

**CASE PEURUNKA: THE ESSENCE OF WELLBEING – CUSTOMER
PERSPECTIVE**

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ABSTRACT

Changes in the contemporary population structures have created a number of new opportunities for the wellbeing tourism industry worldwide. In Finland, one of the wellbeing tourism destinations going through these changes is the Spa Hotel and Rehabilitation Foundation Peurunka. Originally built in 1974 for the rehabilitation of the Finnish war veterans, Peurunka is nowadays developing its health and physical activity services to attract more recreational wellbeing tourists alongside the rehabilitees. In addition to the change of the clientele and as a result of more stressful and hectic lifestyles, individuals are more willing to invest in their wellbeing. This generates great potential for wellbeing operators to meet the growing demand by offering more extensive services and products to nurture holistic wellbeing.

Despite its significance in the field of wellbeing tourism, customers' perceptions of wellbeing have been studied relatively little in the academic context. Thus, this case study seeks to provide new knowledge and information about how customers define and perceive wellbeing and what kind of differences there are in the perceptions between different customer types. The research conducted in spring 2013 focuses on wellbeing through the eyes of 18 customers of Peurunka. The data consists of 14 theme interviews which were analyzed with the method of thematic content analysis.

Guided by the data-driven hermeneutic and phenomenological research approach, six ideal wellbeing types were established as a result of this study: 1) socially oriented type, 2) physical activity -oriented type, 3) work-oriented type, 4) money and service -oriented type, 5) health-oriented type and 6) recreation-oriented type. These types complement the previously founded three customer profiles of Peurunka and serve as characterizations of the nature of wellbeing tourists. They can be utilized in the development and marketing of the wellbeing tourism products and services. Furthermore, the results of the study present unexpected findings in terms of physical activities connected to wellbeing. Interestingly, wellbeing related to physical activity emerged as a negative connotation in one third of the interviews.

Keywords: wellbeing, wellbeing tourism, rehabilitation, wellness, Peurunka

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1 WELLBEING – A PERSONAL STATE OF BEING WELL

Wellbeing is such a small word with a vast and extensive meaning: a massive topic for research. Ridiculously ambitious even, someone might say. At first, when you think about wellbeing, everything seems clear and evident. Obviously it means to be well. But what does it actually mean to be well when you consider its physical, mental, social, nutritional, spiritual, emotional and ecological aspects as well as relate it to health, economy, business and culture? What is wellbeing from the perspective of a nation, an individual, a family, a workplace, a community and nature? How does wellbeing appear in the life of a child, a teenager, an adult and a senior as well as a student, an employee, an employer and the unemployed?

Despite that I am an ambitious and a thorough person, I do not attempt to accomplish everything and all of the above in this Master's thesis. Apparently there needs to be something left to study for the future years as well. In the meantime, my objective is to understand wellbeing through the perspectives of the customers of Peurunka. My goal is to find out how they perceive wellbeing, what wellbeing means to them and to discuss how Peurunka, a versatile rehabilitation center and spa hotel providing services to promote wellbeing, could benefit from those thoughts.

1.1 What does wellbeing mean to you?

As Pesola wrote in his brilliant book *Luomuliikunnan vallankumous* (2013), the society of today often approaches wellbeing from the point of view of exercising. The prevailing understanding of wellbeing is often strongly associated with the physical appearance of the human body, and taking care of oneself is often separated from the everyday life. In order to be physically active, you must travel somewhere to do so. Continuous sitting and sedentary lifestyle are not taken into account, and only the repetitions at a gym and those three group exercise classes a week are relevant. They determine whether you are physically active or not. In the case of a busy schedule, there are always some products and toys that will make your muscles exercise even though you just do not have time for that today.

Besides exercising, there are other dominating socially accepted assumptions that seem to rule the world in the field of wellbeing. You can eat whatever you like, as long as your eating habits are clean during the first two weeks of January and September. Work is the main purpose of life. A vacation needs to be earned by working 24/7 during those 48 workweeks in a year – and usually also during those four “holiday” weeks. The business will fall and no one else knows what to do if you just stop replying to those emails. Being present is overrated. Multitasking is the word: you can watch TV, be on Facebook, talk on the phone and play with your child at the same time. Organized scheduling helps to fill an hour, a day, a week or even a month as efficiently as possible – year after year. The busier you are, the better person you will be. The less you sleep, the more invincible you will become. If you do not feel well but would like to be well, you can always go to a store and buy something nice for yourself. In a consumerist society, everything can be bought – even your own wellbeing.

Yes, I might have exaggerated a little, but still: it is someone’s life – maybe even my own life a few years ago. The more familiar I have become with wellbeing literature, the more my eyes have opened. I wish that yours do, too, as you read this thesis.

My educational and work-related backgrounds are strong contributors to my personal interest for researching such an extensive phenomenon as wellbeing. Having Bachelor’s degrees both in sport management and physical therapy as well as having worked in health and fitness related fields for over ten years have made me even more fascinated with individuals’ wellbeing and the factors that have an effect on it. What started as a passion towards physical activity and exercise has now been transformed into a more holistic and comprehensive desire to understand one’s wellbeing. Is there an ultimate recipe for overall wellbeing? Is it possible to nurture wellbeing during an illness? What makes one to be and feel well? Also, how the answers of these questions could be utilized in the wellbeing tourism business?

1.2 Wellbeing as a field of tourism

The traditional and rather rough separation divides wellbeing into three totalities: health, material wellbeing and subjective wellbeing. Western societies have defined a socially acceptable essence of wellbeing affecting an individual’s subjective wellbeing. This subjective wellbeing can be described as a person’s satisfaction in his or her life,

including his or her own health and material standard of living as well as the assumption of what kind of health and material standard of living he or she should have compared to the existing environment. (Vaarama, Moisio & Karvonen 2010, 11.) This Master's thesis focuses primarily on the conception of wellbeing from the perspective of an individual and connects the perceptions to the field of wellbeing tourism.

Health and wellbeing tourism have long traditions that reach far back into the history: already the ancient Greeks and Romans visited health spas, not to forget the famous Finnish sauna culture. In today's tourism context, Finland is known as a country offering wellbeing, relaxation and recreation. The wellbeing tourism is understood as an all-year-round operation helping to extend the official tourism seasons of Finland. It is one of the main brands of Finnish tourism and it is often illustrated with words such as clean air, lakes and forests, stress relief, silent relaxation, tranquility and physical activities in beautiful nature. However, the supply of wellbeing services is currently fragmented, relatively weak and internationally unknown. The challenge is to productize and commercialize Finnish wellbeing correspondingly to the demand. Therefore, finding the customer profiles of wellbeing services and recognition of the trends and weak signals is essential for developing wellbeing tourism. (The Finnish Tourist Board 2009 & 2005.)

The Finnish wellbeing tourism has great potential to progress. The current trends and movements in the society have increased the demand for wellbeing products and services. Demographic changes related to age, work and stress-linked lifestyles as well as obesity and other health issues have established a strong foundation for the wellbeing tourism. (The Finnish Tourist Board 2005.) Wellbeing tourism is one of the developed product themes in the Finnish tourism strategy 2020. The strategy for the development of Finnish wellbeing tourism was made for 2009–2013. Its objective was to clarify the wellbeing segment offered by Finnish tourism industry, which was previously agreed as ambiguous and limited. Due to the current efforts in the Finnish wellbeing tourism, the future looks brighter and there are plenty of possibilities to develop. (The Finnish Tourist Board 2009; Tuohino 2012, 4.)

According to Konu (2010), a potential wellbeing tourist has not been defined in the existing literature. From the business point of view, it would be essential to outline also

this customer segment to know how to market wellbeing services to them. In spite of the valuable work established in the field of wellbeing tourism research (e.g. Konu 2010; Smith & Puzckó 2009; Tuohino 2012), there is still a demand for wider research by taking a closer and deeper examination of the wellbeing tourists. How do people perceive wellbeing? What kinds of services do they utilize to promote their wellbeing? How can the tourists' perceptions of wellbeing facilitate the product and service development of a destination? All of these are substantial questions, which this case study seeks to answer. Although the motivations of the wellbeing tourists have been studied (e.g. Mak, Wong & Change 2009), their perceptions of wellbeing have not yet been investigated.

1.3 Listen and learn – a human way to promote wellbeing through targeted services

This Master's thesis continues with the plentiful research collaboration between the University of Jyväskylä and the spa hotel, rehabilitation foundation Peurunka. The objective of the substantial research project as a whole is to explore the current state of the health and wellbeing tourism as well as the future opportunities of Peurunka. Due to the multidimensional conception of wellbeing, it was necessary to delimit this exploration to a qualitative case study. My research focused on wellbeing through the eyes of 18 customers of Peurunka. The main objective was to find out how the customers of Peurunka perceive wellbeing. Further, the purpose was to compare these perceptions between the three different customer profiles and discuss how these findings could be utilized in the marketing of wellbeing products and services. In order to answer all these questions, it was also vital to learn how Peurunka creates and promotes wellbeing with regard to the insights of its customers. In addition, this study aimed to provide new and profitable information for the wellbeing tourism research.

As a follow-up research, my study utilizes the results of the quantitative research by Vehmas, Piirainen and Matilainen (2013) who explored the significance of sport and physical activity, health and wellbeing as well as rehabilitation to the customers of Peurunka. They established three main customer profiles of Peurunka: rehabilitation customers, recreational and physical activity tourists as well as working-age wellbeing individuals. All these profiles have unique needs, desires and expectations in terms of

wellbeing services when they visit Peurunka. Thus, it is valuable to observe each of these customer profiles in order to develop wellbeing tourism services.

Correspondingly to Konu's (2010) quantitative research focusing on wellbeing tourist segmentation, six different wellbeing types were created in this case study. There can be found some connecting factors between these two researches. However, whereas Konu focused primarily on identifying the potential Finnish wellbeing tourism segments based on the factors connected to tourists' lifestyles, my study concentrates on the wellbeing perceptions of the individuals and how these views could be employed in the wellbeing tourism services in the context of a privately funded wellbeing tourism destination. Thus, it can be concluded that the results of this case study supplement the previous findings of wellbeing research as well as offer new information in the fields of wellbeing tourism.

Although the study has been made as a project for Peurunka, other health and wellbeing providers, wellbeing tourism destinations as well as rehabilitation centers will be able to apply the results in their own operations. On the contrary to the findings of Tuohino (2012, 4) the results of this case study are not area-bound and can be generalized to other regions as well. Along with expanding the wellbeing research, this thesis seeks to facilitate a traditional rehabilitation center to be proactive in transforming its wellbeing services and operations to serve a more diverse clientele. What would be a better way to hear the wishes and the feedback than listening to the customers?

2 THE ESSENCE OF WELLBEING

In spite of accelerating globalization, there are still many differences between cultures and countries in terms of the concept of wellbeing. While Asia has its wellbeing foundation on spiritual traditions, central Europeans sit in thermal spa waters. When Finns swear on the name of sauna, the Americans might invest in beauty treatments and cosmetic surgery. (Smith & Puczkó 2009, 7–8.) In addition, different religions and cultures define virtues and the content/s of a good life differently (Karisto 2010, 19).

For one, wellbeing equals ecological sustainability and peace. For the other, it means cultural and intellectual experiences, whereas the third one achieves wellbeing through a new body composition meter, healthy organic food and a gift certificate to a massage. This same phenomenon can be observed also in the multidisciplinary research field. Economics focuses on wellbeing through money and commodity related issues, psychology studies positive wellbeing and sociology concentrates on prevailing conditions in society. To spice it up further, philosophy is related to positive psychology via happiness studies and sociopsychology blends values into wellbeing research, whereas public health studies connect sociology and health sciences into wellbeing. (Saari 2011, 33, 77.) In addition, it needs to be taken into consideration that in Finnish language there is only one word for the English terms wellbeing, welfare and wellness; that is *hyvinvointi*. Therefore, in Finnish, this diversity of conceptions within one word may cause conceptual confusion. (Karisto 2010, 17–19.)

In the following subchapters, this thesis introduces the main contributors of wellbeing related to this research. Due to the fact that wellbeing has such an extensive and inclusive description, this research divides its sections of interest in specific categories themed by the main outcomes of the research data. The primary focus is on subjective and individual wellbeing, as the objective of this thesis is to examine the perceptions of the individuals. As far as the key terms of the thesis are concerned, the main focus is on describing wellbeing and its various forms. Other related terms, such as physical activity, wellness, quality of life and health, will be defined, but only from the perspective of wellbeing and in a relatively compact fashion.

2.1 Wellbeing

The traditional and rather rough separation divides wellbeing into three totalities: health, material wellbeing and subjective wellbeing (Vaarama, Moisio & Karvonen 2010, 11). “In essence, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenges” (Dodge et al. 2012). Diener and Seligman (2004) define wellbeing as “people’s positive evaluations of their lives” including positive emotion, engagement, satisfaction and meaning. The wellbeing research aims at studying and promoting the compositions of positive traits and experiences belonging to everyday life (Korkalainen & Kokko 2008).

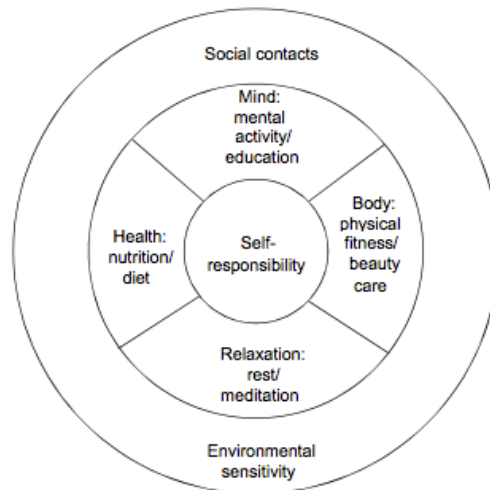


FIGURE 1. Expanded wellbeing model by Müller and Lanz Kaufmann (2001).

In addition to intangible features, more concrete factors such as income, employment, marital status and their impacts on subjective wellbeing (Pawlowski, Downward & Rasciute 2011) together with an individual’s physical health, sedentariness (Lee & Russell 2003), home environment, education and social in-/exclusion (Bourke & Geldens 2007) as well as nutrition and beauty care (Müller & Lanz Kaufmann 2001) need to be taken into consideration when envisioning the holistic view. In terms of this research project, I lean mainly on the wellbeing definition of Hjalager and others (2011, 10): “Wellbeing is a multidimensional state of being describing the existence of positive health of body, mind and soul. Wellbeing is an individual issue, but is manifest only in

congruence with the wellbeing of the surrounding environment and community.“ Figure 1 illustrates the conception of holistic wellbeing as it is considered in this thesis.

Aristotle believed eudaimonia, happiness, to be the prevalent aim of all human actions. He proclaimed that living a virtuous life, emphasizing justice, kindness, courage and honesty, was the pathway to wellbeing. The approach comprehends wellbeing and happiness as on-going processes instead of end states. Hedonism in turn focuses on experiences of pleasure, carefreeness and enjoyment as reflections of wellbeing. Pleasure and pain are seen as representatives of good and bad, hence maximizing the things producing pleasure maximizes the good in one’s life. While hedonism has a subjective approach to wellbeing, eudaimonia explores wellbeing with ethical objectivity: whether life itself is life of excellence and virtue. (Dodge et al. 2012; Henderson & Knight 2012.)

These two contradictory Greek philosophical traditions have established the foundation for the concept of wellbeing, which is today perceived as a multidimensional word without one universal definition. They both contribute to a comprehensive, holistic understanding of wellbeing. Although wellbeing has been researched a lot during the recent decades, the question of how wellbeing should be defined – or spelled – still remains unresolved. The differentiating historical approaches of wellbeing alongside today’s diversified perspectives create an incongruous yet bountiful base for wellbeing research. (Dodge et al. 2012; Henderson & Knight 2012.)

As research has developed during the past decades, the focus of these explanations has also moved from absence of illness to promotion of wellbeing. While wellbeing is lacking one specific definition, the term has many explanatory descriptions: subjective, autonomy, quality of life, environmental mastery, human flourishing, positive relationship with others, self-acceptance, purpose and satisfaction in life, happiness, realization of potential and ability to fulfill goals. The concept of wellbeing is concerned with the dynamic equilibrium of personal characteristics and the fluctuating state between challenges and resources. (Dodge et al. 2012.)

From a sociological point of view, wellbeing can be regarded as one of the numerous fields that exist in Bourdieu’s conceptualized social reality. Individuals are playing on different fields, trying to receive as much capital as possible. The capital can be divided

into two main types: economic and symbolic capital, the latter being separated into cultural and social capital. These capitals can be found in the field of wellbeing, which itself is constructed of different fields. In every field, there are predominant objective structures that establish a frame for individuals' actions. Nevertheless, despite these structures individuals are able to actively modify and shape their own environment, identities and lifestyles. (Saaristo & Jokinen 2004, 85–86, 175–178.)

