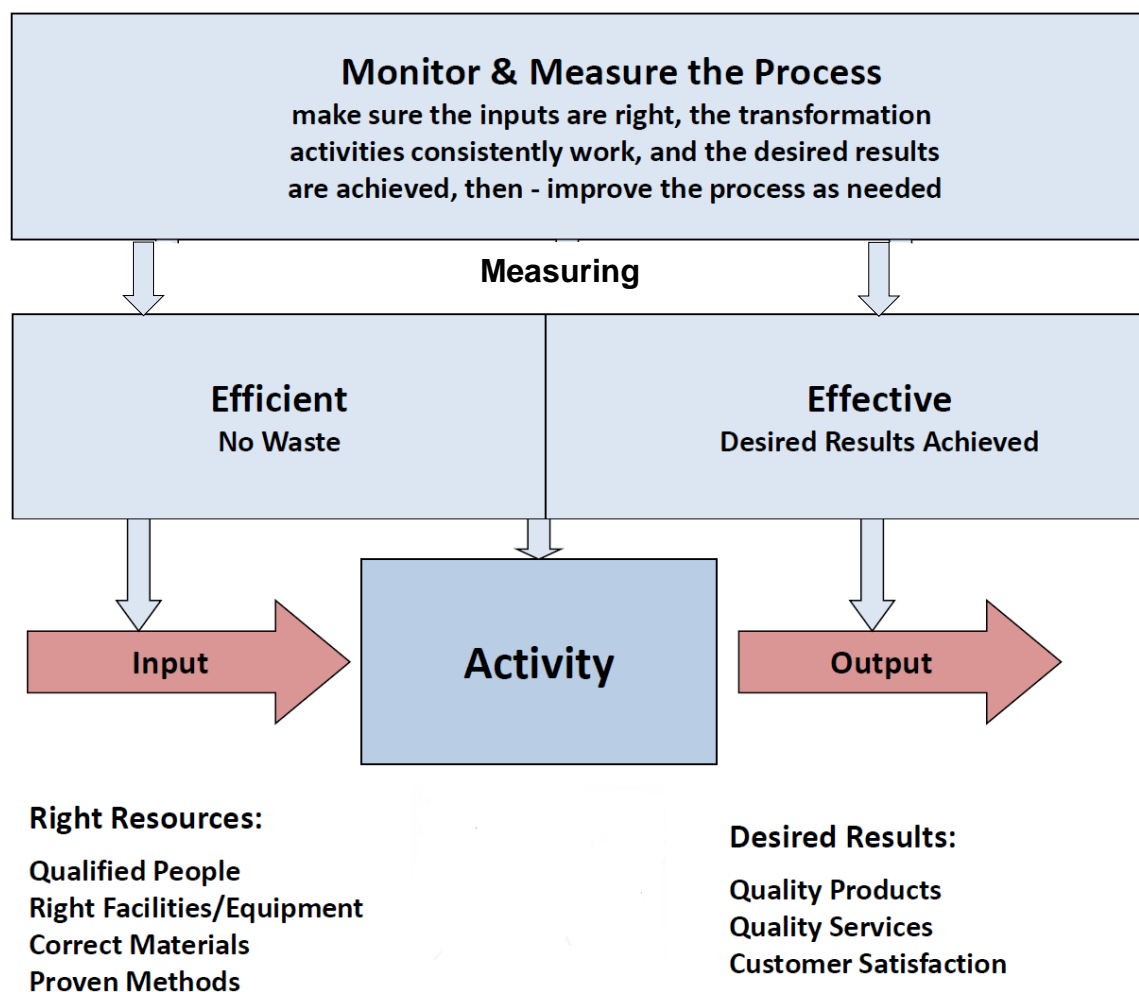


Figure 7. Managing a process (Moisio.2013)

At the time of the research IMS for OHF was still under fine-tuning but usable. Profiting the IMS fully will still need practice and accustoming. The researcher had no longer access to IMS program in time of the research, and utilising the IMS alongside the research was impossible.

## 9 Questionnaire

The questionnaire was created together with the researcher (an occupational health nurse in LOH) and other employees of LOH in late spring of 2014. Due to short research period it was decided that the questionnaire would be sent only to intermediaries of each company instead of all employees. Though part of the questions covered overall customer satisfaction on OHC services, the main interest was to find out the opinions and conceptions of those responsible for purchasing OHC services. In the enclosure the respondents were asked to reflect the overall experiences the company has of OHC services, instead of their own experiences. The conception of the respondent is important since it most likely is the base for choosing OHC service provider.

The questionnaire was done as a semiopen questionnaire on the internet (E-lomake), where the participants could answer the questionnaire anonymously. Twentyeight (28) questionnaires were sent, to all the companies who obtain their occupational health services **mainly** from LOH. Questionnaires were sent to the contact person named by the customer company as an intermediary of occupational health business. In most of the companies this was also the person responsible for choosing the provider of OHC or the person in closest co-operation with OHC. Two reminder e-mails was sent to motivate answering during the summer of 2014. On the whole the questionnaire was open to answers from the end of June until the beginning of September.

Fifteen (15) of the companies responded to the questionnaire (53.6%). Two of the questionnaires could not be delivered due to technical issues. This considered, the response percentile from questionnaires that reached the recipient is slightly under 60%. The use of the questionnaire was most active during June and August. July was known to be a vacancy season in many of the companies. The questionnaire remained open until the beginning of September to give more answering time due to vacation period. The researcher left LOH in the beginning of August and after that, no more answers were received.

The first 19 questions clarified the customers' experiences on the OHC services generally, and with the next 14 questions the researcher wanted to clarify the customer experiences to the central services of LOH. These both were conducted with statements about LOH services, evaluated by respondents using Likert scale.

The answers of the multi-choice questions were as follows: completely disagree, partly disagree, partly agree and completely agree. The respondents chose the answer from a pull-down menu.

### Lohjan Työterveys ry:n asiakaskysely

Tyytyväisyys yleisesti työterveyden palveluihin

Valitse esitettyjen tekijöiden alapuolelta mielipiteesi kyseisen tekijän paikkansapitävyydestä työterveyshuollossa.

Työterveyshuolto vastaa yrityksemme terveystarpeisiin.

--Valitse tästä--  
 täysin eri mieltä  
 osittain eri mieltä  
 osittain samaa mieltä  
 täysin samaa mieltä

emus on riittävää yrityksemme tarpeisiin nähden.

Työterveyshuolto tuntee hyvin henkilöstömme terveystilanteen.

--Valitse tästä--

Työterveyshuolto tuntee hyvin henkilöstömme työ- ja toimintakyvyn.

--Valitse tästä--

Figure 6. Example of a pull-down menu in the multichoice questions

Researcher's outlook on the multi choice answers is as follows;

Completely agree - positive feedback, no actions required, customer feels that OHC service provider reaches the quality required.

Partly agree – positive feedback, development needed, overall experience positive.

These answers should be studied carefully and lack of quality should be rectified.

Partly disagree – negative feedback, development needed, overall experience negative. These answers should be studied carefully and lack of quality should be rectified immediately

Completely disagree – negative feedback, breach of customer expectations. These answers should be studied carefully, the processes should be studied carefully and the lack of quality should be rectified immediately. May cause loss of customers.

Customers were also asked to put 14 factors, that may affect the choice of OHC providers, in order of importance, as well as 10 factors of requirements the customers may want the OHC provider to answer. The factors were pre-chosen for the questionnaire by researcher and the LOH personnel.



Customers were also given a chance to express their thoughts in open answer questions about what they want the OHC provider to develop in the future and whether they would recommend LOH as an OHC provider to others.

The questionnaire was implemented in Finnish and the questions have been translated in English for the thesis. The original Finnish questionnaire can be found in the appendix.

Työterveyspalveluiden valintaan vaikuttavat tekijät

Numerot allaolevista vaihtoehdoista tärkeysjärjestyksessä viisi tärkeintä tekijää, jotka vaikuttavat kohtalaisi työterveyspalveluiden tuottajan valintaan. Numero 1 on tärkein tekijä, numero 2 seuraavaksi tärkein jne.

Hinta	<input type="text" value="1"/>
Palvelun laatu	<input type="text" value="2"/>
Palveluiden saatavuus	<input type="text" value="3"/>
Aukioloajat	<input type="text" value="4"/>
Työterveyshuollon sijainti	<input type="text" value="5"/>
Työterveyshuollon vastaavuus	<input type="text" value="0"/>

Figure 7. Example of a pull-down menu in the order-of-importance questions

## 10 Results

### 10.1 The general experiences of service in LOH

The information in this section was gathered through 19 multichoice statements of general services of LOH. The customers choose from four possible answers, completely disagree, partly disagree, partly agree and completely agree (Likert scale).

On the whole customers were quite pleased with the services of LOH. Most of the answers were distributed either on “completely agree” or “partly agree”, with some exceptions. In the bar charts, “completely agree” answer bars were coloured green, “partly agree” and “partly disagree” answer bars coloured in different shapes yellow and “completely disagree” answer bars were coloured red. This facilitates the quick reading of the charts with the traffic light idea. In the bar charts statements related to each other were drawn together. Consequently statements are not in the same order than in the original questionnaire. In the bar charts and the table charts the amount of answers is shown in quantity of answers and in the text in percent of answers, to give a different perspective.

In the chart answers are represented with letters: CD- completely disagree, PD- partly disagree, PA- partly agree and CA- completely agree. Following chart shows the distribution of answers.