Habitus in turn aggregates an individual's experiences, upbringing, education, actions and perceptions affecting his or her choices. This behavioral tendency embodies and reflects the cultural construction of society in the individual as well as the position of the individual in the society. Thus, habitus has both the subjective and objective facet in addition to the individual and communal aspect. It can be considered as a unifying and generating principle that turns certain similar characteristics into a lifestyle. It also reflects on a so-called common sense determining what the individual does in a particular situation. Each field favors its distinguishing features of habitus. (Bourdieu 1998, 18, 36; Saaristo & Jokinen 2004, 175–178.)

When defining wellbeing, Smith and Puczko (2009, 42) introduce the term quality of life that has been influenced by mainly sociology and psychology (Kainulainen 2011, 156). Bryla, Burzynska and Maniecka-Bryla (2013) specify that the term has appeared in scientific terminology since the 1960s. While lacking a universal definition, quality of life refers to things that make life good, such as good-quality relationships, good housing, leisure, freedom from pain, happy state of mind, material wellbeing, health and functional ability, self-knowledge and so on. Some scholars define quality of life to be more objective concepts or actors describing the circumstances or needs, while others see it more subjectively as one's reactions, perceptions and feelings toward those circumstances. To conclude, quality of life, subjective wellbeing and satisfaction in life can be understood as synonyms. (Kainulainen 2011, 156–157; Vaarama, Siljander, Luoma & Meriläinen 2010, 128.)

2.1.1 Psychology of wellbeing

Starting from the very basics, it is essential to mention Maslow's model of the hierarchy of needs. It is an old (1943), yet well-known theory which illustrates the basic needs of a human being. The different needs of persons control and guide their actions. Fulfilling

these needs is essential for human development and wellbeing. The needs are demonstrated as a pyramid which is grounded on physiological needs. As the pyramid rises, the needs shift from safety to the social, esteem and self-actualization. The lower needs must be satisfied before progressing to meet the higher levels of needs. The fundamental foundation of wellbeing is built on the fact that a person can satisfy his or her basic needs without difficulty, that is the physiological and safety needs. (Maslow 1943.)

In a literal sense, the word ill-being could be the opposite for wellbeing. However, Korkalainen and Kokko (2008) point out that wellbeing and ill-being are not extremities of the same continuum. They are not opposites of one another. It is possible that an individual who does not have a disease feels ill, while a person with a disorder feels well. Flourishing can be considered as a state of high wellbeing, while languishing refers to low wellbeing. Flourishing describes a condition in which an individual functions well both socially and psychologically and has positive emotions towards his or her own life. Languishing, on the other hand, is the opposite of flourishing. It does not include a depression or any other mental disorder, yet it might affect a person's ability to function as severely as a depression. (Korkalainen & Kokko 2008.)

The term subjective wellbeing has been a prevailing concept in wellbeing research since the 1950s. It is an individual's own evaluation of his or her quality of life, separated from more objective features such as income, health, education or occupation. It includes the individual's own estimations of his or her positive and negative moods and emotions during a certain period of time as well as how satisfied he or she is with a certain area of his or her life. Subjective wellbeing often increases by aging. It can be also considered as emotional wellbeing. With relation to religion, studies have shown it to have a weak association with subjective wellbeing. Gender, on the other hand, does not affect subjective or psychological wellbeing. In terms of measuring, subjective wellbeing is often treated with caution since emotional and contingency factors are observed to have an effect on the self-evaluations. (Korkalainen & Kokko 2008.)

Social wellbeing, a term developed at the end of the 1990s, describes how a person reflects his or her relationships with other people, neighborhood and community. It includes five dimensions: 1) social unity, 2) social fulfillment, 3) social integration, 4)

social acceptance and 5) social contribution. Social wellbeing is one of the areas of good mental health together with psychological wellbeing and subjective wellbeing. (Korkalainen & Kokko 2008.) According to Diener and Oishi (2005), social relationships are a prerequisite for wellbeing as well as the strongest correlation of positive emotions and act as a causal force of wellbeing. They indicate that a human being is fundamentally a social creature whose wellbeing is connected to the habits and styles how he or she interacts with other people. Social interactions can be more significant to subjective wellbeing than material prosperity.

Korkalainen and Kokko (2008) determine that close relationships act as protectors against stress, falling ill and even death in difficult situations in life. Volunteer work and helping other people has a significant correspondence to holistic wellbeing. However regarding young adults, after 100 annual hours the linear positive connection changes its direction while with older people it stays positive. In addition, Saari (2011, 51) studies how current wellbeing research emphasizing socially rational action connects rationality and emotions: taking other people into account enables collaboration and long-standing partnership, which benefit the people and organizations involved.

Personality is strongly connected to wellbeing. Happy people tend to be more successful in many areas of life. Individual characteristics such as outgoingness, social activity and positive experiences are strongly correlated with positive emotions. On the other hand, neuroticism, depression, impulsiveness, perceived stress, physical problems and unpleasant experiences are connected with negative feelings. Usually individuals who often have positive emotions and rarely negative ones experience high wellbeing. (Diener & Oishi 2005.) Moreover, happy individuals are likely to set more ambitious goals, more likely to get married, be employed and thus receive higher income than unhappy people. Therefore, the cause-effect relationship might be totally reverse from what has been previously assumed. (Korkalainen & Kokko 2008.)

Suoninen, Lahikainen and Pirttilä-Backman (2011, 292) state that wellbeing is time-, place- and situation-sensitive since a person reflects and compares his or her wellbeing with the past and the expected future. Thus, wellbeing is constructed and maintained throughout life. The experiences of wellbeing alter and vary as time goes by depending

on several individual internal and external factors. Korkalainen and Kokko (2008) point out that wellbeing includes also developing as a person and positive functioning in one's own social environment. Diener & Seligman (2004) present that to have important goals related to one's values with supportive friends and family is essential for one's wellbeing. Reasonable health, ability to treat mental health problems and to have a philosophy or religion as guidance offer a stronger sense of wellbeing.

It has been claimed that in a long-term perspective people are tied to hedonistic neutrality, or a hedonistic treadmill as Diener and Oishi (2005) describe it: temporary happiness and misery are balanced in life. Researches (Diener & Oishi 2005) have shown that in spite of primitive, impoverished or extreme living conditions, the African Maasai, individuals living in the slums of Calcutta and the Inuit of Northern Greenland are relatively happy and satisfied with their lives. However, it has also been proved that even though people are quite adaptive and they adjust over time, they do not necessarily adapt to the starting point. Major setbacks, such as widowhood or unemployment, have a significant influence in lowering the level of life satisfaction even after several years. Furthermore, according to Diener and Oishi (2005) studies indicate that "street prostitutes, the homeless and people in mental hospitals are unhappy, far below neutral, even when their conditions have persisted over some period of time".

2.1.2 Economy related wellbeing and welfare

Industries, trades and income can be understood as material wellbeing. The social norms of Western societies grounded on paid work play a key role in people's perceived wellbeing. (Vaarama, Moisio & Karvonen 2010, 12.) According to a research by Diener & Seligman (2004), a nation's economy and political system play an important role in the population's wellbeing. For example democratic, effective and stable government as well as high social capital and having a strong economy with a low rate of unemployment are crucial factors contributing to the nation's welfare. A welfare state is typically based on a representative democracy and investing in wellbeing research, thus being often particularly statistical. The Finnish institutional structure of the nation is called a welfare state and it has a significant responsibility for its inhabitants' wellbeing. The objective of the Finnish welfare policy is to ensure equal possibilities for wellbeing for every citizen by promoting the individuals' health, prolonging the functional

lifespan, assuring the high quality of life and reducing the health differences between the population groups. (Saari 2011, 60, 74; Vaarama, Siljander, Luoma & Meriläinen 2010, 126.)

Hagfors and Kivioja (2011, 169) point out that previously a nation's welfare and economic growth were considered almost as synonymous. Today, the connection between these two is still an important theme in sociopolitical rhetoric. The prolongation of economic growth is seen as one of the prerequisites for secure welfare. Karisto (2010, 15–16) argues that welfare is the number one priority in order to actualize individuals' wellbeing. The dominant discourse notes that welfare is generated as long as organizations' operations are taken care of and the economy functions well. The organizations' responsibility for the general welfare is met when shareholders receive their profits, as this creates more employment and income. In social politics welfare is understood as a sense of safety: successful regulation of problems and risks. Related to the topic, Hagfors and Kivioja (2011, 175) represent a theory of a virtuous circle, which indicates that the state's investment on welfare reduces inequality and strengthens social capital, increasing the population's wellbeing. To complete the circle, the population's wellbeing supports the welfare state and its functions, resulting in the continuity of the process.

When examining the relation of wellbeing and income on individual level, Diener and Seligman (2004) state that rewarding and engaging work with adequate income is a vital part of a person's wellbeing. Korkalainen and Kokko (2008) report that a good professional status and education has often a positive effect on an individual's wellbeing, yet when income and the professional status rise higher, the correlation to wellbeing drops. In addition, the citizens of wealthier countries are usually more satisfied with their lives than the inhabitants of economically humbler nations. However, when comparing the statistics inside the countries, the wellbeing differences between the rich and the poor almost totally disappear. (Korkalainen & Kokko 2008.)

According to Allen, Carlson and Ham (2007), people rank happiness and satisfaction in life ahead of money as a life goal. On the other hand, several cross-sectional studies indicate there is a positive correlation between individuals' incomes and their subjective wellbeing (Diener & Seligman 2004). However, Korkalainen and Kokko (2008) reveal

that doubling the income between the 1950s and the 1990s did not affect the Americans' subjective wellbeing. Even though economic progress can enhance the quality of life and money is related to wellbeing to the extent of ensuring the basic needs, it can also increase mental and social problems (Allen, Carlson & Ham 2007). Vaarama, Moisio and Karvonen (2010, 13) state that when human basic needs are secured by the standard of living, the significance of immaterial factors affecting the subjective wellbeing increases.

Contrariwise, Stevenson & Wolfers (2013) assert that there is internationally a positive relationship between income and wellbeing without the alleged saturation point. As is mentioned in their study, the more money people have, the happier and more satisfied they are with their lives. The findings of Denier and Seligman (2004) confuse the wellbeing-money relationship even further. They state that people who report they are happy subsequently earn higher incomes than the ones who reported to be unhappy. On the other hand, the nations that have grown in wealth have not reported as high increases in wellbeing. Diener and Oishi (2005) suggest that when regarding happiness, lack of friendships and respect are more significant factors than poverty. Nevertheless, it is noteworthy to remember that the people living in the most inadequate environments have probably not had a chance to answer many studies. Therefore, generalizations based on these results are somewhat limited. (Suoninen, Lahikainen & Pirttilä-Backman 2011.)

In addition to income, expenditure and spending based on the needs are equally important (Vaarama, Moisio & Karvonen 2010, 12). The satisfaction of the basic and some of the higher needs often match the person's standard of living. As the studies in the previous paragraphs have shown, a high standard of living usually correlates with greater perceived wellbeing for instance via enabling traveling. From a societal point of view, the connection between wellbeing and traveling is significant since traveling is considered to maintain individuals' ability to work and cope in working life. This results in better productivity and therefore economically more flourishing businesses as well as more stabilized societies through increased income of the taxpayers. (Suontausta & Tyni 2005, 34.)

High economic capital is often connected to indulgence. Consumerism can be seen as the expenditure-centered lifestyle that defines the culture of consumption, which can be understood as the commodities and services the households buy or acquire with their own work. (Suontausta & Tyni 2005, 82.) Bauman (2002, 79) illustrates a life filled with possibilities as a smorgasbord that is so full of savory food that one is not able to even taste them all. The eaters are the consumers who have to decide the most valuable and best options for them since they cannot have everything. The consumers feel intimidated by too many possibilities. In addition, Bauman (2002, 93–94) argues that consumption is not about satisfying one's needs. It is about answering to one's urges. An individual expresses him- or herself through his or her possessions.

Kashdan and Breen (2007) argue that existing consumerist society promotes a materialistic message by saying “the pursuit and possession of material goods, income and wealth is the route to increased wellbeing and quality of life”. However, Suontausta and Tyni (2005, 84–85) call attention to that consumption is not only the satisfaction of materialistic needs but also searching for one's own social status and building a social identity. It has become a central tool to differentiate oneself from others and to present oneself. The social stratification of wellbeing can also be observed from the perspective of consumerism: by whom, from where, by how old and from which “class” money is spent on wellbeing services.

Nyrhinen and Wilska (2012) describe how a responsible consumerism trend matches not only the monetary value of a product but also the intellectual and aesthetical pleasure as well as better quality of life. Traditional hedonistic and materialistic consumerism has met more responsible and non-materialistic perceptions of luxury. Although luxury is often related to a high social status and monetary value, handmade goods produced ethically and ecologically are considered an indulgence in today's society. Additionally, the rise of “feminization”, i.e. women having more purchasing power, has led to distinguishing authenticity and immaterial, personal experiences as luxury.

2.2 Physical activity

There are many definitions related to physical activity. From the perspective of this thesis, the crucial terms to define are physical activity, health-enhancing physical activity and physical inactivity as well as functional ability. According to Caspersen, Powell and Christenson (1985), physical activity involves movement of the body produced by skeletal muscles, resulting in energy expenditure varying from low to high and having a positive correlation with physical fitness. Correspondingly with the Caspersen and co., the World Health Organization (WHO) defines physical activity similarly as “any bodily movement produced by skeletal muscles that requires energy expenditure” (2013). Pettee Gabriel, Morrow and Woolsey (2012) extend the definition and describe it as: “the behavior that involves human movement, resulting in physiological attributes including increased energy expenditure and improved physical fitness”.

As Pettee Gabriel, Morrow and Woolsey (2012) indicate, physical activity can be divided in four domains: leisure-time physical activity, work- or school-related activity, household, domestic or self-care activities and activity for transport from one place to another. Intensity, duration, frequency, mode and continuity are often utilized to describe the dose of physical activity. According to Caspersen and his fellow researchers (1985), exercising is “a subset of physical activity that is planned, structured, and repetitive and has a final or an intermediate objective the improvement or maintenance of physical fitness”.

Health-enhancing physical activity can be defined as a type of physical activity that has health promoting or maintaining influences and in which injury risks are minimal. Effectiveness of health-enhancing physical activity requires consistency, an adequate frequency level and a moderate workload. (Vuori 2010.) Pesola (2013) introduces the term organic physical activity that consists of every step, every movement and every muscle activity made by an individual. The time, the place or the situation do not matter. Descriptive words for organic physical activity are ease, readiness, accessibility and a good feeling. Organic physical activity can be seen as prerequisite for the functions of a human being.

Functional ability can be outlined as a capacity to perform everyday living tasks, such as rising from a seated to a standing position, walking at a speed fast enough to successfully cross the road, showering, cooking food, getting dressed etc. Functional ability tends to weaken when individuals grow old. It is usually evaluated and measured when a person is getting old and the question whether he or she can manage independently is raised. However, there is evidence that continuous resistance training has a positive effect on functional ability, thus decreasing the physical effects of aging. (Dewhurst et al. 2014.)

Systematic physical activity is important in maintaining a healthy body weight and in improving sleep habits in order to avoid numerous health conditions associated with obesity. WHO (2013) identifies physical inactivity as the fourth leading risk factor for global mortality. It causes an estimated 3,2 million annual deaths. Regular and moderate physical activity is seen as one of the risk reducers in cardiovascular diseases, type two diabetes, musculoskeletal disorders, colon and breast cancer and osteoporosis as well as in depression and Alzheimer's disease. Furthermore, physical activity is often utilized as one of the treatments in many mental illnesses, such as depression. (Biddle & Mutrie 2008, 18; Corbin et al. 2009, 73–76.)

Medina and others (2013) introduce the global recommendations for physical activity and health by WHO. The recommendations determine that in order to achieve health benefits, “adults need to accumulate, in bouts of at least 10 minutes, a minimum of 150 minutes per week to moderate physical activity or 75 minutes of vigorous physical activity or their respective combination”. 31% of the adults worldwide do not meet this amount. They are considered as physically inactive. (Medina et al. 2013.) Pettee Gabriel, Morrow and Woolsey (2012) familiarize the concept of sedentary behavior as a lifestyle that consists of activities involving sitting during the day, such as watching television, sitting when driving a car, sitting during work hours etc. Furthermore, Sasidharan and others (2006) point out that the prevalence of physical inactivity is positively correlated with age.

Fogelholm, Paronen and Miettinen (2007) determine that physical activity plays a key role in health promotion for both the inhabitants' wellbeing and the nation's welfare. It has been calculated that physical inactivity or too little health-enhancing physical

activity costs approximately 300 to 400 million euros annually in Finland. Sickness absences from work causing reduced productivity are estimated to fill over a half of that amount. (Fogelholm, Paronen & Miettinen 2007.) Therefore, physical activity normally plays a major role in most of the health promotion programs designed for employees (Corbin et al. 2009, 75–77).

Physical activity is also associated with subjective psychological and physical wellbeing, regardless of whether it concerns elderly people, younger participants or working-aged population (e.g. Lee & Russell 2003; Lloyd & Little 2010; Sasidharan et al. 2006; Sjögren et al. 2006). It has been shown that regular physical activity, exercise participation and walking have a positive effect on an individual's happiness. Being physically active generally contributes the more to subjective wellbeing the older the individuals are. It has been suggested that physical activity improves mental wellbeing by developing the body's ability to deal with stress effects. Physical activity affects also endorphin and adrenaline levels; however, these are mostly acute effects of high intensity activity instead of moderate, regular activity. On a related note, exercise is associated with small yet significant positive changes in self-esteem. In addition, Biddle and Mutrie (2008, 189) present research results which suggest that people who exercised fell asleep faster as well as slept longer and deeper than those who did not exercise. (Biddle & Mutrie 2008, 185, 189; Lee & Russell 2003; Pawlowski, Downward & Rasciute 2011; Sasidharan et al. 2006; WHO 2013.)

In general, participation in physical activities increases subjective wellbeing, especially in the context of social interactions. Social support is regarded as an important factor for wellbeing and life-satisfaction in older population. Physical activity connected to a strong social support network including family and friends, with a positive and reinforcing environment and exercise lead to increased participation and satisfaction with leisure. Thus the subjective feeling of wellbeing is more powerful and therefore the individual quality of life is high. Perceptions of a motivational climate instead of a performance-centered one often contribute to self-improvement, resulting in continuing the activity. In addition, leisure-generated social support is suggested to be a strong buffer against stress, especially when availability of support is perceived, not necessarily when actually received. When people enjoy physical activity and leisure and

think it somehow contributes to their wellbeing, they are more likely to continue doing it. (Biddle & Mutrie 2008, 137–149; Sasidharan et al. 2006.)

Physical activity and exercise evoke numerous feelings from pleasure to pain. Biddle and Mutrie (2008, 128–130) state that the psychological outcomes of exercise or physical activity play a significant role in starting and maintaining the actual activity. Some individuals report high levels of enjoyment, a few even a dependence or so-called addiction to exercise, while others do not find physical activity or exercise as a pleasant action. Some individuals perform it because they feel forced to do it, the others practice it because they like doing it. The feelings related to wellbeing are often the reinforcers of subsequent exercise and physical activity. Furthermore, self-regulatory strategies and skills, such as self-motivation, goal setting and self-monitoring, are seen as vital elements in continuing the physical activity and exercise habits. (Biddle & Mutrie 2008, 128–130.)

Similar to the word wellbeing, there is also a linguistic challenge between Finnish and English in terms of the concept. In Finnish, the word *liikunta* means deliberately and somewhat regularly carried out physical activity that pursues a better physical condition, healthier lifestyle and/or enjoyment and pleasure (Fogelholm, Paronen & Miettinen 2007). *Liikunta* is a word with multiple meanings that can consist of physical activities in different environments, such as nature, snow or water. It can be goal-oriented or recreational, it may be carried out in a team or individually, or it can mean a simple walk to a workplace. In English, there is no direct translation for *liikunta*. On the contrary, the English term *sport* has a rather direct translation in Finnish: *urheilu*, which means both elite and competitive sports. According to Fogelholm, Paronen and Miettinen (2007), high intensity, ambitiousness, dogmatism and focusing on one event plus performance maximization characterize *urheilu*, sport.

In this study, the Finnish word *liikunta* was used in semi-structured interviews. It is translated to any type of physical activity and bodily movement. Therefore, the term physical activity includes all bodily movements regardless of intensity, duration, frequency, mode or continuity.

2.3 Health

Similar to the term wellbeing, health is a multidimensional word. Suontausta and Tyni (2005, 16–17) divide the concept of health into two categories: narrow and broad perception of health. The narrow consists of being health without having a sickness and the broad one is based on the definition of WHO (1948): “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Besides diseases, measurement of health must include also an individual estimation of the subjective wellbeing (WHO 1997). Suontausta and Tyni (2005, 17) call the broad definition of health also a holistic wellbeing. They indicate that health is described as the dynamic and harmonic equilibrium of endogenous and exogenous factors affecting an individual.

Karisto (2010, 18) calls attention to notice that globally health can be considered as one of the main wellbeing factors: it is a resource to nearly everything people perform. However, he stresses that health is not the only or even a necessary indicator of wellbeing. The wellbeing of an individual cannot be assessed solely on the basis of one’s health. On the contrary to the general perception, studies show that the state of health, that is objective health, does not have a significant connection to subjective wellbeing. The more important factors to the life satisfaction are the participants’ own evaluations of their health, which were influenced also by their negative emotions. (Korkalainen & Kokko 2008.)

In Finnish society, the basic health care system is in the central role in developing of the framework for health promotion and prevention. The constitution of Finland states that the public authorities must ensure the sufficient social and health care service to every individual in addition to promoting health. There have been and at the moment are different projects to standardize and improve the quality and effectiveness of the social and health care system. As a consequence, for example the illnesses within the retired and the working-age people over 55-year-olds have been diminished remarkably fast. However, in spite of the progresses there are growing inequalities in terms of health within different socioeconomic groups. (Klavus 2010, 28–41; Muuri & Manderbacka 2010, 96.) The Finnish social and health care system will be elaborated in terms of the rehabilitation structure in the subchapter 2.5.2.

2.4 Wellness

The World Health Organization's definition of health is at the center of the perception of wellness, which was developed in the United States in the late 1950s. However, the word wellness appeared first in the history books of the 1700s. The term wellness combines the words wellbeing and fitness. It illustrates the dynamic process of health as a continuum from illness to wellness. The high standard of wellness can be adopted as a lifestyle, a philosophy or a way of life that facilitates obtaining the optimal physical and psychological wellbeing and also enjoying the present life. The holistic characterization of wellness includes physical, psychological, social, spiritual and economical aspects as well as one's role expectations in the family, community, workplace and other settings. Moreover, nutrition, management of stress and responsibility of one's own life as well as plastic surgery can be considered as parts of wellness. (Müller & Lanz Kaufmann 2001; Smith, Tang & Nutbeam 2006; The Finnish Tourist Board 2005.)

In health and wellbeing business, wellness is often understood as recreational pampering services in five-star hotels and activities that different organizations and businesses offer, such as massages and multiple indulgent facial and body treatments. Top-quality customer service and product knowledge are vital for wellness facilities. In addition, wellness can illustrate the overall reaction of feeling well, combining physical and mental sources of wellbeing, for example in the form of physical group activities, aesthetical issues, nutrition and social activities on one's own terms, all in well-balanced proportions. Furthermore, what is common for all wellness services is that they are directed toward healthy individuals who travel voluntarily to promote their wellbeing. Wellness services often require high quality knowledge and customer skills from the personnel of the company. (Jänkälä et al. 2010; Konu, Tuohino & Björk 2011; The Finnish Tourist Board 2005.)

To summarize all the literature read while doing this research, wellness and wellbeing have numerous overlapping definitions and descriptions (e.g. Corbin et al. 2009, 4-6; Müller & Lanz Kaufmann 2001). While one rationalizes wellness as the opposite for illness, the other might ground his or her theories on more subjective and abstract insights. As mentioned earlier, in Finnish there is only one word for both of the expressions. In English, there are mixed meanings of the word wellness depending on

the country. In the United States, wellness translates into a lifestyle with healthy and responsible choices, while in the United Kingdom wellness has a negative meaning. They prefer words such as wellbeing, health farms and spas. (Müller & Lanz Kaufmann 2001; The Finnish Tourist Board 2005.) Therefore, it is vital to highlight how these two expressions are understood and utilized in this thesis.

Due to the previous Nordic academic researches and literature related to the topic as well as the Finnish context where *hyvinvointi* is often translated as wellbeing, I decided to utilize the term wellbeing throughout this thesis. Thus, wellbeing refers to the holistic condition of an individual, involving the mind, body and soul, as well as a wider range of products and services. Wellness is considered as luxury and pampering services.

2.5 Wellbeing as a part of health related tourism

The Finnish Tourist Board (2005) refers to the definition of the World Tourism Organization by stating that tourism is traveling outside the regular living habitat and staying there for no more than one year. Further, tourism can be defined as traveling during leisure time. Free time is considered as a prerequisite for tourism. Traveling may be described as seeking experiences as a counterbalance for work or as an extension of work. People working in challenging and stimulant-full jobs often choose independent traveling options, while people having monotonous and controlled jobs select package tours. The third description presents that there are none or very few connections between work and travel. In this case, leisure and tourism give more satisfaction than the job, which becomes a tool to finance leisure and thus a less satisfying aspect of life. From this perspective, tourism could be interpreted as a counter-reaction to the protestant ethic: idleness is only allowed during a vacation. (Suontausta & Tyni 2005, 90–94; Vehmas 2010, 83, 117.)

The Western conception of leisure, in turn, has developed when transitioning to the industrial, labor-oriented society at the beginning of the 20th century. Therefore, leisure is often described as free time outside work, leaving the retired and the students outside the definition. (Vehmas 2010, 83.) Suontausta and Tyni (2005, 90–94) define leisure as a diverse phenomenon consisting of three elements: time, action and experience. Free time outside work and responsibilities, action explained as play or recreation and experiences producing pleasure and contentment are the building blocks of leisure. The

psychological state of mind is strongly associated with leisure experience; however, the structures of the society also affect leisure. Central to both tourism and leisure are the feelings of excitement and relaxation as well as choices highlighting individualism. From the corporate perspective, leisure can be considered as a huge business. (Suontausta & Tyni 2005, 90–94; Vehmas 2010, 83–84.)

Health related tourism connects wellbeing services to existent tourism services (Jänkälä et al. 2010). In academic literature, health related tourism includes health, health care and medical, wellbeing and wellness tourism. It can be divided in the narrow and the broad perception of health as defined in chapter 2.3. From the point of view of tourism, the narrow definition includes tourists' illnesses, travel related health risks, general safety issues or becoming involved in an accident during a trip. Health, health care tourism and medical tourism tend to focus more on preventing or treating illness and are usually tailored to respond to a customer's personal needs. (Konu, Tuohino & Björk 2011; Suontausta & Tyni 2005, 17.)

The broad perception, in turn, is related to the research of a tourist's subjective wellbeing during a trip and after it, as well as the motives of a tourist in terms of promoting and maintaining holistic wellbeing. Furthermore, the impact of tourism on a destination and the people living and working there in addition to sustainable development are parts of the broad perception of health related to tourism. (Suontausta & Tyni 2005, 18, 24.)

Quite contrary to health care tourism, wellbeing and wellness tourism have a more proactive and more recreational approach. According to Tuohino (2012, 5) wellbeing or wellness tourism does not have an unambiguous definition in Finland. They both promote and maintain a person's holistic wellbeing and often offer experiences of pleasure and luxury. "Wellbeing tourism is seen as an entity which includes diverse products and services which aim to promote and maintain holistic wellbeing" (Konu 2010). Tuohino (2012, 6) widens the description by stating that besides the pampering and relaxing services, physical activity and nature are a vital part of wellbeing tourism. Destinations organizing both medical and wellbeing tourism are mostly the same: spas, special hotels, rehabilitation centers and other wellness facilities. (Konu, Tuohino & Björk 2011; The Finnish Tourist Board 2005.) In this thesis, wellbeing tourism is based

on the broad perception of health as illustrated in the figure 2. The main focus is on the traveling individuals' holistic wellbeing.

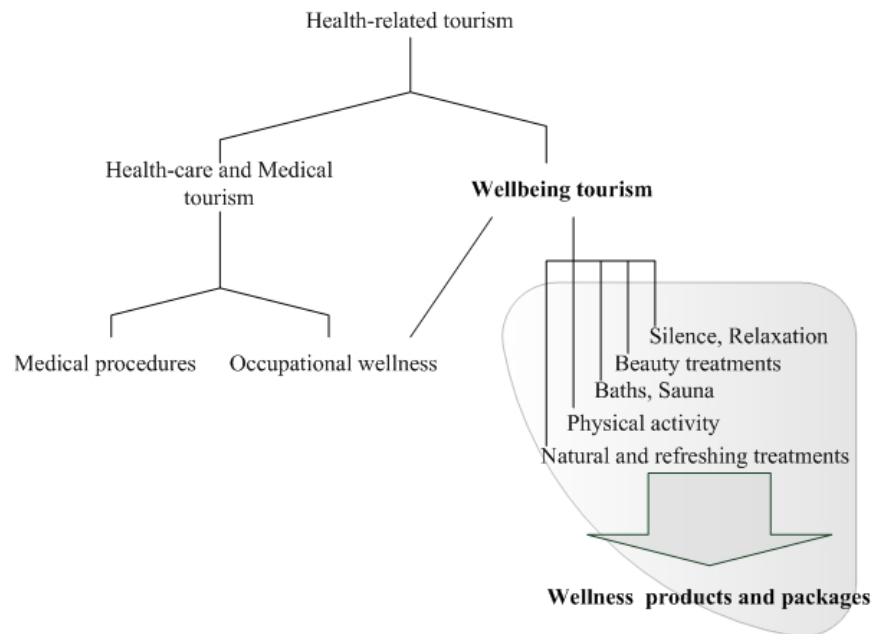


FIGURE 2. Health-related tourism model modified from The Finnish Tourist Board (2005, 57).

Related to Maslow's hierarchy of needs, satisfaction of the basic needs and the resulting wellbeing are considered as preconditions for leisure traveling. Tourism is considered as one of the self-actualization needs on the top of the pyramid. It is typical that tourism consumption and the behavior of an individual fulfill many needs simultaneously. Suontausta and Tyni (2005, 77–78) present Paludan's modification of Maslow's hierarchy of needs model. As illustrated in figure 3, the updated version is turned upside down to illustrate the time spent on the basic needs in Western societies. Thus, it is relevant to state that leisure time is essential for leisure traveling.

What motivates people to travel in search for wellbeing? Physical activities and relaxation are probably the most important motives for Finnish wellbeing tourists (Konu 2010). Mak, Wong and Change (2009) represent Crompton's (1979) Push and Pull model which is widely adopted in tourist motivation research. The push factors push people away from home and the pull factors pull individuals towards a destination. Internal motives can be seen as pushing factors and are usually understood as for example intangible desires, adventure seeking or relaxation. These are emphasized in

the motives of wellbeing tourists. External forces of the travel destination are considered as pulling features. Moreover, motivations are often connected to the fulfillment of one's basic needs. (Konu & Laukkanen 2009; Mak, Wong & Change 2009.)



FIGURE 3. The hierarchy of needs modified by Paludan. (Suontausta & Tyni 2005, 78.)

Mak, Wong and Change (2009) found five motivational factors among spa-goers in Hong Kong: 1) friendship and kinship, 2) health and beauty, 3) self-award and indulgence, 4) relaxation and relief and 5) escape. Konu and Laukkanen (2009) studied the motivational factors of potential tourists intending to have a wellbeing holiday. They found out that health and physical activity, self-development and relaxation in addition to escape had a positive influence on the intention of making a wellbeing trip. However, even though wellbeing tourism is a significant topic in tourism research and tourism businesses, Pesonen and Komppula (2010) together with Konu and Laukkanen (2009) and Konu (2010) call attention to the fact that consumers' motivations and profiles of health and wellbeing tourists have been researched only in few studies. The researches that have been made (e.g. Mak, Wong & Change; Smith & Puczkó 2009, 262–263) are related to the motivations of wellbeing tourists, but mainly in relation to spa goers or yoga travelers. The holistic approach explaining the motives to make a wellbeing holiday instead of traveling to a certain destination is missing.

2.5.1 Occupational wellness as a part of wellbeing tourism

Working capability can be seen both as an individual function and as a vast conception including work, work environment, working community, health and illness, social environment, human resource policy and legislation. Instead of previously emphasized

maintenance of working capability concentrating mostly on an individual and a certain functioning associated with the workplace, the tendency now is to focus more on the promotion of the holistic wellbeing of the working individuals and communities. This all-inclusive view of wellbeing at work can be defined as work and workplace related functions, factors and characteristics as well as interactions between people, which maintain and promote occupational wellness. Central topics regarding wellbeing at work are leadership, individual health and resources, professional competence and working community as well as the working conditions and environment. (Jänkälä et al. 2010.)