Chart 1. Distribution of answers about general experiences of service in LOH

	<b>Statement</b>	<b>CD</b>	<b>PD</b>	<b>PA</b>	<b>CA</b>
1	OHC responds well to the health needs of our company.	0	0	5	10
2	The expertise of OHC is adequate to our company's needs.	0	1	8	6
3	OHC is familiar with our personnel's health circumstances.	0	0	6	9
4	OHC is familiar with our personnel's working ability and capacity.	0	0	7	8
5	OHC is familiar with the circumstances in our company.	0	2	2	11
6	The cooperation between OHC and our company is uncomplicated.	0	0	3	12
7	OHC gives enough information of their services in proportion to the needs of our company.	0	2	3	10
8	OHC gives our company directions on how to prevent work related health hazards.	0	0	6	9
9	OHC gives our company directions on how to cope better at work.	0	2	6	7
10	OHC motivates and directs in supporting one's own occupational wellbeing.	0	3	8	4
11	The actions of OHC are unbiased.	0	0	1	14
12	Our company is satisfied with the pricing of OHC services.	0	3	8	4
13	OHC is active in communicating with our company.	0	3	3	9
14	Our company is active in communicating with OHC.	0	3	7	5
15	Our company would prefer the possibility of making appointments through internet.	0	1	6	8
16	Our company can affect the content of OHC services.	0	2	8	5
17	OHC is familiar and secure.	0	1	0	14
18	Access to our occupational health nurse is easy and fast.	0	0	2	13
19	Access to our occupational health doctor is easy and fast.	0	1	7	7

Table 1 below shows the distribution of answers in the first two statements. The respondents agreed (67%) or partly agreed (33%) that OHC responded to the health needs of the company well. The expertise of OHC compared to the needs of the company, was considered partly adequate, since 40% of the respondents agreed that the expertise of OHC is adequate to company's needs, 53% partly agreed and 7% partly disagreed.

With this phrasing of the question it is hard to conclude whether more expertise is hoped for, though the overall responding to the health needs is adequate, or do the respondents consider the company's needs indicated in the second question to be other than health related. However, it may be concluded that the companies would benefit of a more extensive visibility of OHC expertise in the co-operation between the companies and OHC or clarification on the responsibilities of OHC compared to the expectations of customer companies'.

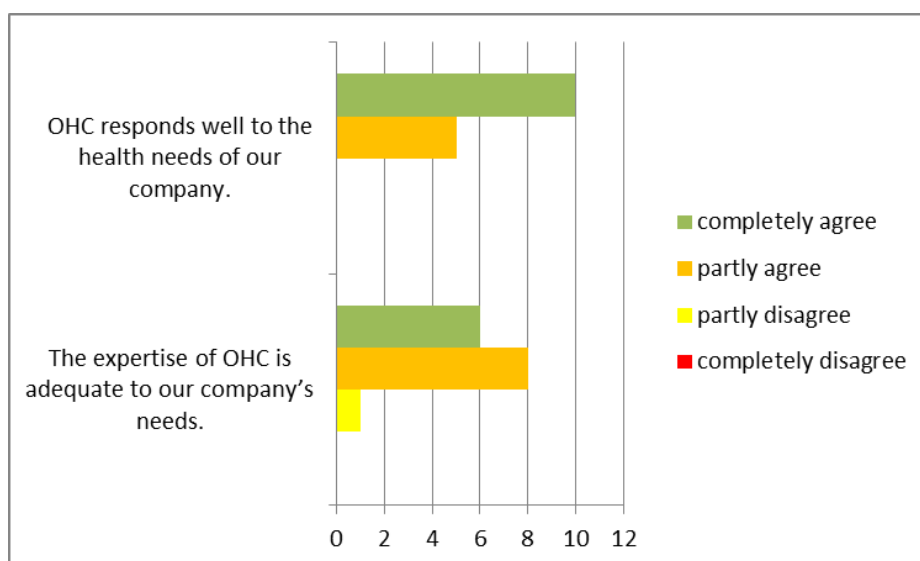


Table 1. OHC respond to company needs (n=15)

OHC's knowledge of personnel's health circumstances was considered good (60% completely agreed and 40% partly agreed with the statement). Personnel's working ability and working capacity was also familiar to OHC (53% completely agreed and 47% partly agreed). OHC's knowledge on company's circumstances had most variation in the responses: though biggest part of the respondents completely agreed (73%) that OHC is familiar with the circumstances in the company, there were also partly agreeing (13%) and partly disagreeing (13%) answers.

With an active co-operation and communication OHC might be able to reassure the customers of their knowledge of personnel's health circumstances and working ability. Considering that the respondents were the representatives of the company and not the individual customers, it is safe to assume that these answers do not necessarily reflect the total situation. Though OHC gives reports to the companies of the overall health related circumstances of the personnel, individual customer cases are under professional secrecy and hence not discussed with anyone else. Also, individual customers may use other health services, causing lack of information in OHC. This may create a distorted general view of the situation in both ways.

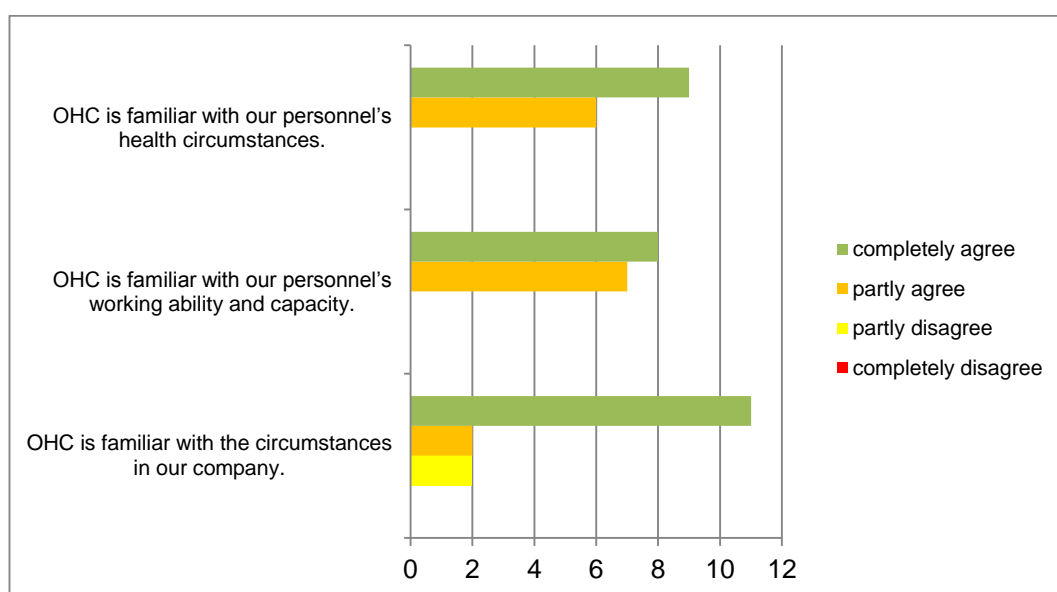


Table 2. OHC's knowledge of working environment circumstances (n=15)

The co-operation between companies and OHC was found uncomplicated (80% completely agreed and 20% partly agreed). Partly disagreeing answers were given in three areas of information distribution. OHC giving information about their services was mostly adequate (67% completely agreed, 20% partly agreed and 13% partly disagreed). OHC giving information on how to cope better at work was fairly adequate (47% completely agreed, 40% partly agreed and 13% partly disagreed). On OHC motivating and directing on supporting occupational wellbeing of an individual customer, distribution of answers differed a little (27% completely agreed, 53% partly agreed and 20% partly disagreed).

According to these answers more information is wanted on preventive self-care, especially on motivating on self-support of occupational wellbeing of individual customer. Also more information on OHC's services all together was hoped for. These answers are quite clear. Either OHC could give more health related information, or the information OHC is giving does not reach the customers in understandable and usable form. Development in this field is needed.

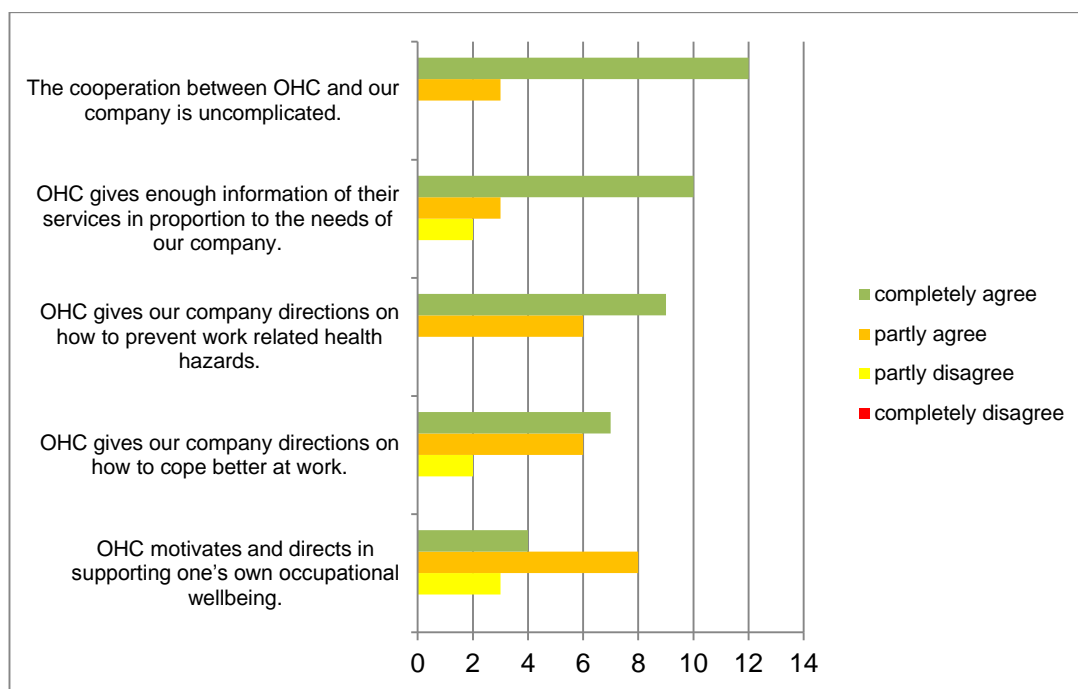


Table 3. Co-operation with OHC (n=15)

Related to the previous table of statements the OHC's activity in communicating with the company was considered partly insufficient (60% completely agreed, 20% partly agreed and 20% partly disagreed on OHC being an active communicator). However the respondents felt that the companies' own activity in communicating with OHC was also insufficient (33% completely agreed, 47% partly agreed and 20% partly disagreed on the company being an active communicator). Most of the companies felt that the activity in communicating was adequate both ways.