Related to wellbeing at work, Jänkälä and co. (2010) bring up the concept of Healthy Organization by describing a working community which is healthy in terms of its members, secure and humane as well as an organization that is efficient and profitable. They comprehend work as a resource which relates positively to an individual's health and wellbeing. Wellbeing at work is not a detached section of work but an incorporated essence of every individual's contribution. (Jänkälä et al. 2010.) A Finnish innovation called occupational wellness, or workplace health promotion (Konu, Tuohino Björk 2011), is a statutory concept which has been included in human resource management since the beginning of the 1990s. The main objective of the occupational wellness is to proactively maintain and promote an individual's occupational wellness by developing work related factors in a healthy and risk-free working environment. Human resource development can also be regarded as one form of the occupation wellness operations. (Jänkälä et al. 2010, The Finnish Tourist Board 2005.)

Working life is undergoing many changes. Structural alterations in organizations, unstable economic situation, growing competition, continuous uncertainty and an ever-tightening pace of work challenge individuals, especially on a mental level: both the employees and the employers. In addition, changes in the population structure, work-leisure relationship and perceptions and meanings of health have increased the demand for wellbeing tourism services. While human resources play a significant role in an organization's success, it affects directly an organization's profit. Therefore, most employers are willing to invest on their personnel's wellbeing. (Jänkälä et al. 2010.)

In Finland, occupational wellness tourism is considered as wellbeing tourism. It contains features from both health care and wellbeing tourism as well as from so called educational and congress tourism to a special destination, such as a spa or a hotel offering tailor-made wellbeing services. The spa hotel Peurunka is a textbook example of such a destination. Since the concept of working ability still has a somewhat strong background connection to a medical way of thinking, a vacation week normally consists of physical activities and informational lectures. The income and standard of living of the employees do not influence participation since the employer is typically responsible for all financial matters. (Jänkälä et al. 2010; Konu, Tuohino & Björk 2011; The Finnish Tourist Board 2005.)

The challenge of occupational wellness tourism is that it is not implemented in the actual workplace. The question remains how to transfer the knowledge and the effects of the vacation week into the actual working environment. In addition to personal wellbeing, the essential part of promoting wellbeing at work is to enhance and affect the experiences and feelings at work. A momentary visit to a spa resort will not relate to or necessary support the working ability. Furthermore, the personnel in a wellness center may know everything about pampering and physical wellbeing, but they may not be experts in psychological wellbeing or human resource management oriented issues. However, there is a demand for new, innovational and customer oriented occupational wellness tourism services. In addition, the existing services could be developed based on several study results related to wellbeing at work. (Jänkälä et al. 2010.)

Peurunka offers different sorts of occupational wellness courses, regular and themed ones, in which the length of stay varies from a couple of days to six days. The objective of the courses is to prevent the health related conditions that might affect working ability by motivating the participants to take responsibility for their own wellbeing. Their operations have been proven successful and effective in promoting the participants' wellbeing. (Peurunka 2014b.) In addition to the courses, Peurunka provides also other services contributing to the promotion of occupational wellness (Peurunka 2014c). In this thesis, occupational wellness tourism is connected to the previously profiled (Vehmas, Piirainen & Matilainen 2013) work-wellbeing customers who participate in one of the occupational wellness courses in Peurunka.

2.5.2 Rehabilitation – a state-subsidized system of wellbeing in Finland

The diverse Finnish rehabilitation system facilitates citizens' wellbeing, occupational wellness and work profitability as well as individuals' independent lifestyle. This statutory system established in 1946 was first considered as welfare for the invalids. Currently, it can be divided roughly into medical, occupational, educational and social rehabilitation although the division is not all-inclusive. The state rehabilitation budget is compiled from several insurance funds and tax assets. The main financiers are Kela (the Finnish Social Insurance Institution supervised by the Finnish Parliament) and Valtionkonttori. (Ala-Kauhaluoma, Henriksson & Saarinen 2013, 92; Ihalainen & Rissanen 2009, 13; Rajavaara & Lehto 2013, 6.) Governmental, non-governmental and municipal organizations as well as the non-profit third sector and private profit organizations produce rehabilitation services. According to Ihalainen and Rissanen (2009, 13), in 2009 there were approximately a hundred different facilities, centers, nursing homes or spas arranging different rehabilitation services.

The importance of rehabilitation as one of the main support systems of the Finnish welfare state is unquestionable. The resources invested in rehabilitation are significant. (Rissanen & Pulkki 2013, 87.) However, in spite of its noble objectives the system has been criticized both nationally and internationally. The system is accused of being too complicated, fragmented and inefficient. Due to its bureaucratic characteristics, the availability of services and human equity might be compromised. (Rajavaara & Lehto 2013, 9–17.) Based on the current literature, occupational wellness appears to be the most topical and most studied aspect of the whole rehabilitation system. According to Ihalainen and Rissanen (2009, 38), the development program of rehabilitation 2015 by Kela will map the most important emphases and priorities of future rehabilitation. Nevertheless, when considering its great significance, the system has been researched surprisingly little. According to Rissanen and Pulkki (2013, 79, 87), the latest study on the total expenditure on rehabilitation was conducted in 2000 when the total amount was estimated to 1,2 billion euros. This was 14 years ago.

In Finland, the term rehabilitation has transformed from a passive perspective in which an individual is being rehabilitated to a more active view where the individual is rehabilitating (Ashorn & Miettinen 2013, 20). Since the 1960s, the war veterans and

war invalids, who served Finland in the wars between 1939 and 1945, and their spouses have been one of the main rehabilitation customer groups in Finland. The development of the medical rehabilitation of war veterans and war invalids has strongly affected the emergence of the departmentalized rehabilitation system in Finland and also at an international level. The Rehabilitation Act of 1983 ensured rehabilitation for war veterans, and it was defined as the maintaining and promotion of working ability and functional capacity in order for an individual to function independently in everyday activities. From the society's perspective, the massive social investments in the veteran rehabilitation have been profitable as they have promoted health and independent coping of this particular population group in addition to saving economic resources of the state in other expenses. (Puumalainen 2008, 17; Sulamaa 2007, 71–72, 184.)

Currently, the working-age population is the main clientele group in the state subsidized rehabilitation system (Nikkanen 2005, 12). However, this research aligns that particular customer profile under occupational wellness. Therefore, in this thesis the rehabilitation aspect is defined as people, who have a deficit, injury, illness or disability that weakens their functioning in everyday life, and are therefore participating in the rehabilitation. Yet, he or she is able to function mostly independently. From this point of view, rehabilitation can be defined as activities that aim at improving a person's functional ability and social coping skills. It is often a planned process which involves multi-disciplinary co-operation. (Rajavaara & Lehto 2013, 7.) In Peurunka, in addition to veterans, the rehabilitation customer profile includes inter alia rehabilitees recovering from a severe disease such as cancer; rehabilitees who have been permanently injured in an accident, such as paraplegics and amputees; rehabilitees who are experiencing insufficient functional or mental capability due to a serious incident such as a stroke; and rehabilitees with a neurological illness.

For several decades, the majority of the rehabilitation customers in Finnish spas and rehabilitation foundations, such as Peurunka, have been war veterans and war invalids. The inevitable change in the demographics in recent years will lead to modification in the main customer profiles of the rehabilitation centers and spas. As time goes by, the number of war veterans diminishes, leading to a need to update the systems and services of the rehabilitation foundations. Instead of the veterans' regular periods of rehabilitation lasting a few weeks which were subsidized by the state, the centers need

to fill these weeks with other types of customers and funding. This will probably signify a transformation in business for many of the health related tourism providers. (Ihailainen & Rissanen 2009; Smith & Puczko 2009, 27.)

2.5.3 Wellbeing as business

Wellbeing tourism has grown rapidly since the 1990s. Nowadays, wellbeing business is targeted mostly at people who are willing to travel and invest in themselves, have leisure time and are proactive regarding their holistic health (The Finnish Tourist Board 2005). According to Konu, Tuohino and Björk (2011), wellbeing will be one of the main areas of tourism in the future. Aging populations, lifestyle changes, the wide range of tourism alternatives and the drawbacks in the public health care systems (García-Altés 2005) as well as stressful, work-obsessed, time-pressured, materialistic and over-individualistic societies (Smith & Puczko 2009, 9) can all be comprehended as opportunities from the point of view of wellbeing tourism. Furthermore, tourism companies have found wellbeing tourism as a great business area because it is not dependent on any particular tourism season (Konu & Laukkanen 2009).

The society and the business world need to respond to the raising demand affected by individuals having more leisure, more money, more knowledge and more technology. In addition, individuals' awareness of their own responsibilities has increased, and health is understood as more active than passive totality. Organic and local food, personal life management, nature-conserving choices, interest towards different cultures and physically more active lifestyles play bigger roles in peoples' lives, thus supporting both the individuals' wellbeing and the condition of the globe. (Suontausta & Tyni 2005, 48–57.)

Wellbeing tourism is customer-oriented. Productizing, its constant development and the actual tourism destination are in the center of wellbeing tourism. Like in any other form of marketing, customer segmentation plays a key role in establishing productive business solutions for wellbeing tourism. Customer segmentation aims at understanding consumer behavior and the benefits consumers are seeking from different products. It facilitates search for homogenous groups of people who the services and products can be targeted to. The main purpose of customer segmentation is to find the best and most

productive ways to promote a certain product to every customer segment or to find the right products for the right customers. (Konu 2010; The Finnish Tourist Board 2009.)

As an example, Konu (2010) presents the AIO segmentation of Wells and Tigert as a lifestyle segmentation method to characterize activities, interests and opinions. It is utilized in social marketing, product and brand analysis as well as in tourism. The AIO segmentation recognizes the importance of paying attention to the heterogeneity of the tourists. According to Suontausta and Tyni (2005, 108, 115–116), the main customer segmentations in wellbeing tourism are the twenty-somethings, young families with small children, adults and seniors. The average wellbeing tourist can be defined as a middle-aged woman and a highly educated parent whose children are already living outside the home. She is used to traveling a lot and demands high quality services and products. She earns more than the average tourist and is willing to invest in her wellbeing.

Although the hypothesis is that people's lifestyles and their wellbeing choices have a strong connection, Konu (2010) reveals that a potential wellbeing tourist has not been defined in the existing literature. From a business point of view, it would be essential to outline also this customer segment to know how to market wellbeing services to them. In her study, Konu (2010) found six different segments describing the potential wellbeing customers in Finland: 1) sport and nature people interested in technology, 2) travelers appreciating the home, 3) family and health oriented sport and nature people, 4) self-developers appreciating culture, 5) people appreciating material wellbeing and 6) people indifferent toward traveling and social issues.

García-Altés (2005) stresses the importance of a commercial strategy, the quality of services, professional licensing and a well-functioning infrastructure in successful wellbeing tourism businesses. Konu, Tuohino and Björk (2011) present a model of a sustainable wellbeing destination including core wellbeing resources and attractions, policy and strategic planning in addition to development and management as the crucial areas of building a successful wellbeing destination. Konu and Laukkanen (2009) highlight the importance of understanding the motivations of their target markets in order to develop and market the products; in other words, how to match supply with the demand.

Furthermore, the Finnish Tourist Board (2009) indicates that the actual wellbeing services are not commercialized or productized well enough, which is why customers cannot find them. Perhaps due to the amplitude of wellbeing tourism and its ambiguous meaning in Finnish, everything from surgeries to jeep safaris can be offered as a wellbeing service. No wonder customers are confused, not to mention the suppliers themselves. In order to develop the services, it is vital to understand the customer-driven perspective to the productizing of wellbeing services. Instead of simply introducing the resources, the unanimously and nation-wide categorized high quality products need to be created and commercialized in Finland. (The Finnish Tourist Board 2009.)

Due to the contemporary and forthcoming changes in the rehabilitation customer's profile, rehabilitation itself is merging into being a part of health and wellbeing services rather than being a separate branch of its own. As a consequence, there will be a need for development to attract different type of customers to wellness and wellbeing facilities both nationally and internationally. (Ihalainen & Rissanen 2009.) Additionally, it is vital to draw attention to the baby boomers who are retiring in the coming years. Their increased leisure, economic resources and will to take care of themselves alongside the concept of a so-called third age – the free stage of life, a fresh start – create great opportunities for the wellbeing tourism. (Julkunen 2005, 273. 291.) The existing question is how to re-orientate the destinations to serve more privately funded leisure and recreational tourism together with the traditional state-supported medical rehabilitation. Many of these locations have been studied in order to find new structures and markets to entice novel, domestic customers and to be profiled as holistic wellbeing centers (e.g. Petroune & Yachina 2009; Smith 2009; Tuohino & Kangas 2009).

3 PEURUNKA – A WELLBEING DESTINATION

Peurunka resort is an idyllic site at the heart of Finland. It is located in Laukaa in a rural area by the Lake Peurunka, approximately 20 kilometers north of Jyväskylä. Peurunka has its roots deep in the Finnish veteran rehabilitation system. The municipality of Laukaa donated the land. The rehabilitation center was established in 1974 by Korsuveljesten kuntosäätiö, a foundation initiated in 1968 with which the Finnish Veteran Union and the University of Jyväskylä were involved among others. However, Korsuveljesten kuntosäätiö faced economic difficulties in the middle of the 1970s. Fortunate social connections with Finland's then President Urho Kekkonen influenced Kela (the Finnish Social Insurance Institution) to take over Peurunka. Since 1976, Kela has been the majority shareholder of Peurunka. At that time, the name was also transformed into Kuntoutumis- ja liikuntasäätiö Peurunka (the rehabilitation and physical activity foundation of Peurunka). (Keskisuomalainen 2011; Sulamaa 2007, 179; Torikka 1997 according to Nikkanen 205, 11–12.)

The rehabilitation foundation of Peurunka was originally founded to take care of the promotion of the wellbeing of the men and women who had served on the war front. Thus, the traditional purpose of Peurunka was to operate as the veteran rehabilitation center. (Sulamaa 2007, 179.) That is one of the main reasons why the veterans experience Peurunka “as [being] their own” (Nikkanen 2005, 30). However, according to Keskisuomalainen (2011) the rehabilitation volume of the veterans is diminishing by 30 % a year. Due to that fact, Peurunka has prepared for the changes transforming its services and operations in recent years, concentrating more on organizations, families and recreational wellbeing tourists. Nevertheless, in spite of the reformations, Peurunka still honors its traditions by offering the veterans swimming sessions every weekday free of charge. (Keskisuomalainen 2011.)

In 2014, Peurunka celebrates its 40th anniversary. Today, Peurunka offers high quality facilities and services to promote wellbeing. The massive renovations during 2011 and 2012 have established a modern space-themed spa with many renewals, such as the Nordic region's longest water slide of 130 meters, a new Peurunka Arena offering

facilities for entertainment and physical activity events as well as the new holiday apartments and cottages for visitors to stay at in addition to the hotel rooms. Peurunka offers services and activities for both rehabilitation customers, recreational tourists and conference visitors, for groups and individuals alike. (Keskisuomalainen 2011; Peurunka 2014a & 2014e.) Konu, Tuohino & Björk (2011) consider Peurunka as a potential wellbeing tourism destination offering various tourism services available all year round.

The Spa Hotel and Rehabilitation Center Peurunka (referred to as Peurunka throughout this thesis) consists of three complementary sectors. The Rehabilitation Center Peurunka is a private healthcare unit which develops and provides services promoting functional ability and ability to work. The Spa Hotel Peurunka is responsible for the hotel, restaurant, conference and pampering services for organizations and individual consumers. The Peurunka Sport & Spa develops and organizes versatile physical and recreational activities as well as occupational wellbeing and spa services. (Björk 2014.) A contemporary gym, fitness studio, ice hall and bowling alley not to mention the resourceful nature surroundings enable great opportunities for both indoor and outdoor activities. Additionally, the business partners of Peurunka offer possibilities for the customers of Peurunka to experience fishing, horseback riding and playing golf. (Peurunka 2014e.)

At present, the vast majority of the clientele of Peurunka has changed from war veterans to working-age wellbeing customers (Nikkanen 2005, 12). According to their website (Peurunka 2014a & 2014e), the current accommodation capacity of Peurunka is 700 persons. The utilization rate is 70,8 %, the turnover being 17,2 million euros. Referring to the mission of Peurunka (2014d), the organization is committed to promote the wellbeing and health of the individuals and working communities. Their motto "*Parempi voida hyvin*" (It is better to be well, translated to English) as well as their research-based and customer-oriented services illustrate the individual wellbeing aspect of their operations. Their objective is to offer resourceful services and facilities for all the three customer profiles to be and feel well. (Peurunka 2014d.)