It is to be noted that OHC is required to gather information needed to implement effective and good quality OHC. Also the customer companies are required to give correct information on all occupational health related matters. Communicating both ways is crucial to fluent co-operation in OHC. This is an area where need of development should be considered essential.

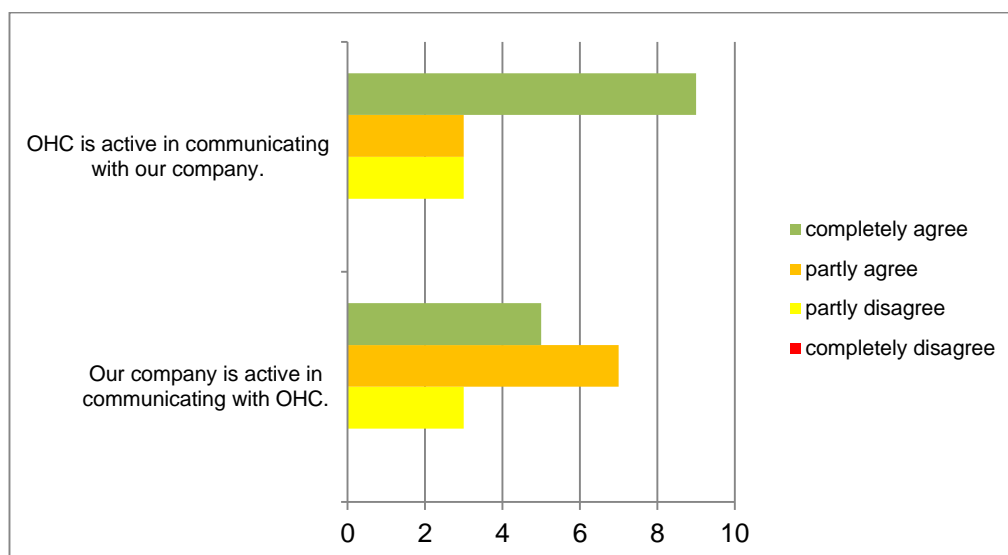


Table 4. Activity in communicating (n=15)

Most of the companies were partly (53%) or completely (27%) satisfied with the pricing of OHC services, while (20%) was partly unsatisfied with the pricing. Companies also felt that they could partly (53%) or completely (33%) affect the contents of OHC services, while 13% partly disagreed on the statement. The possibility of making appointments through internet was hoped for (53% completely agreed on preferring internet services, 40% partly agreed and 7% partly disagreed).

Since LOH is a non-profit company and hence is able to keep the prices lower than the competitors, it is interesting to see that most of the customers are partly satisfied or partly unsatisfied with the prices. With the phrasing of the question it is impossible to say whether the cause dissatisfaction is the amount of prices, distribution of prices or the whole system of payment. Many of the companies have been LOH customers for a long time so the possibility that the companies are not familiar with the general price level, should be considered. Also it is possible that companies would prefer to have lower prices throughout the year and instead of getting reimbursements after the fiscal year.

The content of the OHC services is always discussed with the customer company and arranged to the company's needs. Board of directors (members from customer companies') also gather at least twice a year to discuss matters related to LOH actions, including the content of OHC services offered to customer companies. If necessary the board of directors can be called together more often, and always if the matter to discuss needs the board's approval.

Fairly big amount of partly agreed respondents raises a question of why the companies feel they can't fully affect the content of OHC services. LOH only offers comprehensive OHC services, meaning the preventive health care according to law and medical treatment, which is not mandatory by law for the companies to obtain. From health care point of view, offering comprehensive OHC enables the service provider to be more aware of the changing health situations in companies and being familiar with the working ability of personnel (see questions 3 – 5). However it is possible that companies would prefer different content of OHC without the medical treatment services. This question may also reflect the differing conceptions of the meaning of OHC.

In the progressive world of internet services, possibility of making appointments through internet is an essential tool of fluent customer service. Though internet appointment system always brings also challenges, this is something LOH could consider to offer their customers.



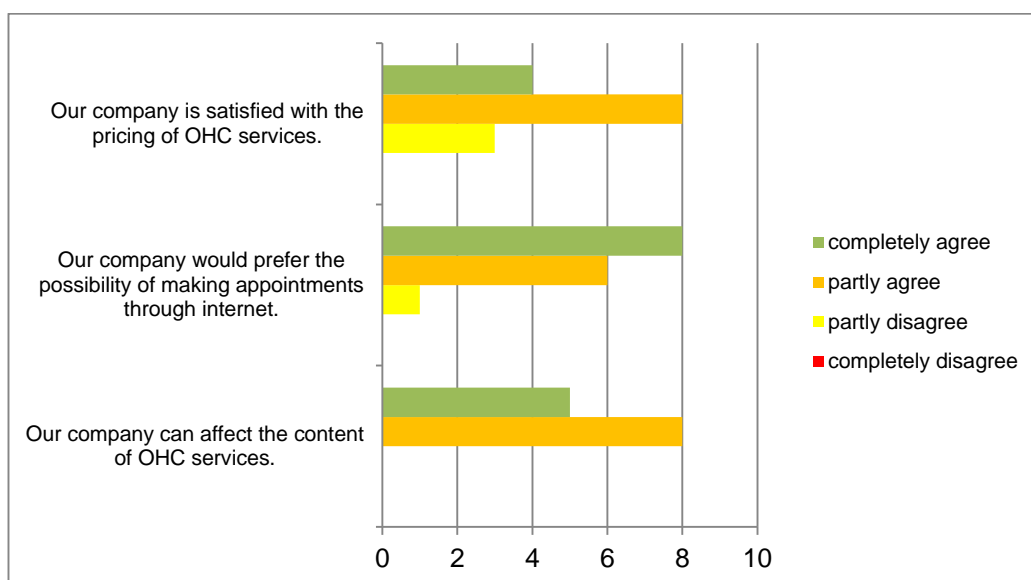


Table 5. Satisfaction in OHC services (n=15)

General consent of the respondents seemed to be, that OHC's actions were unbiased (93% completely agreed and 7% partly agreed). OHC felt familiar and secure to 93% of the respondents who completely agreed, while 7% partly disagreed.

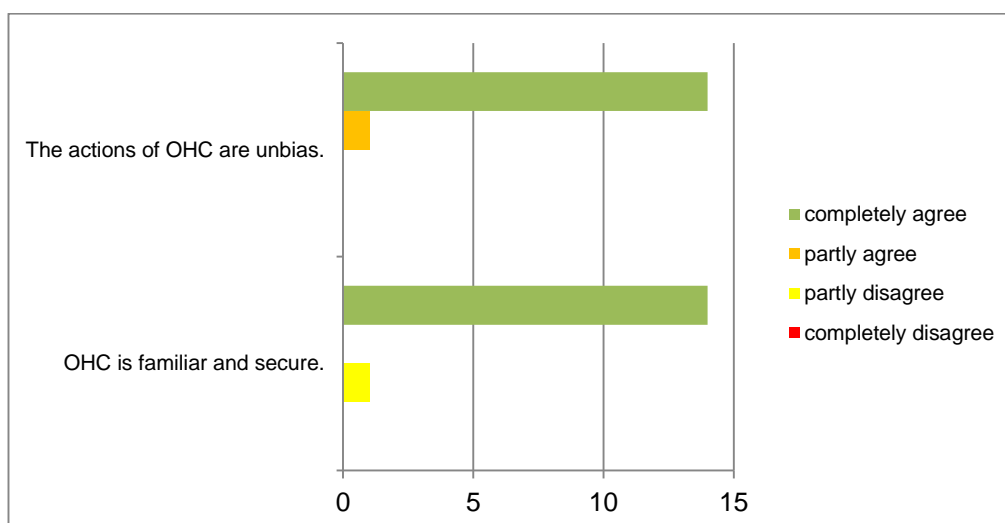


Table 6. Familiarity and partiality of OHC (n=15)

Access to both OHN and OHD services was considered sufficient. Access to nurses' services was slightly easier than to doctors' services. It is notable that the question measured access to companies own nurse and doctor, and not the access to nursing or doctors' services all together. First aid cases are often directed to the doctor on call, who may not be the patients' "own" doctor.

Some changes and difficulties have also been experienced due to lack of workforce and changing workforce. This may sometimes cause confusion and disappointment among customer companies. Regarding the difficult situation (especially with the lack of competent doctors) LOH got fairly good response in this question.

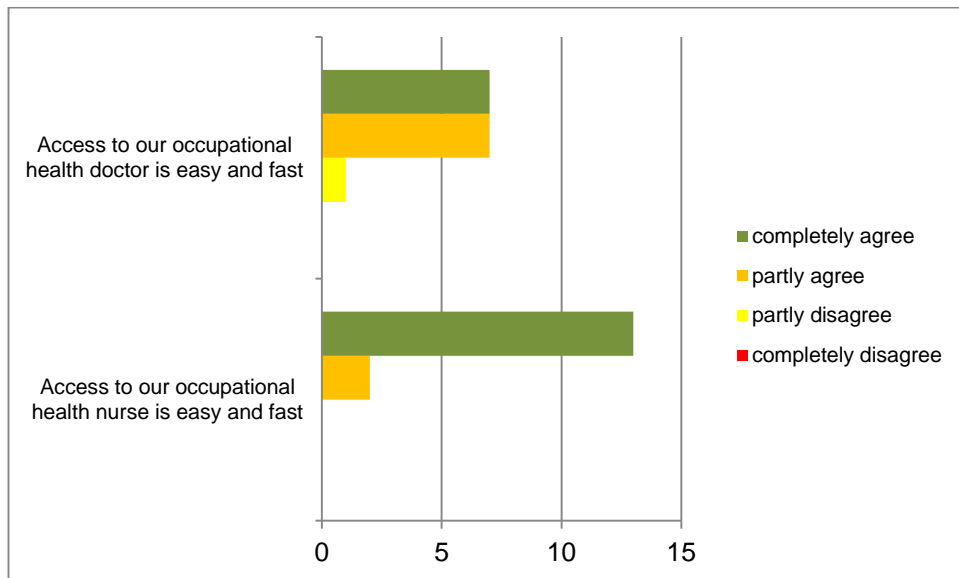


Table 7. Access to OHC service

## 10.2 The experiences on central services of LOH

The information in this section was gathered through 14 multi-choice statements of central services of LOH. The customers choose from four possible answers, completely disagree, partly disagree, partly agree and completely agree.

On the whole customers were pleased with the central services of LOH, though there was more distribution in answers than in previous section. In the bar charts, “completely agree” answer bars were coloured green, “partly agree” and “partly disagree” answer bars coloured in different shapes yellow and “completely disagree” answer bars were coloured red. This facilitates the quick reading of the charts. In the bar charts statements related to each other were drawn together. Consequently statements are not in the same order than in the original questionnaire.

In the chart answers are represented with letters: CD- completely disagree, PD- partly disagree, PA- partly agree and CA- completely agree. Following chart shows the distribution of answers.

	<b>Statement</b>	<b>CD</b>	<b>PD</b>	<b>PA</b>	<b>CA</b>
20	Making an appointment is smooth.	0	1	5	9
21	The accessibility of OHC services is fast enough.	0	1	4	10
22	The location of OHC services is adequate.	0	1	2	12
23	The opening hours of OHC are adequate.	1	0	4	10
24	The doctors conform the timetables.	1	1	4	9
25	The doctors respond to call requests as agreed.	0	0	2	13
26	The doctors pay attention to me and listen to me in doctors reception	0	0	0	15
27	The doctors are service minded	0	0	4	11
28	The doctors are professionally skilled.	0	0	5	10
29	The nurses conform the timetables.	0	1	1	13
30	The nurses respond to call requests as agreed	0	0	2	13
31	The nurses pay attention to me and listen to me in nurses' reception.	0	0	1	14
32	The nurses are service minded.	0	1	2	12
33	The customer service is fluent and flexible.	0	1	3	11

The central services of LOH were considered mostly adequate. However, there was partial disagreement in the easiness of appointment making, the fast accessibility of OHC services, the adequacy of the location and flexibility of services. One respondent also completely disagreed on the adequacy of opening hours of OHC.

Making an appointment was considered smooth or partly smooth (60% completely agreed, 33% partly agreed). Seven percent of the respondents partly disagreed about appointment making being smooth as it is, though in earlier questions a big part of the respondents hoped for internet possibility in appointment. The appointment in LOH are made by phone and sometimes through emailing the nurses directly, though this is not desirable. The person answering the phone (office manager or one of the nurses) also handles the signing up of the incoming customers, causing lining up on the phone lines. The possibility of internet appointment making might lessen the lining up and pressure on the customer service.

The access to OHC services was considered fast enough by 67% of the respondents and partly fast enough by 26% of the respondents, while 7% partly disagreed. In acute situations individual customers can either walk in every morning (8-9:30) or make an appointment to see a nurse. Doctor's see patients mainly by appointments, on call appointments are available in the same day basis. If doctor's appointments are not available, OHC can refer the customer to another local clinic to see a doctor. This practice had gotten comments on the open feedback section of the questionnaire, and will be re-evaluated later in the outcomes.

The location of LOH was considered adequate (80% completely agreed, 13% partly agreed and 7% partly disagreed). The opening hours of LOH were also considered adequate (67% completely agreed and 26% partly agreed). However 7% of the respondents completely disagreed on this statement. LOH is located at the center of Lohja city. The customer companies are located around the city or outside the city. Opening hours are office hours (8 – 16, Fridays 8 – 14). Tuesdays LOH is closed between 12 – 14 because of the personnel's weekly meeting. Companies with shift work use other clinics in emergencies that occur outside office hours. The head doctor of LOH and the leading nurse are also available by phone in accident or life threatening emergency situations. LOH opening hours may be inconvenient to individual customers working in office hours, though most of the companies allow their personnel to use medical services during working hours.

The customer service was considered fluent and flexible (73% completely agreed, 20% partly agreed and 7% partly disagreed). Customer satisfaction is considered a priority and customer satisfaction is measured yearly in LOH's own customer satisfaction survey and in Occupational Health of Finland (OHF) survey, where the results are also mirrored to other OHF companies results. Being a small company gives LOH the possibility to cut corners on the processes, in cases when that makes customer service more fluent. On the whole, unambiguous processes are the core of action that facilitate the actions of a small company.

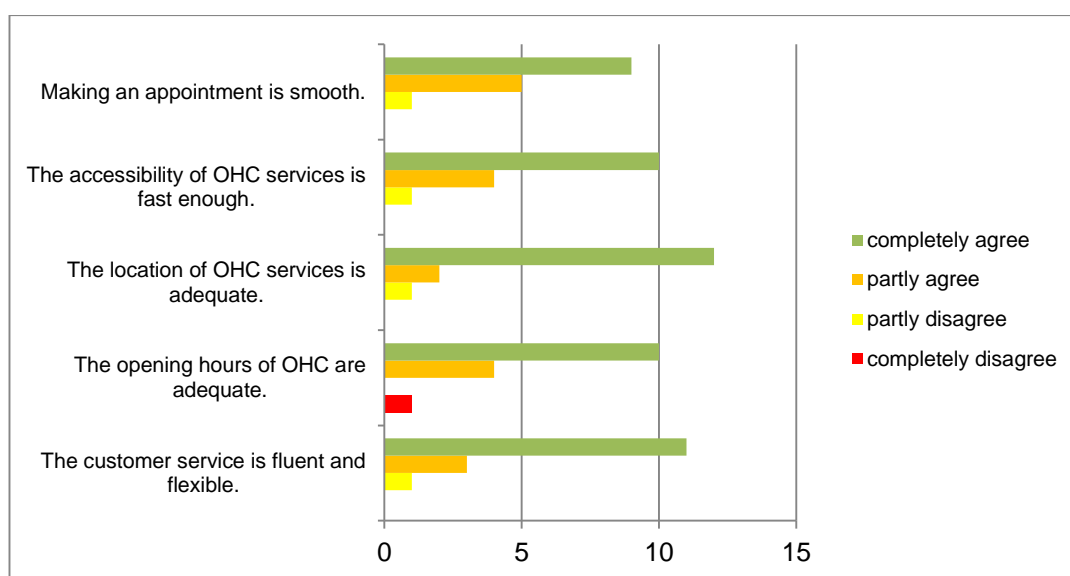


Table 7. Central services of LOH

The doctors conforming of timetables received a variable range of answers. The majority (60%) completely agreed and 26% partly agreed that the doctors conform their timetables. However 7% partly disagreed and 7% completely disagreed on the statement. This may be considered acceptable, considering that in health care unpredictable delays may happen. However it is to be noted that the conception of delay may vary, and that short delay may not be considered a delay at all.

It is also to be noted that one of the two doctors is a leading doctor and part of the working hours are so reserved for administrative work. This affects the work load of both doctors and the tightness of their calendar entries. The majority of the respondents (87% completely agreed and 13% partly agreed) also felt that the doctors re-

sponded to the call requests as agreed. In the cases when the call request is not being responded as agreed, a nurse or the office manager will contact the patient to explain the delay and to make new arrangements. It is possible that this process affects customer satisfaction and so also affects the answers in this statement.

The doctors paid attention to the patients and listened to them (100% completely agreed). The doctors were also considered service minded (73% completely agreed and 23% partly agreed) and professionally skilled (67% completely agreed and 33% partly agreed). Both of the doctors working in LOH at the time of the request were specialized in OHC and had several years of experience in OHC practice. Previous to the situation in time of the request, LOH had one doctor specialized in OHC, one part time OHC specialist doctor and one general practitioner. The general practitioner was accountable for medical care non related to OHC. All of the customer companies do not use OHC services frequently, so it is hard to say whether the previous situation of non-specialized doctor has influenced the answers.