4 RESEARCH QUESTIONS & METHODOLOGY

The purpose of this study is to explore individuals' thoughts, conceptions and perceptions regarding wellbeing. The study focuses on the current customers of Peurunka. The main objective is to provide information and knowledge about the three previously formed (Vehmas, Piirainen & Matilainen 2013) main customer profiles regarding their wellbeing insights. The study explores which phenomena, subjects and matters individuals consider as wellbeing, what is important for them in terms of being and feeling well and how the premises and services of Peurunka respond to their conception of wellbeing. My personal motive was also to raise every participant's personal awareness during the interviews towards their own understanding of wellbeing by discussing the different dimensions of wellbeing.

4.1 Research questions

The main research question is:

How do the customers of Peurunka perceive wellbeing?

The following sub-questions amplify the main question:

- A) What kinds of customer types can be formed based on the perceptions of wellbeing?
- B) What are the differences between the three customer profiles of Peurunka?
- C) How does Peurunka promote its customers' wellbeing?

4.2 Data collection

This research examines an empirical phenomenon: wellbeing. Due to its conceptual nature, a qualitative and inductive paradigm was adopted to guide this case study. Kakkuri-Knuuttila and Heinlahti (2006, 21) introduce induction as a significant form of reasoning in the production of new information. Bolas, Wersch & Flynn (2007), Bourke & Geldens (2007), Hamilton & White (2010) and Lloyd & Little (2010) have employed semi-structured interviews as methods of their researches. The aim of their studies was to explore and interpret peoples' feelings, experiences and perceptions regarding the

research questions. These abstract and individual phenomena cannot be observed, thus semi-structured interviewing allows for better access through a person's own voice (Lloyd & Little 2010). In addition, the studies have a strong relation and importance to health and social aspects of society, such as the role of physical activity in parenting, the effect of physical activity on psychological wellbeing and perceptions of wellbeing in young people with increased risk of physical and psychological illness. Thus, similarly, the semi-structured interview was chosen as the data collection method in this study. Additionally, it could be implemented both in a group setting and in the case of an individual.

Semi-structured interviews can be applied well into a qualitative case study which consists of a relatively low number of participants. The purpose of the method is rather to describe and interpret a particular phenomenon than to establish statistical generalizations. (Tuomi & Sarajärvi 2006, 87–88.) Bolas et al. (2007) had five subjects in their research, Hamilton & White (2010) carried out 27 interviews while having altogether 40 participants, and Lloyd & Little (2010) interviewed 20 individuals. It is suggested that 12 interviews should suffice when aiming to understand common perceptions among a group of relatively homogenous individuals (Lloyd & Little 2010). Participants can be experts of a certain field or they may represent an average person related to the research topic (e.g. Breen et al. 2011; Mulligan et al. 2012). One of the reported problems (Korkalainen & Kokko 2008) especially in face-to-face interviews is that participants tend to answer the questions the way they think is socially acceptable and appropriate. Nevertheless, it has been studied that the effect of social desirability is usually rather low.

A semi-structured and themed interview was established to guide the conversations to focus on the main research questions. (Appendix 1.) A theme is interpreted as a particular repetitive feature in the interview. The thematic positioning of the questions enabled all the experiences, thoughts and beliefs of an individual to be taken into consideration (Hirsjärvi & Hurme 2001, 48.) A positive approach, focusing on health and wellbeing promotion rather than factors preventing illness, guided the thematic interview of this research. The open-ended questions were divided into three themes: 1) the main reasons for visiting Peurunka, 2) perceptions of wellbeing and 3) wellbeing and wellness services.

The questions of the interview were developed based on the research questions, my own previous knowledge and relevant academic literature. The emphasis was placed on an inductive interpretative approach to learn about and understand how customers describe meanings of wellbeing. A person's own opinions and feelings were particularly important in this research setting in which the focus of interest was an individual's wellbeing. The aim was to reach beyond expert evaluations. Interpretive paradigm enabled the participants' understandings to emerge in their own words. (Hirsjärvi & Hurme 2001, 136–137.)

The objective was to interview customers of Peurunka from each of the previously constructed three customer profiles (Vehmas, Piirainen & Matilainen 2013). University of Jyväskylä and Peurunka had taken care of the needed ethical permissions to conduct the customer interviews. The strategy of the data collection process was to travel to Peurunka, randomly talk to people visiting Peurunka at that time and ask them to participate in the study. If they were willing to take part, they were interviewed. Most of the randomly selected visitors agreed to be interviewed. Every participant was informed about the content of the study and that his or her answers were to be utilized in the research process. The public yet peaceful areas in the main building of Peurunka served as the settings for the interviews. The interviewing situations were sought to have conversational and casual nature to enable the participants to feel comfortable.

The data collection process was started during week nine in February 2013, since it was known to be a general winter holiday week in Central Finland. The last interviews took place in May 2013. In February, one of the thesis supervisors was presented as my co-interviewer whereas I completed the nine interviews alone held in May. The majority of the data consisted of individual interviews. If the visitors were contacted as a couple or a group, the interviews were also implemented as such.

As mentioned above, the semi-structured interview emphasizes the participants' personal views and definitions. It provides opportunities to deepen the conversation about the themes with follow-on questions. Moreover, interaction during the discussion may have an effect on the participant's thoughts by raising awareness and thus personal choices regarding his or her own wellbeing in the future. The questions are ranged to pursue particular topics in detail; however, the order of the questions may vary

depending on how the situation proceeds, although the order of the themes will remain the same in every setting. In addition, all the questions are not necessarily made if the interviewee responds to them in his or her prior answer. (Hirsjärvi & Hurme 2001, 47–48.)

After the data collection process, there were altogether 15 interviews of which 14 could be transcribed due to the unclarity of one of the interviewees’ audio line. Overall, the interviews of 18 people were utilized in this study. 39 % (N=7) of the participants were male and 61 % (N=11) were female. Rehabilitation customers compiled four of the interviews, one of the interviews being a pair interview (N=5: female 2 and male 3). The untranscribable interview was from this category by a male participant. The average age of the rehabilitees was 54 and all of them were retired.

Recreational visitors were gathered in four interviews: two individual interviews, one pair interview and one group interview with three people (N=7: female 6 and male 1), the average age being 33. This customer profile included three students, two office workers, one construction worker and one entrepreneur. It was decided that the participants of the pair and the group interview were interviewed in the particular settings because they were traveling as a pair and as a group. All six of the work-wellbeing customers were interviewed individually (N=6: female 3 and male 3). The mean age of this group was 47. The occupations of this category were divided into a photographer, IT application specialist, human resource manager, post office worker, sales representative and the supervisor of a distributor unit at a post office. Table 1 illustrates the sample of the participants.

TABLE 1. The participants of the research.

Code	Customer profile	Age	Gender
HK1	Rehabilitation	73	Male
HK2A	Rehabilitation	62	Female
HK2B	Rehabilitation	29	Female
HK3	Rehabilitation	46	Male
HK4	Rehabilitation	58	Male
HM1A	Recreational	52	Female

HM1B	Recreational	25	Female
HM1C	Recreational	22	Female
HM2	Recreational	15	Female
HM3	Recreational	39	Female
HM4A	Recreational	37	Female
HM4B	Recreational	39	Male
HT1	Work	61	Male
HT2	Work	29	Male
HT3	Work	51	Female
HT4	Work	53	Female
HT5	Work	50	Female
HT6	Work	39	Male

All discussions were audiotaped with oral permission from the participants who were fully aware that their responses were to be used to support academic research. The participants kept their anonymity: only age, marital status and occupation were asked. The lengths of the interviews ranged from 23 minutes to 46 minutes. All the interviews were carried out in Finnish as all of the participants were Finnish. The verbatim transcribing of the interviews was carried out in July and August 2013. The transcripts were not translated in English; however, I translated the direct quotations used in the thesis.

4.3 Data analysis

The thematic positioning of the questions facilitated and guided also the data-driven analyzing process. In addition, phenomenological interpretation method and hermeneutic content analysis were utilized throughout the process. According to Eskola and Suoranta (2008, 146), the purpose of the phenomenological analysis is to see the studied phenomenon as simply as possible without previous assumptions about its character. As the analyzing process continues, there is a possibility to find deeper meanings of that phenomenon.

As the meanings are usually contextual, interpreting is required when trying to understand the phenomenon. The entirety of the data determines the significance of its

sections. On the other hand, the pieces of the data affect the understanding of the whole. This process of shifting between the totality and the fragments of the data can be called a hermeneutic circle. (Kakkuri-Knuuttila & Heinlahti 2006, 33.) Routio (2014) explains the purpose of hermeneutic research is to understand the subject more deeply. It seeks to study the data from different perspectives, from details to the overall, shaping a hermeneutic circle as the analysis deepens.

The data of a qualitative research is usually analyzed during the different phases of the research process (Hirsjärvi & Hurme 2001, 154). The primary data analysis of this case study took place mainly in September and October 2013. However, since the thesis was written mostly during the period from November 2013 until February 2014, the analysis continued throughout the writing process, discovering deeper meanings of the data. I analyzed the data manually through meticulous and continuous reading. A themed outline as well as manual color-coding was used in analyzing the data during the first circles. The analyzing process itself was fruitful yet challenging due to the amplitude and diversity of the data.

In the analyzing process, every interviewee was given a number-letter combination indicating his or her customer profile group and the ordinal of the interview. In case of a group interview, letters differentiated different participants. (Table 1.) I personally construed and sorted the data. Continuous reading and detection accompanied the analyzing and interpreting process through every phase. The maturation of the data extended to more profound meanings as the analyzing process progressed.

Typology was applied in the data analyzing process of this research. Typology introduces the main and the most common types evolving from the research data. The method requires pre-organizing of the data according to themes before the typing can be implemented. Typology is considered a great tool for the theoretical understanding and the illustration of the data. It is often used as an analyzing tool in sociological studies. It compresses the connective features and factors in the data. In addition, typology enables the presentation of the cases differentiating from the typicality, which is often considered the strength in a qualitative study. The analysis of abnormal situations

deepens and enriches the overall meaning of the research. (Eskola & Suoranta 2008, 181; Vehmas 2010, 35, 38.)

The ideal type modified by typology is a conceptual structure, first developed by Max Weber in 1905, that describes how one functions when his or her actions are driven by only one objective, motive or meaning. The type is a theoretical construction, which is developed by the researcher based on the characteristics of the empirical data. It does not describe a particular person but facilitates the illustration of the data while seeking to capture what is essential. It is often a one-sided accentuation of varied perspectives in order to analyze a certain phenomenon. (Eskola & Suoranta 2008, 181; Kalberg 2002, 1, lxxviii; Saaristo & Jokinen 2004, 69; Vehmas 2010, 35.)

In this case study, the typology was based on how the participants described and expressed their perceptions of wellbeing and what kinds of words they used to justify and argue for them. In addition, the illustrations of the themes and the reactions and orientations to the topics were taken into account. The objective of the formation of the ideal types was to understand the multidimensional conception of wellbeing. The wellbeing typology was created to exemplify the insights into such a diverse phenomenon. Further, the established wellbeing types assisted in portraying the wellbeing perceptions of the three customer profiles of Peurunka in order to compare them.

In the first part of the data analysis of this study, certain words and topics surfaced from the data. These topics were subjects and areas which the participants related to their wellbeing. I grouped the topics in the following sections according to their common denominators of wellbeing: physical activity, health, social aspects, money and work plus recreational stimulus. They established the main themes for the analyzing process. After that, I began to search for differences and similarities in addition to typical factors and functions in the data using the themes as the main headings and grouping data underneath them. Furthermore, I interpreted the primary wellbeing theme of each interview and categorized the participants according to those themes. What was the main factor producing wellbeing for this particular participant? What was the leading aspect of wellbeing that emerged from each individual perception?

I defined the primary meaning as a subject or topic of the speech that appeared most often in the whole interview; it was interpreted as the most important factor producing wellbeing for the individual. Besides the primary meaning, it appeared that the data consisted of also secondary meanings. The most discussed secondary meaning was described as a subject or topic of the speech that emerged in the conversation but was not construed as the most important factor for the participant; it was a relevant factor producing wellbeing for the individual, yet not the most significant. The secondary meanings were also categorized under the five themes based on the data. In addition to these two main meanings, a so-called conflicting meaning was raised in one of the categories. I defined it as a topic that the individual regarded as one of the elements of wellbeing but did not actively practice it in his or her life. Thus, it was not an actual producer of wellbeing. The conflicting meaning is known also as a so-called should-have factor or a negative connotation as it will be referred to later in the thesis.

In the latter part of the analyzing process, continuous hermeneutic content analysis revealed some new unambiguous factors surfacing from the data, resulting in one of the main themes to be divided into two: the money and work theme was transformed into a money and service theme and a work theme. Gradually, bit by bit, the ideal wellbeing types began to form. The connecting element of each type was the somewhat distinguishable discourse in terms of wellbeing. Finally, grounded on the empirically-based data, six ideal wellbeing types altogether were established: 1) Socially oriented type, 2) Physical activity oriented type, 3) Work-oriented type, 4) Money and service oriented type, 5) Health-oriented type and 6) Recreation-oriented type.

The original primary and secondary meanings, which facilitated the grouping process, were eliminated from the final typologies since the main objective of the research was to study the perceptions of wellbeing, not to organize or evaluate them in any preference order. The terms primary and secondary might have referred too much to numeral positioning, which could have been misleading. However, the negative connotation is used in the result section to illustrate the dilemma related to the physical activity - oriented wellbeing type.

The typology and the results are presented in detail in chapter five. The translations of the research data are used to describe the narratives of the ideal types. In addition, to attain all the objectives of this study, the participants were characterized with the guidance of these wellbeing types in order to enable the comparisons between the three customer profiles of Peurunka.

5 RESULTS

The main objective of this research was to study how the customers of Peurunka perceive wellbeing. Furthermore, it was compared what kinds of differences and/or similarities there are between the three customer profiles in terms of the perceptions of wellbeing and how Peurunka promotes their customers' wellbeing. The following subchapters present the results of the research, starting with the established wellbeing types, continuing with the comparison section of the three customer profiles and ending with paragraph six in a discussion section consisting of customers' feedback of the services of Peurunka and recommendations on how these wellbeing perceptions could be used in the marketing of wellbeing products and services.

5.1 The wellbeing types

The empirically based data was used to describe, understand and interpret the extensive phenomenon of wellbeing. The typology of this research leans toward the interpretative conception of Weber's ideal type. The types are my own constructions formed by the groups of similar narrations in order to conceptualize the multidimensional phenomenon of wellbeing. They do not define the factual functioning of any individual but act as aids of typical human actions. (Saaristo & Jokinen 2004, 69; Vehmas 2010, 149.) The ideal types are utilized to comprehend the individuals' perceptions of wellbeing and additionally to interpret how the three different customer profiles of Peurunka understand wellbeing.

Grounded on my interpretations, six ideal wellbeing types were established from the data gathered in the 14 interviews transcribed. Each type describes a typical yet fictitious individual in terms of wellbeing: how this ideal type perceives wellbeing and what comprises his or her wellbeing. The discourses and argumentations related to every ideal wellbeing type could be found in each participant's dialogue. However, there were differences in the emphasis of the main factors contributing one's wellbeing. The quotes in the following subchapters are translated from the data and utilized as narratives illustrating a particular wellbeing type. The summary of the results is

presented in table 2 and elaborated in the following subchapters. The order of the presentation of the types is random. It does not have a specific implication.

“Wellbeing is something that every person knows, what is his or her own way of being and feeling well: in what kind of situation, what sort of action and functioning is nice, in what kind of company. It is somewhat individual I guess. Someone might like racing cars, and some weirdos like me feels well in the forest surrounded by bears. Well not maybe with those bears, but... I would say it is partly a state of your own willpower and volition. I mean I don’t think that a person can only feel well by wanting to do so, but I think it has a great effect if you decide to think positively and trust that things work out fine. Then there’s a tendency that they do start to go well or at least you start doing things so that they would be better. It is the opposite if you are a negative person.”
(HT4)

TABLE 2. The overview of the wellbeing types.

Wellbeing type	The main sources of wellbeing
Socially oriented	Relationships, family, children, friends, colleagues
Physical activity -oriented	Physical activity
Work-oriented	Work related factors and people
Money and service -oriented	Income, consuming products and services
Health-oriented	Health, nutrition, sleep, holistic wellbeing
Recreation -oriented	Internet, media, entertainment

5.1.1 Socially oriented type

The socially oriented type values close and meaningful relationships and family ties, which construct the essence of wellbeing. The environment and its social connections play a vital role in the wellbeing perceptions of this type, whether it is related to home, work, studying or leisure. This type seeks social contacts in many occasions in his or her life to enjoy, be entertained and relax as well as in need of support. In addition to his or her own wellbeing, the wellbeing of the loved ones plays a significant role in the life of the socially oriented type. The results of this study support strongly the findings of both Diener and Oishi (2005) and Vehmas (2009, 156) in terms of social relationships: for the socially oriented type, meaningful social connections are the prerequisite for wellbeing. He or she comprehends social relationships as a capital and a resource.

“Wellbeing is knowing that your siblings and parents are healthy and doing fine. Then, you do not need to be afraid for them and you can live calmly.” (HT1)

“A threat to my wellbeing would be if someone from my family got into an accident or something bad happened to them. I mean I have experienced how it is. Both of my parents’ deaths and my brother who was first badly injured and then eventually died.” (HT4)

“The most important thing in my life is my grandchild. He’s wellbeing for me and that they (my children and their families) live close by. I can go and visit them whenever I want and he visits me very often, and spends nights, too. I like it when he wants to see his grandma. Every time I have a weak moment, I feel that I’m needed.” (HT5)

The significance of social contacts was revealed most clearly in four of the participants’ (HT1, HT4, HM2 & HK2B) dialogues. The health and wellbeing of the loved ones generated holistic wellbeing for them. However, every interview of this study involved the social relationships as a section of wellbeing, in one way or the other.

“I mean even though I said I do physical activities with my friends, it doesn’t mean we have to communicate all the time. We can just walk in the forest without saying anything. It is that we can be just quiet. I think that is a huge thing that you don’t have to pretend anything else that you’re not. You can just be who you are and feel the emotions you are going through.” (HT4)

In addition to all the positive features, it is vital to understand the power of negativity of the relationships to personal wellbeing. “Relationships can also be a powerful force for unhappiness” (Diener & Oishi 2005).

“I have stressed out a ton because of my dad. He really drank himself dead a few months back. But when it did finally happen, I felt so relieved. Like I don’t have any extra weight anymore. Now I get to live only for myself.” (HT3)

According to this research, for the socially oriented type wellbeing is closely related to activities and entities where they can interact with other people. This type likes to be surrounded by meaningful people as well as meet new people. With regards to traveling and vacations, this type chooses an activity trip where there is a chance to get acquainted with congenial individuals.

“I visited the pilgrimage route in Santiago de Compostela, Spain, with four of my friends, and we met different people from all over the world. It’s interesting to talk to

them and find out why they have come there. It's nice. It was an extremely plentiful experience. Meeting new people in a new country who are there in the same situation you are and experiencing the same things you are increases the feeling of belonging and community. ” (HT4)

“The peer support and fellow rehabilitees are very important. In our group we try to motivate those people who tend to be by themselves and stay in their beds to come and join us. At least the wheel-chair group we have values the group of friends and the sense of humor. I think it increases mental wellbeing when we can tease each other and kid around to get everyone up. You can't forget the humor.” (HK1)

Respectively to the findings of Diener and Oishi (2005), the results of this study suggest that the socially oriented type pursues happiness and social activity that construct a stable foundation for his or her wellbeing. In addition, it was found that endogenous factors produce wellbeing to this type, thus the findings could be linked to the top-down theory of Korkalainen and Kokko (2008). The personality of the socially oriented type is outgoing, optimistic and caring, which have a positive effect on wellbeing as Korkalainen and Kokko (2008) have stated.

“I think I am super positive always. Not like faking or anything but genuinely positive all the time. It is just my character.” (HT1)

Consistent with the findings of Korkalainen and Kokko (2008), this case study revealed that social unity, integration and social contribution are significant contributors to wellbeing in the life of the socially oriented type. The socially oriented type values acceptance and tolerance in addition to social interactions. Social relationships and contacts form a holistic safety net and an environment of approval that produces wellbeing for the socially oriented type. Loneliness as well as social exclusion and segregation are phenomena the type considers as the opposite to wellbeing.

“As a representative of a minority I think equal interaction with everyone, acceptance and friendliness constitute wellbeing.” (HM2)

“The opposite of wellbeing could mean that I wouldn't be accepted for who I am... Happiness is being accepted for who you are in your own community.” (HT4)

“Even though I was diagnosed with Parkinson's disease, I still feel that I feel more wellbeing than some other, so-called healthy people. At least mentally. I mean I have those depression phases, but I still have my family to support me.” (HT5)

“I think the opposite of wellbeing could be me not having any friends or family.” (HK4)

“Social exclusion would prevent me being well. I mean that social contacts and friendships would decrease to a minimum and I wouldn’t have any meaningful relationships with any people except my co-workers.” (HT6)

The socially oriented type does not literally maintain or promote his or her wellbeing as such. He or she does things that feel good for him or her, with whomever he or she wants, relatively freely, in a non-organized way and at a spur of the moment. Pleasant situations, desirable activities and close relationships produce wellbeing for him or her. In addition, the socially oriented type is motivated by the ability to be and spend time with the loved ones and to be able to take care of them.

“My grandchild motivates me to take care of my wellbeing. I mean he’s really wild, so I have to keep up with him.” (HT5)

“I have two little kids so at least for their sake I would like to be at least in some kind of physical condition in order to play with them.” (HK2B)

“I mean, it (relaxing activities) is not anything organized or scheduled. When you have the feeling that you could do some gardening and the weather is ok for that, you just go outside and start doing it... It depends on the situation. Oh, what we did here yesterday was so nice. We went into this one room, laid down on the beanbags and listened to this CD that had a story on it and used it for relaxation. That felt so great.” (HT4)

“There isn’t a common denominator what motivates me to take care of my wellbeing. I just do things that I think are nice. Like at the moment it would be fun to do this and I do it.” (HT1)”

5.1.2 Physical activity -oriented type

Although qualitative studies do not need a hypothesis (Eskola & Suoranta 2008, 19), my personal presumption – consistent with the society’s predominance – was that physical activity is the main factor promoting and producing wellbeing to an individual. Therefore, it was very interesting to discover that only 28% (n=5: HT2, HM1B, HM1C, HK2A & HK4) of the participants perceived physical activity as their primary producer of wellbeing. However, the results show that all the participants discussed it as a part of wellbeing. Remarkably, one third of the partakers (n=6: HT1, HT6, HM1A, HM3,

HM4A & HM4B) reported a negative connotation in terms of physical activity related to wellbeing. They considered being physically active as a contributor to wellbeing, yet they did not practice it. Rather, they had a guilty conscience of not doing any physical activities in their current lives. The concept of the negative connotation will be discussed later in this chapter.

“It (exercising) is something I must have. It’s like, it’s that good feeling after that which is so amazing. And if I’m sick, like at the moment, it makes me mad that I can’t get up from the bed and exercise.” (HT3)

According to the results of this study, the physical activity -oriented type associates wellbeing with many kinds of physical movement. This supports the previous studies presented in the chapters 2.1 and 2.2. (e.g. Biddle & Mutrie 2008; Lee & Russell 2003; Lloyd & Little 2010; Sasidharan et al. 2006; Sjögren et al. 2006). As was elaborated in chapter 2.2, in this thesis physical activity is comprehended as any bodily movement, including health-enhancing physical activity, exercising and playing sports. Active leisure is comprehended in this case as physical activities practiced during a vacation, such as downhill skiing, cross-country skiing, golf and hiking. Walking or cycling to work or to lectures is referred to as active commuting. Rehabilitation as well as promoting and maintaining physical ability are related to therapeutic physical activities and exercising.

“For me, wellbeing means that I’m able to do sports and exercise. That I don’t have any limitations or restrictions that would prevent me from doing them... Wellbeing is when you have a good basic physical condition and a good oxygen uptake. I never use an elevator. I take the stairs everywhere. It’s nice that you don’t have to be out of breath in everyday life activities. ” (HT2)

The bodily movement plays a central role in everyday life for the physical activity -oriented type. He or she is active during the whole day, starting in the morning with an active commute, taking the stairs at work, going to exercise after work approximately three times a week and doing some household work after getting back home. Although the work itself might not necessarily be functional, the physical activity -oriented type understands the meaning of a physically active lifestyle and thus is active throughout the day. On the days that are free from exercising, he or she usually spends time with his or her friends enjoying physical activities, such as walking, playing disc golf, geocaching, walking the dog, etc. The weekends and holidays as well as the overall free

time after necessary obligations are often occupied with some sorts of physical activities or exercising, such as active leisure, going to spas, playing with children or grandchildren, participating in running events, etc.

“It’s not only the concrete bodily movement. It’s not just pushing or stressing your body. It’s more the feeling it produces and generates. That good feeling. I mean I could strain myself but only because if it brings the good feeling. I don’t push myself physically to reach some goals. I’m not a competitive person like that. I do it for my wellbeing.” (HT4)

Respectively to the previous researches (e.g. Lee & Russell 2003; Lloyd & Little 2010; Sasidharan et al. 2006; Sjögren et al. 2006) the results of this study also show that physical activity is associated with subjective wellbeing. Physical activities, active leisure and exercising create and generate wellbeing to the physical activity -oriented type. Additionally, the findings of this research follow the conclusions of Lee and Russell (2003): bodily movement is often experienced as a method of relaxation. Related to stress management, the physically oriented type values bodily movement. It might be executed unaccompanied and in nature environment or in a group exercise class.

“Physical activity. The kind you can do by yourself and in nature. I think it is a place where I can relax totally. I mean I can’t find the same relaxation at the gym.” (HM1B)

“Wandering around in nature is relaxing. I mean really. All those natural sounds, shapes, colors, scents, berries. I’m not that into berry picking but I just like walking somewhere where there are berries. They are so beautiful... Outdoor physical activities and walking in the forest; it’s like, I mean everything rests there: mind and body. It is the best stress management resource there is! (HT4)

“Exercising is a great way to release stress. I mean when you go to a group exercise class you don’t think of anything else, you just try to keep up with those movements of the class. I mean I have taken those classes for several years already so I think I do keep up with the choreographies but still everything else just sort of disappears there. And throwing a frisbee is also a good way to forget about everything else. To release stress it has to be something that is challenging enough to take your mind off it.” (HT2)

The results of this study support the previous findings of Biddle & Mutrie (2008, 137–149) and Sasidharan and co. (2006): social connections related to all kinds of physical activities, sports and exercise are important for the physical activity oriented type. Moreover, he or she often combines the social connections with the physical activities.

“Exercising and playing sports affects strongly my mental wellbeing. Already because of my physical condition but also as a counterweight for studying. Also, the team is really important for me. I mean I do exercise by myself, too, but the team sport, doing something with a group of people, is my preference.” (HM1C)

The physical activity -oriented type does not find it difficult to find time for physical activities in his or her schedule since it is considered as an essential part of life. However, with regards to scheduling the activities, the results show there are two kinds of variations within the type. The impulsive physical activity -oriented type prefers unscheduled and spontaneous functioning since most of the time in life is scheduled, frequently related to work or studying. The methodical physical activity -oriented type in turn prefers programmed physical activities, such as regular practices or scheduled group fitness activities.

“I don’t want to plan my life too far ahead. I mean I don’t arrange any weekly schedules or tight vacation plans or something else. I like to go on day by day and follow my feelings. To be like, ok let’s go there at the spur of the moment.” (HT2)

“Playing sports is very important to me. And that regular programming it provides for a day... I don’t have a hard time finding space for exercising. For me floorball and exercising are the first things and others come after them, following them.” (HM1C)

In terms of motivation, the physical activity -oriented type has many reasons to practice bodily movement. The physical movement itself could be the source of wellbeing; physical functioning and actions produce the subjective feeling of wellbeing. The aspect of physical appearance and shaping the body are also often relevant for this type. Furthermore, injuries or illnesses of loved ones might be the initiative or a driving force for practicing physical activities and exercising. However, in this latter situation, the physical activity -related wellbeing leans mainly toward the conception of its negative connotations, as the dialogue of the participant HM1A demonstrates:

“The heart attack my dad got really scared me. I felt like I had to start doing something physical. The overweight I had affected a lot. I was forced to do something for myself in order to maintain at least some kind of a physical condition.” (HM1A)

“What motivates me to exercise? Well, there are many things: that good and energetic feeling, and those sort of goals, like shaping my body.” (HM1B)

“To know and experience that I can and I’m able to do things brings me wellbeing. And that I like to look into the mirror and I’m not that much this size (showing with her hands) anymore but more my own size.” (HT3)

As far as the physical activity -oriented type is concerned, physical inactivity – or “a couch potato” as the participant HM1A expressed it – aching parts of the body, feeling of fatigue and tiredness as well as deficient physical ability represent the opposite of wellbeing or factors that might inhibit wellbeing.

“In a way, this physical disability or limitation prevents my wellbeing. And that I’m not able to do all the things I used to do and the things I would like to do.” (HK2A)

According to this research, the people who do not have any experiences of physical disabilities, injuries or surgeries affecting their functional ability tend to take the capability to move for granted. In a way it is understandable: why would someone miss something he or she has? However, when the functional ability is lost, it will most likely be longed for. The research results show that in the dialogues of the participants having an illness or a disability, the approach to physical activity as a producer of wellbeing was rather different from the typical physical activity -oriented individual. Physical activities are the main source of wellbeing; however, the intensity, mode and duration have a reformed meaning. To illustrate this comparison, one might say that typically, the physical activities are considered as recreational and voluntary behavior, whereas in the life of a rehabilitee the physical activity and the functional ability become an objective and a prerequisite for being able to live independently as an example. It is not a hobby, as the typical exercises or physical activities could be called; it is a job that needs to be done in order to move and maintain the functional ability.

“One of the most important things to maintain my wellbeing is to be physically active. It is something I should practice and I should take care of my physical condition. It also helps mentally, to be in a better mood. Due to my illness I can’t really do anything huge, but those little things keep me active, too, like renovating the bathroom. It took me like half a year, but still it provided me with some nice little stimulus... I just to go to the gym twice a week, but when I got this illness I stopped.” (HK4)

“I enjoy being able to walk outdoors when the sun is shining. I also maintain my functional ability by doing the basic household work at home. Then I participate in these physical therapy groups to maintain my physical ability. After the stroke I had a few years ago, I’m still experiencing some challenges in terms of my balance and overall bodily movements.” (HK2A)

“If you imagine at least maintaining your functional ability, you have to move. All the transitions stress my shoulder joints so much that the tendons are already in pieces. So I have to practice these special exercises in order to move my arms and myself, too. That is a kind of motivation to train just to be able to move yourself.” (HK1)

“I feel I’m well since I’m still able to move and function, and I’m quite normal, some deficits in balance but other than that nothing more.” (HT5)

The concept of the negative connotation was introduced at the beginning of this subchapter. This concept is based on the results of this research relating to the people who consider physical activity as part of wellbeing, deliberate it as one of the primary factors of wellbeing, and yet are not physically active in their daily lives. They perceive physical activities as significant factors in promoting their wellbeing – on a theoretical level. In real life, however, they do not practice these activities. While interpreting the narratives of this study, it appeared evident that social pressure has turned the positive effects of wellbeing into a negative weight of guilt. The predominant norm of the society glorifying the physically active people seemed to decrease the level of the physically inactive individuals’ wellbeing. In a way, they felt ashamed of not being physically active, but then again they had several reasons why they were not able to implement physical activities in their lives even though they reportedly would have liked to. This guilt, explaining and rationalizing appeared in the discourse of one third of the participants (n=6: HT1, HT6, HM1A, HM3, HM4A & HM4B).