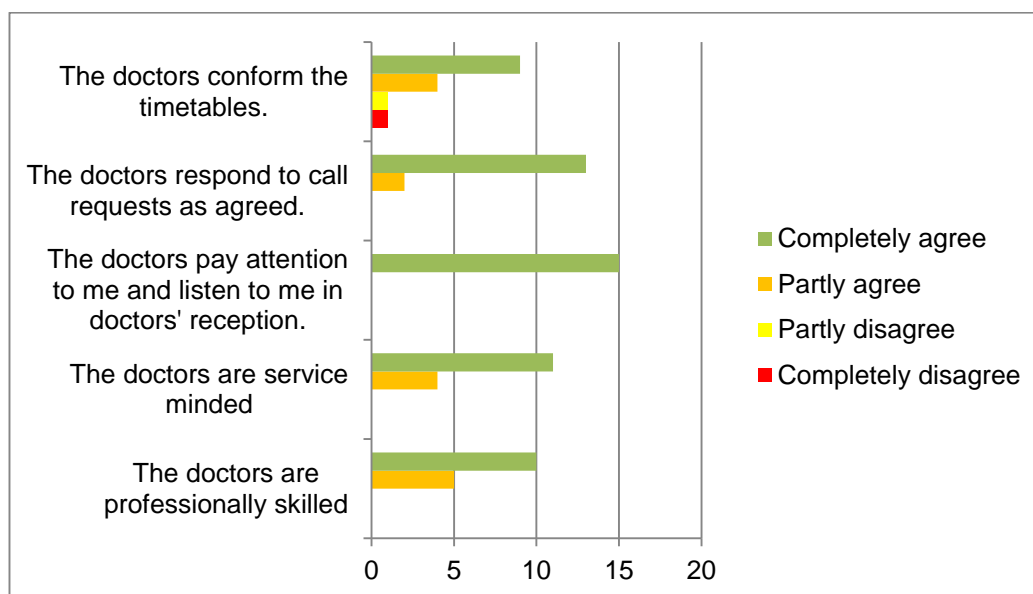


Table 8. Doctors' services in LOH

The nurses' services in LOH were also considered adequate. Partial disagreement could be seen to the statements about conforming the timetables and service mindedness of nurses.

The nurses conformed their timetables a little better than doctors (86% completely agreed, 7% partly agreed and 7% partly disagreed). It is to be noted that the amount of customer/nurse is smaller than the amount of customers/doctor. However, according to the process, patients see a nurse first in most of the situations. In acute situations the nurse estimates the need of doctor's services and the work related physicals are initialized by nurse. This means that the patient flow is bigger through the nurses, though the amount of designated patients may be smaller compared to the doctors.

The nurses respond to call requests as agreed (87% completely agreed and 13% partly agreed) and they are fairly service minded (80% completely agreed, 13% partly agreed and 7% partly disagreed). The nurses also paid attention and listened to their patients (73% completely agreed and 7% partly agreed). No notable differences were to be seen in customer opinions between doctors' and nurses' services.

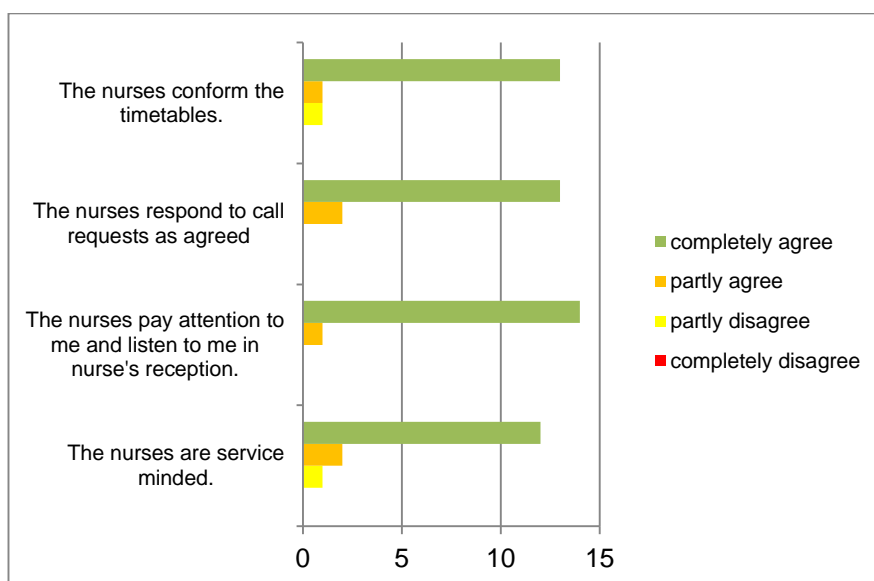


Table 9. Nurses' services in LOH

### 10.3 Choosing of OHC provider

In order to establish what are the most important qualities that affect the choice of an OHC provider, customers were given eleven factors to be put in order of importance from one to five, so that number 1 equals most important, number 2 secondly important etc. Following chart shows the distribution of importance on factors.

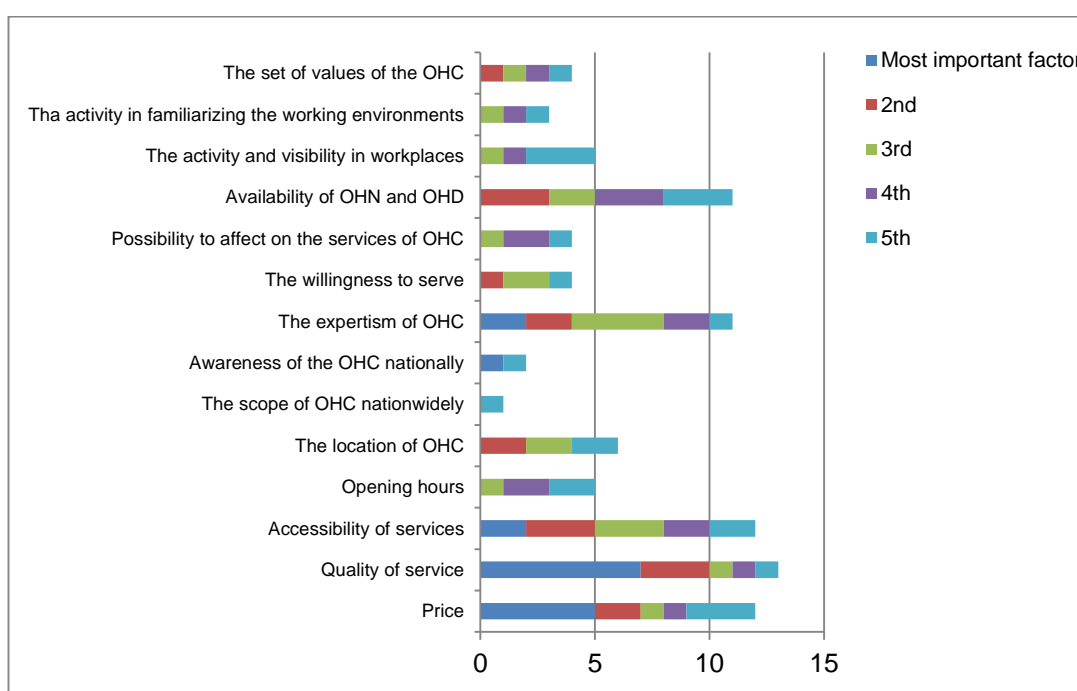


Table 10. Importance of factors when choosing the OHC provider

According to the answers the quality and price of OHC services were the most important factors when choosing OHC service provider, quality being clearly the most important factor. Also accessibility of services, national awareness, the expertism and the availability of OHN and OHD were considered important. The nationwide scope and awareness of OHN were the less important factors when choosing OHC services.

However, the answers can be interpreted in two ways. The five factors that were mentioned most in 1-5 scale of importance were quality of service, accessibility of services, price, availability of OHN and OHD and the expertism of OHC. The factors that were chosen to be the most important (1) factors when choosing OHC services, were the same factors but in different order of precedence. From the most important onward



they were quality of service, price, accessibility of services, the expertism of OHC and availability of OHN and OHD.

It is to be noted that the draw of the non-profit companies, price, became second in the importance while quality of services is the most important factor. It is more complicated to measure the quality of services, but according to this questionnaire the customers were altogether pleased with the services provided. However, it is important to maintain and to improve the quality, according to customer expectations. This does not mean delivering every service desired, but it means active communication with the customer companies in order to mutually understand what is the mission of OHC and how the customer can benefit from it.

It is also important to maintain the price level, since it is a strong competitive advantage of LOH. In previous question accessibility of services was considered good, which is another advantage considering that it was ranked third important factor when choosing OHC services. The customer satisfaction was good also in expertism and availability of OHC professionals in LOH, the fourth and fifth important factors when choosing OHC services.

The factors that might be considered weaknesses of LOH, insufficient coverage nationally (compared to competitors) and deficient national awareness, were the two least important factors when choosing OHC services. Nevertheless, OHF is strengthening its' coverage and coherence in Finland, and may hence reach solid status in the competition field.

In this question there was to be seen misunderstanding in the answering. Initial intention was that the respondents choose five factors that are most important and put those five factors in order of importance so that 1 is most important, 2 secondly important and so on. However two respondents had understood the question differently and had put all of the factors given in order of importance so that all of the most important ones were numbered 1, all the secondly important ones were numbered 2 and so on. This causes a slight distortion of the outcome.

## 10.4 Expectations for OHC services and cooperation

The customer's expectations of the OHC services were mapped by giving 10 factors to be put in order of importance so that number 1 is most important, number 2 is secondly important etc. The following chart shows the distribution of importance on factors.