“The opposite of wellbeing is being a couch potato. For me, that lying on the couch makes me feel sick. First not feeling well, then having a guilty conscience, then self-loathing and then I start to stress because of that, too. Why can’t I get myself out and do something? I guess it’s just that when my body doesn’t feel good, my mind feels sick, as well.” (HM1A)

“I used to take Zumba classes but I dropped them. Now I go walking sometimes, if the kids let me... Yes, sometimes we have gone out to dance but it’s so complicated with kids and trying to find babysitters. It is so limited... We have tried to activate the kids, that they would participate in some physical activities or sports, but they haven’t been interested in them. They like to be at home with us... I don’t maintain my wellbeing particularly well at the moment.” (HM4A)

“Well, of course we try to go walking once in a while. And at the beginning of the year we started the diet again. I think that relates to wellbeing.” (HM4B)

“I would like to be physically more active. And I was like, I even ran a half marathon. But now I’ve had small problems with my back, and in my toe sometimes, and then my Achilles tendon, and. There has always been something so then it just ended. The first step is always so big after you’ve been injured when you have to start again from zero.”
(HT1)

“I seriously should and could get myself together and do things in the physical sector that make me feel good and produce wellbeing for myself... Ways to release stress? Well, I certainly don’t go and exercise... On weekends I have sometimes good attempts to go for a walk but mostly they are left only as attempts.” (HT6)

“I often feel like I should be more physically active, but then again, I’m doing long hours at work, and my work is physically pretty challenging. I mean my legs and arms are so tired and sore after a day at work. Of course it is a good soreness, and overnight sleep takes it away.” (HM3)

5.1.3 Work-oriented type

A working individual is the cornerstone of the Finnish welfare society. In order for the society to function properly, it needs its taxpayers, the people who are working more or less fifty years of their lives. As a result of this case study, two varieties of the work-oriented type were found: a modern and a traditional. There were many mutual factors in these two variations. This type receives his or her wellbeing through work. Work and working, achieved goals, scheduling, organizing, promotions, recognition as well as success and appreciation at work offer a sense of wellbeing. Work plays a central and often the main role in life. Most of the reflections of emotions are made through work, such as happiness, anxiety, enthusiasm, stress, irritation and satisfaction. Both adaptations of the work-oriented type are committed to their employer, have good relations with most of their co-workers and enjoy what they are doing. However, the distinctive feature was that the modern work-oriented type truly enjoys his or her work, whereas the traditional one has a more Weberian approach to work.

“I’ve worked for 23 years in the same place and I think it is amazing to go to work every morning. I’m reportedly an atypical Finn but I love it.” (HT3)

The traditional work-oriented type mirrors an adaptation of the Protestant work ethos originally published by Max Weber in 1905 (Kalberg 2002, xi). According to this case study, the traditional type follows the dominant norm of the society: the work moral and

work ethic of an individual defines his or her position in the society. Furthermore, studying can also be related to this traditional work-oriented type. Having a place to study, academic achievements toward a degree, performance-orientation and the wellbeing achieved through completed courses and good grades could be equated to the work-oriented type.

“Wellbeing is to have a job that covers most of my time.” (HT6)

Following the ethos of the Protestant work ethic, the more one works the more capital one earns through occupational rewards and success. The more economic capital one possesses, the more appreciated he or she is in the society. Work and material success is placed in the middle of the individual’s life. (Miller, Woehr & Hudspeth 2001.) The results of this research show that the traditional work-oriented wellbeing type often values his or her wellbeing through work, both according to the success in his or her profession and the actual job. For him or her, wellbeing signifies a state of having employment and being able to work.

Altogether three of the interviewees’ discourses epitomize mainly the work-oriented wellbeing type. The participants HT3 and HM3 narrated toward the modern type, while the argumentation of the participant HT6 portrayed more the traditional type. Consistent with the study results of Vesterinen (2006, 33–45) and Diener and Seligman (2004), the modern work-oriented type of this case study has a rewarding and engaging job with adequate income and experiences control in his or her work. The job most likely includes some stress, but it is not overwhelming. He or she is excited to go to work every morning and does not count the hours spent working. Closely related to the old Confucian proverb “choose a job you love and you will never have to work a day in your life”, one of the participants addressed:

*“My job is physically demanding and the days are long but I just like it a lot.
In order to feel well you need to do what you like doing.” (HM3)*

The conflicting factors for wellbeing of both variations of the work-oriented type are normally related to work: a job that does not provide satisfaction and self-realization, losing a job, unemployment, work-related stress, discouraging working environment and non-motivating co-workers and supervisors.

“It (ill-being) is probably that your life is only grinding. You’re forced to do things, forced to work. You feel like crap for the 20 hours you’re awake. Your life is performing, paying the mortgage, and it doesn’t consist of anything else but working from 8am till 4pm and tomorrow again and you are not allowed to do self-realization. I guess that’s it, no matter what kind of physical shape you are in.” (HT6)

“I think the opposite of wellbeing is the stress that everyone seems to have these days. It seems that many people have a job they don’t like, and some stress because they have so much work they have to continue doing it at home after a day at work. I mean it’s not being well anymore.” (HM3)

“I think work-related stress is a constraint to my wellbeing. It is something so overwhelming it follows me wherever I go. I have noticed that it is really hard to concentrate on anything, at home or with friends, if there’s something that stresses and depresses you all the time. For me that is ill-being.” (HT4)

According to Vesterinen (2006, 29), work at its best creates a stable foundation for an individual’s identity and is a significant reservoir of resources for the individual. Wellbeing at work is often tightly connected to the holistic wellbeing of an individual. Based on the results of this research, wellbeing of both distinctions of the work-oriented type is formed mainly through exogenous factors: external situations, recognition and appreciation through work create the feeling of internal wellbeing. Characteristic to the modern work-oriented type, positive actions and accomplishments at work produce the experiences of wellbeing. In addition to both variations of the work-oriented type, the work environment generates cohesion, consistency and appreciation while the work itself is a source of income, autonomy and self-realization, fulfilling the different levels of needs.

“I mean I think I have enough things to do at work and I like my job. I don’t complain about it. The occupational health department always asks me if there is something going on at work, is it, is it, and I’m like no there’s nothing wrong with my work. I like my job. I mean of course sometimes it pushes back but it’s nothing big.” (HM1A)

Supported by the results of this research, both alterations of the work-oriented wellbeing type feel relaxed when they have a chance to be alone, enjoying their own company. Passive and solitary relaxation activities are often emphasized as a method of relaxing. It can be a glass of red wine, a favorite TV show, a book or taking a nap, something that gives them the possibility to unwind and be unaccompanied. In terms of working time,

the modern work oriented type does not count the hours, whereas the traditional type works from 8am to 4pm.

“It is just like that when you come home from work, and I work a lot, you just sit there, watch TV and do nothing, and your brain just sort of empties itself when you don’t have to think about anything else.” (HT3)

“The things at home, like household work and so, I try to make as stress-freely and schedule-freely as possible because my work is quite stressful. I try to use my time out of work for recovering from work to be able to work again.” (HT4)

“It has been more like a work-home-sleep life. For me wellbeing is lying on a couch after a day at work. You don’t need to listen to the customers and talk to anyone. You can just be by yourself.” (HT6)

For both of the variations of the work-oriented type, the motivation behind maintaining and promoting wellbeing is to be physically able to work. This type sees his or her body as a tool for working. Taking care of the physical condition of the body is a motivational factor for this type. The type does not necessarily practice physical activities regularly, yet he or she is aware that being physically active is important for the working capability. If he or she does exercise, it is implemented as a regular, routine-like and self-evident counterweight for work, not so much as a producer of wellbeing. In addition, concrete and fact-based factors nourish the motivation of the traditional work-oriented wellbeing type.

“I have to admit that those physical tests they do here are a good source of motivation to take care of your physical condition. You can’t really say anything against the numbers if they tell you that you’re not in the condition of the average Joe.” (HT6)

“Well when I got here I was certainly interested in those tests because I want to see what kind of shape I’m in. Even though I kind of know it already. But I mean for my motivation, it’s something concrete, that number or measure I’ve got, and it gives me motivation that there’s something I have to do. And then it affects so that I will do it.” (HT4)

5.1.4 Money and service -oriented type

The money and service -oriented wellbeing type pursues economic capital in order to be and feel well. Wealth and consumption are one of the main things producing wellbeing

for this type. It could also be portrayed as a passive type of wellbeing. Someone or something manufactures wellbeing for him or her while the type sits, stands or lies still. As an exchange for money, he or she obtains wellbeing: his or her wellbeing is purchased via different products and services. Thus, the wellbeing of the money and service -oriented type arises from mainly external events and situations which produce internal wellbeing.

“Wellbeing signifies you have money to do something special you want to do. Money and financial things are closely related to wellbeing. You don’t need to be rich but you do need to be able to do things without having to count your money, like if you have enough money for food or not.” (HT5)”

“Those services produce mental wellbeing. I mean you can invest in yourself and then you get to visit this beauty salon. It brings this self-confidence and such. And then all those entertainment things, like bowling and singing, it is fun, a lot of mental wellbeing.” (HM2)

The money and service -oriented type perceives wellbeing as an exogenous accessory complementing his or her basic needs. It is an acquired item, product or service that produces wellbeing for him or her. Economic capital often represents wellbeing via a higher standard of living and consumerism, whereas working is considered as the necessary enabler of the consumerist lifestyle. Work itself does not produce wellbeing. Although none of the participants of the research can be primarily linked to this wellbeing type, the narratives of one participant of the work-wellbeing customer profile (HT5) and one of the recreational customers (HM4A) had several resemblances with this typology. Moreover, almost every dialogue contained some references to wellbeing produced by the consumption of products and services. Therefore, I interpreted the money and service -oriented type as one of the main wellbeing types.

“Well, it’s only eight hours of work because fortunately I’m not an entrepreneur. So it’s only those eight hours and then I’m able to do whatever I want... Shopping is one way of relaxing.” (HM4A)

The changes in consumers’ lifestyles can be seen in increasing wellbeing, health, fitness and stress management service demand (Jänkälä et al. 2010). Consumerist society has created a commercialized and productized wellbeing that consists of personal indulgence, bodily pleasure and looks. Wilska (2012) argues that consumption related to

health and wellbeing is a growing trend. Finnish people spend money mostly on products promoting health, but there has been an increase also in consuming on wellbeing and pampering services. According to this study, the money and services - oriented type achieves wellbeing through different services. He or she often experiences a greater benefit and quality from the service the more it costs. The degree of wellbeing correlates to the price of the product of service. On the other hand, wellbeing can be achieved through a lucky bargain of a high quality product.

“When I want to indulge myself I do something I really like, for example go to have a facial treatment or go to a hair dresser. Or visit my daughter and go shopping with her.” (HK2A)

The results of this case study show that 61 % of the participants reported utilizing wellbeing and wellness services, some occasionally others more regularly, such as massages (HM2, HM4A, HT1, HT3, HT4 & HT5), facial and body treatments (HK2A, HM2, HM3, HT3, HT4 & HT5), hair dressers (HK2A, HM1B, HT2 & HT4) as well as wellbeing tourism (HT2 & HT4). Out of the five rehabilitation customers, three (HK1, HK2A & HK3) consumed physical therapy services regularly.

“For me, feet massage or a pedicure is a huge indulgence. Little things make me satisfied.” (HT4)

“It is certainly nice when someone is giving you a massage and you don’t have to do anything for yourself... And of course all those facial treatments and pedicures are nice.” (HM4A)

The findings of Vehmas (2009, 128) and ideologies of Bauman (2002, 79) can be paralleled with the outcomes of this case study. As Vehmas argues that a certain emotion-based hedonism guides post-industrial consumption, the money and service - oriented wellbeing type of this research values services that produce holistic wellbeing through nurturing of the body and/or treasuring the mind. His or her wellbeing is not centered on the satisfaction of the basic needs as much as it is based on nourishing desire and pleasure as well as imaginary experiences.

“It’s (wellbeing services) like something where you don’t need to think of anything else. You can just lie there when someone does something to your body, touches you and does things that are right. Like, a massager is amazing. Or then when you go to a

beauty salon and lie there for an hour, you know that there's a princess looking at you in the mirror. And even though there isn't, the feeling is wonderful." (HT3)

Entertainment, culture and sensual experiences are important creators of wellbeing for the money and service -oriented type. The findings of this study can be related to Karisto (in Simpura & Uusitalo 2011, 133) who addresses "the discourse about wellbeing has been entertainmentized and so-called wellbeing industry is focused on producing entertainmentized wellbeing." Correspondingly, Wilska (2012) reports that entertainment and restaurant services are an important category in which Finns use money on. Her argument can be linked to the results of this study, as 39 % of the interviewees admitted they occasionally go to restaurants, movies, theaters and concerts. Interestingly, all of the six work-wellbeing customers composed this proportion (HT1-HT6) in addition to one of the rehabilitation customers (HK4).

"Many people measure their wellbeing based on what they possess... When I want to indulge myself I go and buy a bottle of super expensive and good wine... If I ever have some extra money, I certainly invest it in myself!" (HT3)

Besides personal wellbeing, the money and service -oriented type also feels wellbeing through factors related to social communities and lifestyles. Consistent with Suontausta and Tyni (2005, 84–85), this case study suggests that the communal aspects of consuming high quality products also produce wellbeing for the type. He or she gains wellbeing from good-looking clothes, materials that feel nice, highly respected brands, first class traveling and visual harmony. As far as the money and service -oriented type is concerned, acquiring, wearing and using expensive and luxury-related products and services sends a message to other people stating that the level of income and social status, and thus the quality of life, are high. Knowing, or assuming, that other people look up to and appreciate him or her, produce wellbeing for this type. Therefore, showing off these objects for example through pictures or sending postcards, is an essential part of the wellbeing sensation. Additionally, the money and service -oriented type often wishes to experience something because someone else has enjoyed it.

"We came here because one of my co-workers was praising this place. It is nice to gain experiences from different spas." (HM4B)

“I sent my brother a postcard after he said that this is a place for the retired, and wrote how we had only seen a couple of grannies.” (HM4A)

In the life of the money and service -oriented type, wealth can also contribute to wellbeing by offering safety in times of sickness and pain. Economic capital can be referred to as a safety net and security that ensures the fundamentals of wellbeing. As the following quote illustrates, the initial rather stereotypical assumption of the money and service -oriented type being materialistic is not always accurate.

“Wellbeing means you have enough money to go to a private dentist in case of a toothache, and you get rid of that pain and you don’t need to queue anywhere. (HT5)

The aspect that is often ignored in terms of money and wellbeing is that for some people, money is a prerequisite for promoting wellbeing. The state’s rehabilitation system or an insurance company subsidizes most of the rehabilitation customers. In these cases, the money is not for consuming but for enabling better wellbeing for a person with a permanent or temporary disability or infirmity.

“When you are a victim of a work-based accident, the insurance company is responsible for most payments. But it only covers for these institutional rehabilitation weeks twice a year since my city doesn’t have enough money anymore to provide weekly rehabilitation. I guess they think that I get healthier as I grow older.” (HK1)

5.1.5 Health-oriented type

“Or on the other hand, I would say that everything one can buy with money is inexpensive, because I have Parkinson’s disease. My set of values has completely changed after I got it six years ago. I try to enjoy everything that I can. Dance as much as I can.” (HT5)

The health-oriented type values a life without sickness, a stress-free and balanced mind, a good night’s sleep, healthy nutrition, a sufficient physical condition and a painless state of mind and body as the primary resources of his or her wellbeing. If having an illness or a disability, the health-oriented type appreciates wellbeing produced by coping with the disease and functional ability in spite of the infirmity. Furthermore, self-acceptance, humanity and benevolence toward one’s own feelings in addition to a simple life are characteristics that justify the meaning of wellbeing in the life of the health-oriented type.

“For me, wellbeing is a pain-free condition. My life would be so much better without all these pains and aches. The pain is always present. I can’t sleep because of it and then I’m angry because I haven’t slept enough... I have learned to accept myself for who I am. And if there is a day without the pain or even less pain than normally, I’m in heaven. That’s my wellbeing.” (HK1)

“Wellbeing is when I have eaten well and slept well.” (HK3)

The narratives of the participants indicate that the health-oriented type has a number of similarities with the physical activity -oriented type. Nevertheless, physical activity and exercising are the primary source of wellbeing for the physical activity -oriented type, whereas overall health forms the initial foundation of wellbeing for the health-oriented type.

“I would like to be in a good condition for as long as possible. In Finland, these cardiovascular diseases are researched to be the number one illness, so physical activity is in a key role to prevent them, to keep the cholesterol and blood pressure at low levels. So I won’t bother to die because of those.” (HT2)

Out of the 18 participants, everyone discussed health related issues in terms of wellbeing. However, 56 % (n=10) of them raised the topic of health independently: all of the rehabilitation customers (HK1-HK4), three of the work-wellbeing customers (HT1, HT2, HT4 & HT5) and two of the recreational tourists (HM2 & HM4B). The rest of the interviewees did not talk about health until when brought up by the interviewer during the latter half of the discussion. Then they regarded health as the basis of wellbeing and good feeling.

“Health! Of course health is related to wellbeing. Oh dear. That’s awful. It is such a self-evident issue that I did not even think of it! I’ve been so privileged not to have any problems with my health.” (HM1B)

This thesis considers the health-oriented type as one theoretical totality. However, it needs to be stated that the perception of wellbeing differs within the type in terms of having or not having an ailment or a disability. Consistent with the definition of health by the WHO (1948) and the findings of Korkalainen and Kokko (2008), the results of this case study indicate that the health-oriented type who has an infirmity or an illness experiences wellbeing despite the condition. On the contrary, falling ill or getting

injured with a lifetime trauma illustrates the opposite of wellbeing for the health-oriented type who does not have a current disability.