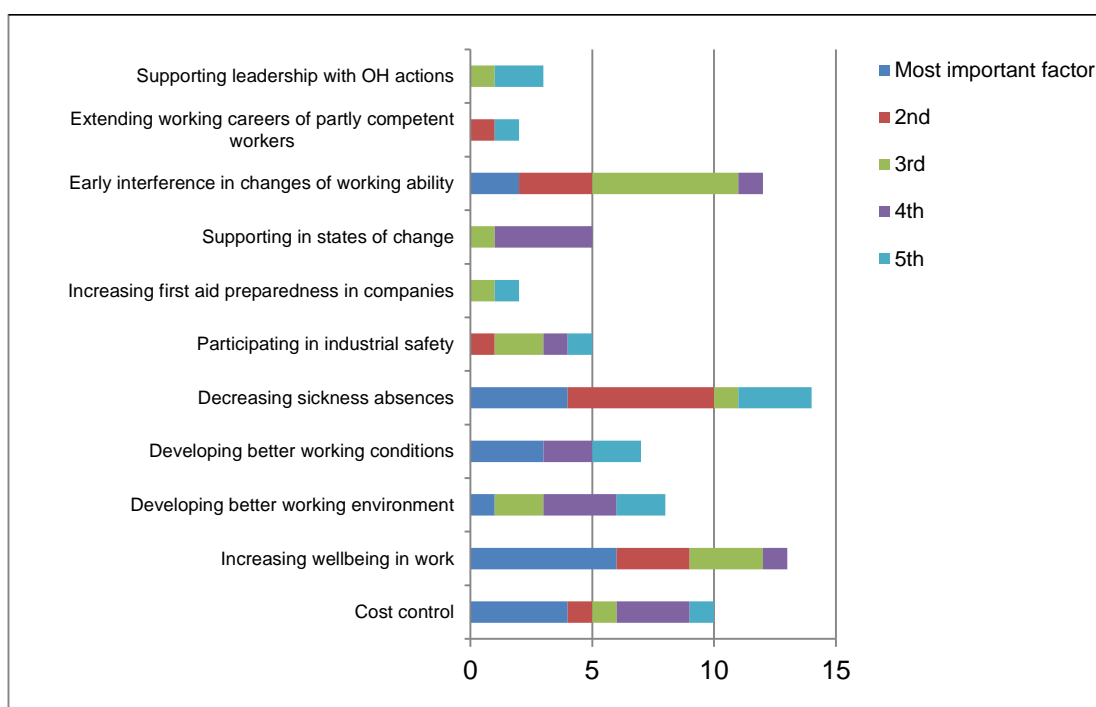


Table 11. Expectations for OHC services

According to the answers to this question, companies mostly expect cooperation of OHC in cost control, developing better working environments and working conditions, increasing wellbeing at work and decreasing sickness absences. Increasing first aid preparedness is not considered as an important function of OHC, nor is extending working carriers of partly competent workers.

These answers as well, can be interpreted in two ways. The five factors that were mentioned most in 1-5 scale of importance that customer companies expected the most from OHC services, were decreasing sickness absences, increasing wellbeing at work, interfering early in changes of working ability, controlling the costs of OHC and developing better working environments. The factors that were chosen to be the most expected (1) factors were mainly the same factors but in different order of precedence. From the most important onward they were decreasing sickness absences, increasing

wellbeing at work, and a draw between cost control, developing better working conditions and early interference in working ability changes.

The key to reducing sickness absences is to direct the health promotion actions to risk groups who either have an increased amount of health problems or whose working conditions may increase health problems. In LOH this is done through monitoring sickness absences in companies, through preventive education and by surveying health, lifestyles and genetic risk of customers through regular physicals. The activity of the companies is however important especially in motivating the individual customers to attend physicals. Terveys 2000 study by Confederation of Finnish Industries (2009) showed, that to gather the information needed from the individual customers reluctant to use OHC services, a health questionnaire (WEB-based or written) is a functional method. In LOH the written questionnaire is used either in conjunction with physicals, or in some companies between physicals or as a mean to evaluate the need for physicals. The study also found, that by dividing the individual customers into groups according to the health risk and then targeting the high risk groups with an additional preventive healthcare visit, the amount of sickness absences can be reduced.

Though the study considered this practice to be additional service of OHC, in LOH it is part of the normal OHC services and hence LOH is implementing this system in accordance with companies. Though these visits may increase the costs of OHC in the short run, it is to be noted that the cost of one sickness absence day to a company is around 351 euros (Elinkeinoelämän Keskusliitto .2009; Valtionkonttori. 2011.). Also by targeting health risks and increasing wellbeing at work, both OHC costs and the costs of sickness absences are decreased.

## 10.5 Open questions

To give customers a chance to announce their opinions about development needs of LOH, three open questions were added on the questionnaire. In these questions the answers divided on different subjects and only few of the subjects stood out so that the answers may be considered meaningful in a larger scale.

### 10.5.1 Development proposals for LOH

In the first question customers were invited to openly manifest development proposals in their own words. The maximum length of an answer was 80 characters.

*“Improvement of time management.”*

*“Fostering competitiveness towards big companies in health business.”*

*“More extensive provision of services.”*

*“More comprehensive opening hours, more activity in considering the possibility of substitutive work with the employee.”*

*“Faster referral to specialists or testing, if needed.”*

*“Explicit definition of prices on the bill, bills are imprecise.”*

*“Specialist for musculoskeletal problems needed.”*

In these answers the desire for specialist services rises above the others. OHC providers are not required to provide specialist services, but it may be considered that from the customer point of view, the facility to reach these services may be an important issue. What are the fields of specialists desired, remains unclear, except for musculoskeletal problems.

In one answer considering the possibility of substitute work with the employee is brought up. OHD's can discuss with the employers the possibility to offer the employee substitute work during partial disability. However, this cannot be decided between OHD and employee. Employers are also not required to offer substitute work, and in several fields the possibility for substitute work is minimal. It is not clear in this answer whether the respondent is familiar with this procedure, or whether the respondent suggests that the possibility to substitute work is not discussed enough between OHD's and employers.

The future of LOH is also mentioned in one answer, emphasizing that also customers are aware of the changing competition situation in Lohja.

#### 10.5.2 Recommending the services of LOH

In the second question customers were asked if they would recommend the services of LOH to other companies and why would/wouldn't they.

*"Yes, good price-quality ratio."*

*"Yes."*

*"Yes, good experiences of the active operation of LOH."*

*"Local expertise."*

*"Yes, to small companies."*

*"Yes, as one option, because of expertise."*

*"Flexible OHC services."*

*"Yes, pertinent, no-nonsense."*

*"Not sure, experiences with competitor more reassuring."*

Most respondents would recommend the services of LOH without exceptions. Expertise was mentioned as a biggest reason for recommending the services. However one respondent would recommend LOH services only to small companies, reason remaining unclear. One respondent was not sure of being able to recommend LOH services, because of the better experiences with competitor. Here too, the difference in services remains unclear.

### 10.5.3 Other regards to LOH

The third question gave the customers a possibility to give their regards to LOH, considering anything that they would like to say.

*“Be sure to keep adequate amount of doctors in the house, now you’re doing ok.”*

*“Ten points to the personnel.”*

*“More activity and cooperation needed.”*

*“Too many referrals to the competitor, this needs to improve, because they don’t know the working environments like you do.”*

*“The term of payment is only a week. The bill hardly gets through before due date.”*

*“Homey and approachable team (all of you!), like your own friends.”*

*“Have a nice summer.”*

These regards were quite evenly distributed to negative and positive feedback. Personnel received positive feedback, though more activity was wanted. The billing practice was brought up in one question as negative feedback suggesting more billing time and more defined bills. Also the referrals to competitor are brought up in this question as a negative feedback.

## 11 Discussion

In this research the answers are discussed considering the customer feelings, expectations and satisfaction. It is to be seen especially in open answers that customer expectations are not congruent with the service requirements of OHC services. In other words it may be unclear in the companies what OHC means and what is the scale of OHC services compared to other health care services. However, it is the customer satisfaction and the experience of the services provided that effect the choice of service providers. Considering this, it is important that companies and individual customers understand the scope of OHC.

LOH got good feedback in this questionnaire and it can be said that the overall customer experience was good. However, LOH has fairly limited amount of customer companies and though incoming customer amount is good, losing existing customer companies could have a significant negative impact. This gives a perspective on the importance of customer satisfaction. On the other hand, the resources LOH has at the moment (personnel and premises) does not allow a significant increase in customer companies, without decreasing the subcontracted customer companies.

Also the risk of losing the subcontracted customer companies always exists and has to be considered. Though LOH treats all customer companies with the same professionalism, the customer satisfaction of own customer companies should be considered primary importance as well as gathering new customer companies. A survey on customer satisfaction should be done on yearly basis and actions on improving customer satisfaction should be then implemented according to needs.

According to the questionnaire the main strength of LOH would be the expertise and knowledge of customer companies' working environments and circumstances. LOH was also considered familiar, secure and unbiased. All doctors and nurses working full-time in OHC have to be specialised in occupational health. This guarantees expertise in in OHC related matters. Being familiar with overall situations in the companies, active communication and co-operation is needed. Though co-operation between OHC and customer companies was also considered good, activity in communication and guidance would increase customer satisfaction.

Directions on how to cope better at work and how to support own occupational well-being are a very important part of OHC work. This is the field that should be pursued with extra effort, though it is often not the main interest of the individual customers. Health promotion is affective also as a group activity and can hence be easily organized reaching a larger group of customers. This, of course, would add costs to customer companies, and to reach mutual understanding about importance and effectiveness of health promotion, OHC service provider should actively inform customer companies about evidence based information reached in the field.

Customer companies partly agreed on being satisfied with the pricing of LOH services. As a non-profit company LOH is able to have significantly lower price range than competitors. This raises a question if customer companies are aware of the price range of OHC services in Finland or if the customer companies still feel that the prices of services in LOH are too high. It is also possible that the pricing is contemplated from another point of view, for example complexity of pricing, instead of price levels. Pricing was considered second in importance when choosing OHC service providers therefore transparency and comparison of prices is important in order to increase customer satisfaction.

Companies also admitted being lazy in communicating with LOH. It is hard to say what kind of communication companies felt they should increase. It is also unclear if the slight lack of communicating can affect the fact that the companies also felt that they could not totally affect the content of OHC services. Yet as a OHC service provider LOH has the main responsibility to communicate with customer companies and to create the communicating lines also vice versa. However, actions and services of OHC providers are dictated by law and services can only partly be discussed and modified. This may not be clear to the customer companies and again, transparency in services according to legislation might increase customer satisfaction.

The experiences of the central services of LOH were also good. When reviewing every day contacts to customers, the few disagreeing answers have to be taken into consideration. The easiness of appointment making, conforming of timetables and flexibility of customer service were the areas of reviewing. The processes of OHC services can be complex. A simple pre-employment physical visit may require several customer contacts. Since LOH is a non-profit company it has no need to implement services that are not required, either by customer company or by law. Though the process of physicals



has been made very easy, with small amount of personnel, the worse-case scenario may require many customer contacts.

In the figure below, the worse-case scenario is pictured with blue arrows. In this scenario 11 customer contacts and 5 visits are required before the physical examination has been carried out. Reasons that may lead to this are several. Laboratory testing is often done fasting (morning) and appointments cannot always be arranged to the same day. If after nurses or doctors physicals additional laboratory or nurses visits are required, those may have to be arranged to another date. It is also to be noted that radiology services are bought from a co-operating company, in their own premises. This increases customer contacts and visits, if radiology services are necessary.

The best-case scenario is pictured with red arrows, with 8 contacts and one visit. This is the service contact as pictured in the processes. In reality this rarely is the case so it is easy to understand customer's wishes for flexible, fluent, easy and punctual services.

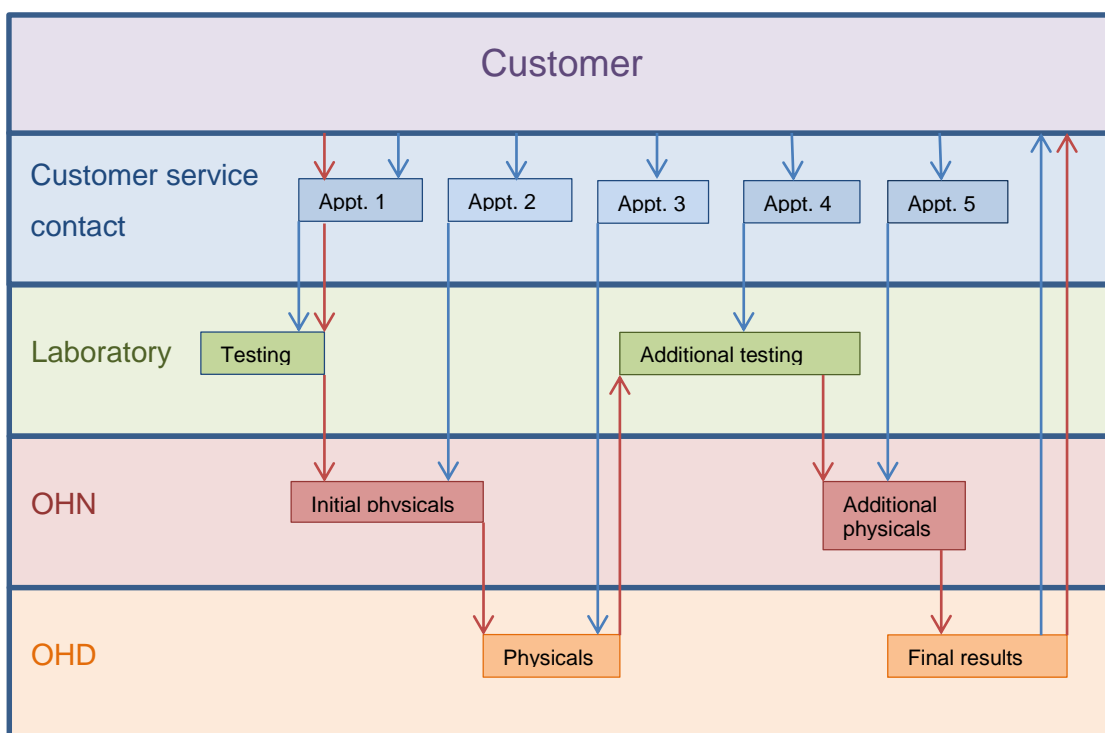


Figure 9. The example of a customer contact process

Designing the processes on LEAN basis would decrease the customer logistics. However the possibility to work on LEAN basis depends on many variables and may be difficult in some of the OHF member companies. In LOH the small amount of personnel, restricted working spaces and usage of co-operating companies would make it difficult.

To keep the overall customer experience positive, all contacts need to be equally smooth and reassuring. In health care services the matters dealt with are often personal and sensitive to the customer. This requires situational sensitivity from health care providers, but also from other customer contacts from reception to billing. These interpersonal skills should be a part of yearly training and evaluation of all OHC employees. To determine, which are the weak links in customer service, individual customers should be encouraged to give feedback. This has been made easy in LOH by having a customer feedback mailbox in the waiting area and on the web-pages. Customer feedback is also frequently viewed and discussed together with all of the personnel of LOH.

Adding doctors could make the customer flow through the process quicker and smoother. However, there are several obstacles: First, competent OHC doctors are hard to find. This is not only LOH's problem, but has been a problem in OHC field for a while. Second, part-time doctor would be enough to fill the gap in LOH, but part-time doctors are also hard to find. Third, hiring another doctor would mean increases in prices, and this is not something the customer companies are willing to accept.

Easier solution would be to quickly adopt and spread also to the customer companies the idea of the renewal of OHC practices, where OHC is freed to work on their field of expertise and matters not concerning OHC (non work-related illnesses) are handled in other fields of health care. LOH has been trying to adopt this way of action for a while now, but the distribution of liabilities is still a matter of confusion in health care field. This is a political and societal matter, that LOH can not affect efficiently.

In a smaller scale, LOH adds confusion to the customer relationships by trying to spread the above mentioned scheme to customer companies, and still only offering OHC services including nursing and medical treatment.

Customers felt that it is not a matter of importance how well known OHC is nationally or how wide a scope OHC has. This was good news to LOH. Though the OHF is trying to increase their visibility in the markets, it is a fact that OHF is less known and has more limited coverage nation widely than the competitors.

Though companies felt that they could not fully affect the services of LOH, in this question the possibility to affect the services was not considered very high in importance. This is interesting considering that main operational principle of LOH is to let customer companies affect the services (remembering the limitations by law). On the whole price is the only one of the special characteristics of LOH that is considered important when choosing OHC service provider. Other matters of importance (quality, accessibility, availability and expertism) were something all OHC service providers can, or at least should provide. In order to stand out, LOH should more transparently bring out the characteristics of LOH and OHF as association based and non-profit OHC service providers.

In expectations for OHC services decreasing sickness absences was considered most important. Since usually most sickness absences in any company are caused by reasons not related to OHC (respiratory and gastrointestinal illnesses), it may be considered that companies expect OHC to decrease all sickness absences, not only work related. This is understandable since the cost of one sickness absence day to a company is around 351€ (Valtionkonttori. 2012). Though decreasing work related illnesses and sickness absences is OHC's job, it is important that in co-operation with the companies the responsibilities of OHC are made clear.

Other expectations for OHC services were in line with the responsibilities of OHC. Extending working careers of partly competent workers was not considered high in importance. This is worrying, since isolation from working life and returning to work after prolonged sickness absences are challenging matters, and special concentration areas of OHC. Also, the amount of disability pensions of employees per year affects the disability risk payments of the company.

On the whole, the results of this questionnaire were on the lines of previous customer satisfaction surveys in OHC field. Trustworthiness, common language and active interaction as well as quality, accessibility and confidentiality were considered important

also in the studies in chapter 2. Marketing and competition were considered less important factors in the previous studies. In this survey national scope and visibility were not considered high in the importance. Considering that at the moment the most visible OHC service providers are also the leading service providers in OHC field in Finland, this is an interesting result. This may be explained with the fact that the most visible service providers in Finland also offer other services than OHC, and can offer easy access to all services also for OHC customers.

### 11.1 Development proposals

Though overall customer satisfaction was good according to the questionnaire, it is to be remembered that OHC services two customer interfaces. Customers answering this questionnaire were the ones purchasing OHC services. Individual customer experiences are still as important, and reaching customer satisfaction in individual customer surface will affect the wellbeing of employees in the companies more effectively.

One of the most important development proposals for LOH is to continue monitoring customer satisfaction and acting on received feedback. This increases in importance in direct proportionality to increasing competition.

To reach customer satisfaction LOH needs to increase communicating with the customer companies and also with individual customers. It is especially important to increase transparency in OHC services and responsibilities, since these are the areas where the visions of customer companies do not meet the principles of good OH practice.

Finding possible ways to include LEAN thinking into the processes would increase customer satisfaction but also economize the use of resources. With the available resources this is a challenge, but it is worth consideration.

Increasing activity in health promotion increases communication and adds up to the safe, well known and homey image that LOH already has. Being more visible in the work places and showing customers that their overall health matters, LOH builds on relationships and at the same time increases the wellbeing and working ability of the employees.

And last, concentrating on personnel's interpersonal skills increases value of customer contacts, marketing services and professionalism of LOH and it's service providers. Interpersonal skills also affect the communication within LOH, another important aspect on building a strong professional image in the eyes of the customers.

It is also to be noted that existing customers are the ones that LOH needs to nurture. The resources do not allow, at the moment, active pursuing of new customers. Adding new customers with the existing resources would affect the quality of customer care and service and influence the smoothness of processes negatively. However, it also needs to be considered if LOH can survive with this customer base where losing bigger customers could be crucial.

### 11.2 Further research

It is important that LOH also knows the needs of their individual customers. Customer satisfaction survey on that group could provide information for everyday use of LOH services. Customer satisfaction surveys are done on yearly basis, but not on individual level. Finding out the differences in expectations of service suppliers and individual customers, could provide a base to communication with customer companies.

On a national level, researching the differences in customers satisfaction between OHF members, could provide useful information for process development and quality control. Though the members vary in size and services provided, learning from more successful members of OHF would increase homogeneity and solidarity and help build a sturdier chain of OHC service providers.

### 11.3 Reliability

The questionnaire was done in order to measure different areas of good OHC practice. In unison with LOH personnel, the questionnaire was kept reasonably short to ensure adequate amount of answers. This limited the amount of questions per area and intentionally ended up measuring bigger outlines rather than details. The results lead to suggest that measuring details could have been more useful and would have added the reliability of answers. The questions themselves were considered and refined in unison with the personnel of LOH.

Not knowing the knowledge of English language of the respondents, the questionnaire was implemented in Finnish. Translating the questions and the open answers in English for the thesis may cause tone differences in the translations, but the main concept remains the same. If the questionnaire was done in English, it would have been unsure if the respondents understood the questions as intended and there might have been a loss in the open answers. However, translation may cause incoherent question translations, especially since the researchers own language is Finnish.

Most of the customer companies have been LOH customers for years, even decades. This has caused the relationship between LOH and customer companies to become friendly. Though the questionnaire was done in web environment anonymously, it is hard to say if loyalty for LOH affected the answers given. It is also possible that in some companies the overall customer satisfaction is not equivalent to the respondent's view of overall customer satisfaction, even though the answering instructions encouraged to discuss the questions within the company.

Some of the questions were phrased in a way that left them to be understood in several different ways. This affects the reliability of the answers, and is clearly dictated in the results section and considered when reviewing the answers. This however affected the reliability of the answers and conclusions made from them.

On the whole it can be considered that adequate reliability was reached considering that this was a case study. The results were also on the line with previous studies, though they can not be used in larger perspective.

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## 13 Appendix

### 13.1 A list of used acronyms

HR	Human Resources
ILO	International Labour Organization
IMS	Integrated management System
LOH	Lohja Occupational Health
OHC	Occupational Health Care
OHD	Occupational Health Doctor
OHF	Occupational Health of Finland
OHN	Occupational Health Nurse
OHS	Occupational Health Services
OSHA	Occupational Safety and Health Administration
QMS	Quality Management System

## 13.2 The questionnaire

### Lohjan Työterveys ry:n asiakaskysely

#### Tyytyväisyys yleisesti työterveyden palveluihin

Valitse esitettyjen tekijöiden alapuolelta mielipiteesi kyseisen tekijän paikkansapitävyydestä työterveyshuollossa.

Työterveyshuolto vastaa yrityksemme terveystarpeisiin.

--Valitse tästä--

Työterveyshuollon asiantuntemus on riittävää yrityksemme tarpeisiin nähden.

--Valitse tästä--

Työterveyshuolto tuntee hyvin henkilöstömme terveystilanteen.

--Valitse tästä--

Työterveyshuolto tuntee hyvin henkilöstömme työ- ja toimintakyvyn.

--Valitse tästä--

Työterveyshuolto tuntee hyvin olosuhteet yrityksessämme.

--Valitse tästä--

Työpaikan ja työterveyshuollon välinen yhteistyö on saumatonta.

--Valitse tästä--

Työterveyshuolto tiedottaa palveluistaan riittävästi työpaikan tarpeisiin nähden.

--Valitse tästä--

Työterveyshuolto antaa yrityksellemme ohjeita työhön liittyvien terveyshaittojen ehkäisemiseksi.

--Valitse tästä--

Työterveyshuolto antaa yrityksellemme ohjeita parempaan työssäselviytymiseen.

--Valitse tästä--

Työterveyshuolto kannustaa ja ohjaa oman työhyvinvoinnin tukemiseen.

--Valitse tästä--

Työterveyshuollon toiminta on puolueetonta.

--Valitse tästä--

Yrityksemme on tyytyväinen työterveyshuollon hinnoitteluun.

--Valitse tästä--

Työterveyshuolto pitää aktiivisesti yhteyttä yrityksemme.

--Valitse tästä--

Yrityksemme pitää aktiivisesti yhteyttä työterveyshuoltoon.

--Valitse tästä--

Yrityksemme toivoisi sähköisen ajanvarauksen mahdollisuutta työterveyshuoltoon.

--Valitse tästä--

Yrityksemme voi vaikuttaa työterveyspalveluiden sisältöön.

--Valitse tästä--

Työterveyshuolto on tuttu ja turvallinen.

--Valitse tästä--

Yrityksemme työterveyshoitajaan saa yhteyden helposti ja nopeasti.

--Valitse tästä--

Yrityksemme työterveyslääkäriin saa yhteyden helposti ja nopeasti.

--Valitse tästä--

Valitse esitettyjen tekijöiden alapuolelta mielipiteesi kyseisen tekijän paikkansapitävyydestä työterveyshuollossa.

Työterveyshuollon ajanvaraus toimii sujuvasti

Työterveyshuollon palveluiden sujuvuus on riittävän nopeaa.

Työterveyshuollon palveluiden sijainti on sopiva.

Työterveyshuollon aukioloajat ovat sopivat.

Lääkäreiden aikataulut ovat pitävät.

Lääkärit vastaavat soittopyyntöihin sovitusti.

Minut huomioidaan ja minua kuunnellaan lääkärin vastaanotolla.

Lääkärit ovat palveluhenkisiä

Lääkärit ovat ammattitaitoisia.

Hoitajien aikataulut ovat pitäviä.

Hoitajat vastaavat soittopyyntöihin sovitusti.

Minut huomioidaan ja minua kuunnellaan hoitajan vastaanotolla.

Hoitajat ovat palveluhenkisiä.

Asiakaspalvelu on sujuvaa ja joustavaa.

## Työterveyspalveluiden valintaan vaikuttavat tekijät

Numeroi allaolevista vaihtoehdoista tärkeysjärjestyksessä viisi tärkeintä tekijää, jotka vaikuttavat kohdallasi työterveyspalveluiden tuottajan valintaan. Numero 1 on tärkein tekijä, numero 2 seuraavaksi tärkein jne.

Hinta	<input type="text" value="0"/>
Palvelun laatu	<input type="text" value="0"/>
Palveluiden saatavuus	<input type="text" value="0"/>
Aukioloajat	<input type="text" value="0"/>
Työterveyshuollon sijainti	<input type="text" value="0"/>
Työterveyshuollon valtakunnallisuus	<input type="text" value="0"/>
Työterveyshuollon tunnettuus	<input type="text" value="0"/>
Työterveyshuollon asiantuntevuus	<input type="text" value="0"/>
Työterveyshuollon palveluhaluus ja aktiivisuus	<input type="text" value="0"/>
Mahdollisuus vaikuttaa työterveyshuollon palveluihin	<input type="text" value="0"/>
Työterveyshoitajan ja -lääkärin tavoitettavuus	<input type="text" value="0"/>
Työterveyshuollon aktiivinen toiminta ja näkyvyys työpaikoilla.	<input type="text" value="0"/>
Työterveyshuollon aktiivinen toiminta työympäristöjen tuntemisessa.	<input type="text" value="0"/>
Työterveyshuollon arvopohja (kotimaisuus, voittoa tavoittelemattomuus jne.)	<input type="text" value="0"/>
Jokin muu tekijä, mikä?	<input type="text"/>

## Työterveysyhteistyö

Numeroi allaolevista vaihtoehdoista tärkeysjärjestyksessä viisi tärkeintä tekijää, joita toivot työterveysyhteistyöltä. Numero 1 on tärkein tekijä, numero 2 seuraavaksi tärkein jne.

Kulujen hallinta	<input type="text" value="0"/>
Työolojen kehittäminen	<input type="text" value="0"/>
Työympäristön parantaminen	<input type="text" value="0"/>
Työhyvinvoinnin lisääminen	<input type="text" value="0"/>
Sairauspoissaolojen vähentäminen	<input type="text" value="0"/>
Osallistuminen työsuojelutoimintaan	<input type="text" value="0"/>
Yrityksen ensiapuvalmiuden kehittäminen	<input type="text" value="0"/>
Muutostilanteissa tukeminen	<input type="text" value="0"/>
Riittävän varhainen puuttuminen työkyvyn alenemiseen.	<input type="text" value="0"/>
Osatyökykyisten työurien pidentäminen	<input type="text" value="0"/>
Esimiestyön tukeminen työterveyshuollon toimin.	<input type="text" value="0"/>
Jokin muu tekijä, mikä?	<input type="text"/>

## Avoimet kysymykset

Miten toivoisit Lohjan Työterveys ry:n kehittävän palveluitaan?

Suosittelisitko Lohjan Työterveys ry:n palveluita muille yrityksille? Miksi?

Muut terveiset Lohjan Työterveys ry:lle

## Tietojen lähetykset

Tallenna