*“Even though I have this disease I still experience wellbeing. I feel I’m affluent.”
(HT5)*

“A serious physical illness would affect my wellbeing.” (HT6)

“If you’re not healthy, I think you can’t have 100% wellbeing either. I mean if some part of your body is not functioning the way it should, it has to affect your wellbeing as well.” (HM4A)

The motivation of the health-oriented type to maintain and promote his or her wellbeing originates often from a previous or a new medical condition, an injury or trauma that happened to a loved one, or a statement of a doctor. Based on the results of this research, people who have gone through a health related physical impediment themselves or indirectly via a family member are often more aware of the basics of healthy nutrition and its consequences on holistic wellbeing as well as the effects of the health benefits of physical activity. Therefore, they tend to narrate more consciously on health related factors regarding wellbeing. In addition, social pressure related to certain norms in the society, such as obesity and its effects on health, can also act as a motivator to concentrate more on one’s personal wellbeing by changing the lifestyle.

“I’m motivated by this doctor’s appointment when he told me that I should start taking pills to lower my cholesterol. I was like no thank you! It certainly motivated me to start physical activities and watch what I actually eat... You don’t need to take everything so seriously. I mean nowadays, after the burnout I had a few years ago, I notice the symptoms pretty early and if I do get them, I loosen up, that is I sleep and relax. Like if I feel that the windows have to be washed but I’m just really tired, I just skip it and don’t do it. I can do it later. I allow myself to give up and just relax.” (HT4)

In addition to physical activity, nutrition is a major determinant of health and wellbeing (McNaughton et al. 2012). Based on the results of this case study, the health-oriented type is aware of and self-educated in the nutritional effects on his or her wellbeing. In relation to food, the type might make organically and environmentally responsive decisions, implement a nutritionally balanced diet, consume so-called super foods or consider food as a source of occasional indulgence, nevertheless his or her attitude towards food is rational and healthy. The nutrition does not determine his or her life.

“I try to eat as healthily as possible. I know pretty much about nutrition. I have visited this place so many years already.” (HT3)

“I have struggled with my weight for all my life. I gain weight really easily and it is so hard to get rid of. So I guess that is a reason why I have learned what kind of foods I should eat.” (HT4)

“If I want to treat myself, I go and buy a cup of coffee and a piece of cake.” (HT1)

Several researches suggest that poor sleep can impair wellbeing. Poor quality of sleep and short sleep duration affect subjective wellbeing. (Lemola, Ledermann & Friedman 2013.) Consistent with these findings, the results of this case study agree that the health-oriented type values sleep as one of the main resources of wellbeing. He or she considers sleeping as an investment in him- or herself. Sleeping can be both a method of relaxation and a daily fuel for overall functioning.

“Wellbeing is when you’re healthy and you are able to do whatever you want to do, and that you don’t have too much stress... When I sleep enough I wake up without the alarm and I feel energetic.” (HT2)

“Sleep has a substantial significance in my life. I have always slept well. I mean brilliantly. But then a few years ago when I stopped sleeping, it was horrible. Then I went to a doctor and it ended up being a sign of the menopause. So I got this hormone replacement therapy and I continued sleeping really well again. I mean I could have taken anything else, all the sweating or anger management issues, but not the fact that I wasn’t able to sleep.” (HT3)

The health-oriented type perceives the constraints or inhibitors of wellbeing as factors affecting his or her health. When not having a disease or infirmity, the type concerns falling ill or being injured as a conflict in terms of his or her wellbeing. In addition, pain, insomnia or stress often has an effect on the type’s wellbeing. On the other hand, when having a disability or an illness, the type’s wellbeing is likely to be endangered because of the deficiency of the aids needed, inadequate living conditions or continuing pain.

“The opposite of wellbeing is if you have stress and then you can’t sleep during the nights, that you have insomnia. Or that you have more visible symptoms related to your health, such as you get sick, have a flu or vomit... Some of my co-workers tell me that they only sleep for like six hours. I could not do it. I need the eight hours or more.” (HM4B)

“The living and housing conditions and aids play a huge role in the life of the person who is in a wheelchair. If they don’t have the proper equipment, life itself can be really hard. Sometimes the doctors don’t realize that. Just like the doctor needs two pairs of shoes, one for summer and one for winter, the person with a disability needs two wheelchairs.” (HK1)

5.1.6 Recreation Oriented Type

The recreation-oriented type experiences wellbeing through optional and voluntary leisure activities. The actions are characterized often as physically passive and involve some kind of technology or equipment and entertainment. Computers, smart phones, tablets, game consoles and TVs as well as sitting or lying on the couch are frequently strongly related to the popular recreational activities producing wellbeing for the recreation-oriented type.

“For me, the day consists mainly of watching TV, reading the papers, maybe some exercising at home and surfing online... If I want to treat myself, I watch TV and drink some cognac.” (HK3)

The discourses of this case study indicate that none of the participants are primarily associated with the recreation-oriented type, however 89 % (n=16) of them discussed different activities typical to the type in the relation to their wellbeing. Most of the activities producing wellbeing for the recreation-oriented type are practiced at home. Interestingly, in the discourse these activities are often referred as “doing nothing”, meaning for example that they were not appreciated or taken into account as resources of wellbeing. In addition, reading books and magazines, singing, listening to music, playing instruments, watching horse racing, decorating, growing plants and solving crossword puzzles as well as drinking alcohol could be sources of wellbeing for the recreation-oriented type.

“We don’t really do anything special after work or during the weekends. We are at home, just are and do nothing.” (HM4A)

“I watch TV when I’m at home. And as I am an IT nerd, I often do something with computers as well. “ (HT2)

Due to several researches (e.g. Bargh & McKenna 2004, Kraut et al. 2002), the Internet has frequently been familiarized with a negative connotation in terms of its effects on

subjective wellbeing. It has been said that spending time on the Internet induces loneliness and social exclusion, resulting in lower levels of subjective wellbeing. Kraut and co. (2002) call the effect a paradox, as the purpose of using the Internet is often to communicate with other people. However, there is also evidence that individuals experience positive effects when using the Internet for communication, social involvement and wellbeing (Bargh & McKenna 2004, Kraut et al. 2002). Shields and Kane (2011) suggest that the use of the Internet for social connections is associated with fewer symptoms of depression and social pressure.

The findings above can also be related to this case study, indicating that the recreation-oriented type experiences wellbeing through communication via the Internet. 28 % of the participants of this research emphasized the use of the Internet as a source of wellbeing. For the recreation-oriented type, virtual reality represents a world of social relationship and interactions producing wellbeing.

“After work I just come home and do nothing: hang out on Facebook, watch TV, play something on the computer... I have a couple of TV series I watch regularly.” (HT3)

Technology is an essential part of the life of the recreation-oriented wellbeing type. In addition to the Internet, watching TV series or reading narrative books could be seen as a more traditional form of virtual reality. They provide an additional, yet fictional, environment in which to escape the present reality to relax and unwind from the present. Recreational activities often represent a method of relaxation and stress management to the recreation-oriented type. They help to concentrate on something else instead of negative feelings, stress or pain, as the participant HM1C expressed it:

*“I solve puzzles as stress management. It is a sort of a vacation for your brain.”
(HM1C)*

“Besides doing grocery shopping and cooking, I watch TV, play on the computer and then I’m really keen to listen to music. I used to play the guitar, too, but after cutting one of my fingers with the lawn mower I can’t do it anymore... Listening to music with my headphones really calms and helps me, especially those big orchestras. That is the best method of relaxation for me. It certainly helps to forget about the pain.” (HK1)

“Red wine is something that is a source of my pleasure, and good books. Also, I watch a lot of TV. Experiences related to reading produce wellbeing for me... If I really want to relax I go and lie on the couch.” (HT6)

The recreation-oriented type enjoys exogenous factors generating wellbeing for him or her. In a way, there are many resemblances with the money and service-oriented type, but the economic wealth or material possessions are not the producers of wellbeing for the recreation-oriented type. Instead, different stimuli activate this type, offering wellbeing for him or her. The inducement could be a particular weather condition or one of the four seasons, which triggers spontaneously a certain activity.

“I watch TV occasionally. Although when I sit by it, I could sit there for several hours. It’s also often during the darker seasons, like autumn. When it’s lighter outside, like now during the spring, I tend to do something in the garden.” (HT4)

“When it is a sunny day, I go outside, take a cup of coffee and listen to the birds sing. I just enjoy it.” (HK2A)

5.2 Comparison of the three customer profiles in terms of wellbeing

The six ideal wellbeing types were established based on the data of this research. In order to target the proper marketing to the potential customer profile, it is crucial to conclude what the essential features of each profile are in terms of wellbeing perceptions. Although the types are theoretical generalizations and cannot be connected directly to any individual, these types are utilized as the characterizations of the participants of this case study. The ideal types provide the fundamental framework for the comparisons of the three different previously founded customer profiles of Peurunka in terms of wellbeing.

The findings of this research indicate that there are several resemblances between the three customer profiles. The participants of each profile value similar matters in terms of their wellbeing, such as social relationships, physical activities, pampering services, relaxation and recreational activities. Thus, definite distinctions linking each profile to one particular wellbeing type cannot be made based on the data. Common to all the profiles is that they enjoy being on a holiday as well as not having to cook and do other household work. However, I will elaborate in each customer profile the essential features which were emphasized the most in the dialogues of the participants.

Based on the results of this case study, the rehabilitees traveling to Peurunka value social capital. Social support and inclusion as well as interactions with the individuals in the corresponding situations are significant for their wellbeing. Physical activities maintaining and promoting functional ability in addition to possible medical services are also important for the people profiling as rehabilitation customers; however, it is not the main resource of their wellbeing. They can practice things related to functional ability at home environment as well. The resource of their wellbeing in Peurunka is primarily social contacts.

The rehabilitees often arrive in Peurunka unaccompanied and pursue the social connections established in Peurunka, whereas a typical recreational customer travels there already with company, such as the family or a group of friends. The recreational tourist visits Peurunka in order to enjoy his or her leisure with people significant to him or her. They have already made the decision to invest in themselves in terms of both money and time when they have made the room reservations or decided to travel there. They value the extensive opportunities to engage in different physical activities as well as to enjoy the extravagant pampering services. The services and possibilities organized related to physical activity, exercising and indulging services are the primary reasons for the recreational tourists to visit Peurunka and enhance their wellbeing.

While the recreational tourists invest their own money on their wellbeing, the work-wellbeing customers' as well as the rehabilitation customers' visits are subsidized, either by an organization or the state. Although both of the customer profiles are able to expand their holiday by purchasing various extra services and products, the main part of their stay is financed. In addition, the recreational tourists frequently carry out a lifestyle promoting wellbeing: they are aware of their wellbeing and consciously promote it. The work-wellbeing guests in turn habitually see the visit as a required external catalyst for the desired change in their lifestyle. They have signed up for the occupational wellness program in order to gain motivation to begin a transformation process.

Contrary to a recreational vacation, the work-wellbeing holidays are often relatively tightly scheduled. A typical work-wellbeing customer enjoys the physical activities, the physical tests and the lectures focusing on his or her own state of wellbeing as well as the nightlife where he or she is able to unwind. The Peurunka visit represents him or her

the counterbalance for work: a holiday offered by the employer. And if he or she works hard, he or she most probably also plays hard. Therefore, the restaurant and entertainment services in addition to the recreational possibilities play a vital role for the work-wellbeing customer.

To conclude, the rehabilitation customers' primary reason for visiting Peurunka is to establish and nourish social connections and interact with other individuals while promoting their holistic wellbeing. Their argumentation and discourse related to wellbeing epitomizes the socially oriented type. The recreational tourists, in turn, travel to Peurunka in order to engage in the endless possibilities to be physically active and to enjoy the luxury wellness services. The aspects of consumption and exercising are mainly emphasized as the producers of wellbeing. Hence, the physical activity -oriented type as well as the money and service -oriented type embodies their perceptions of wellbeing.

The work-wellbeing customer could be considered as a combination of these two other customer profiles: the concept of occupational wellness can be comprehended as a form of rehabilitation, whereas the services and products they enjoy are similar to if not the same as those of the recreational customers'. They both value the social contacts and physical activities as the producers of wellbeing. However, many of the dialogues of the work-wellbeing participants linked to the negative connotation with regards to physical activity. Additionally, their lifestyles were leaning towards a more passive production of wellbeing, such as watching or receiving something, instead of actively functioning. Therefore, the work-wellbeing customers' narratives illustrate best the money and service -oriented and the work-oriented types in terms of wellbeing tourism.

The results of this case study complement the work of Vehmas, Piirainen and Matilainen (2013) who concluded that the sport and leisure tourists of Peurunka value a good level of wellbeing, accommodation, services for children, catering and sport services. Furthermore, they found that work-wellbeing customers appreciate accommodation and catering services. Regarding the rehabilitation customers, the findings show that accessibility of services and familiarity of the destination are appreciated.

6 THE PERCEIVED WELLBEING IN PEURUNKA

As the findings of this case study show, the customers are mostly pleased with the services and facilities of Peurunka. Many of the rehabilitees and the work-wellbeing customers had visited Peurunka previously and were excited to travel there again. Two of the recreational tourism participants were living in the nearby towns and told they often visit Peurunka. Next, I will elaborate the comments and opinions of the participants regarding the wellbeing services in Peurunka. Additionally, I will briefly discuss the marketing opportunities of these services to wellbeing tourists. How can the wellbeing types established from the data of the case study be utilized in the marketing of wellbeing tourism services?

6.1 The feedback from the participants

Peurunka provides a wide range of services and products to promote wellbeing. Its facilities, its location surrounded by nature and its professional staff all contribute to the overall quality of the customer contentment. According to the data of this research, the participants are mostly satisfied with the services of Peurunka. The facilities were complimented for their versatility, modernity, short distances between the venues and easy accessibility. The surrounding nature and the overall environment as well as the multipurpose services were considered as positive factors promoting wellbeing. The informative and wellbeing-related lectures were mentioned as educational situations increasing the understanding of one's own body and thus enabling individual actions in order to promote wellbeing. However, one of the work-wellbeing participants pointed out that he had not come to Peurunka to sit on the lectures. Could the lecturing be implemented during a walk or another physical activity?

According to the participants from the recreational customer profile, the cost of the accommodation was considered reasonable, yet three of the recreational tourists and one of the work-wellbeing customers characterized the price of the food and the day spa services as expensive. Generally, the day spa services were valued high among the participants of the research. Most of them had enjoyed their pre-booked pampering services, such as pedicures, massages and facials during their stay. The renovated spa

received positive comments from every interviewee who had visited Peurunka before the renovation.

The cleanliness of the spa and the great multitude of the customers received some negative feedback from the participants who were interviewed in February during week nine, which is a popular winter holiday week in Finland. Furthermore, the participants from the recreational tourist profile discussed Peurunka profiling as a rehabilitation center offering services mainly to the elderly instead of being a recreational travel destination. However, after spending time there, they had noticed all the different possibilities and services Peurunka provides to visitors of all ages.

6.2 The opportunities of marketing in wellbeing tourism

The six ideal wellbeing types were established as a result of this research: 1) socially oriented type, 2) physical activity -oriented type, 3) work-oriented type, 4) money and service -oriented type, 5) health-oriented type and 6) recreation-oriented type. In relation to the previously established three customer profiles, the wellbeing characterizations were divided as follows: the rehabilitation customers prefer the social contacts and physical activity, the recreational tourists are focused on the physical activities and spending time with the people who they travel with as well as the different pampering products and services, while the work-wellbeing visitors achieve wellbeing from the overall experience, including social contacts, activities and services.

Figure 4 aggregates all the wellbeing types as diverse characteristics of a wellbeing tourist. It illustrates some of the fundamental values of each type. The three types on the right side of the triangle, work-oriented, money and service -oriented and recreation-oriented types, prefer more tangible qualities, whereas the other three types on the left side receive their wellbeing from more intangible sources. The wellbeing types on the top of the figure, socially oriented and work-oriented types, appreciate communal values in terms of their wellbeing, such as social relations and communal bonds. The types at the bottom of the triangle, health-oriented and recreation-oriented types, receive their wellbeing from more individualistic features, such as sleep, nutrition and entertainment. Physical activity -oriented and money and service -oriented types that locate somewhat in the middle of the figure receive their wellbeing both from communal and individualistic values.

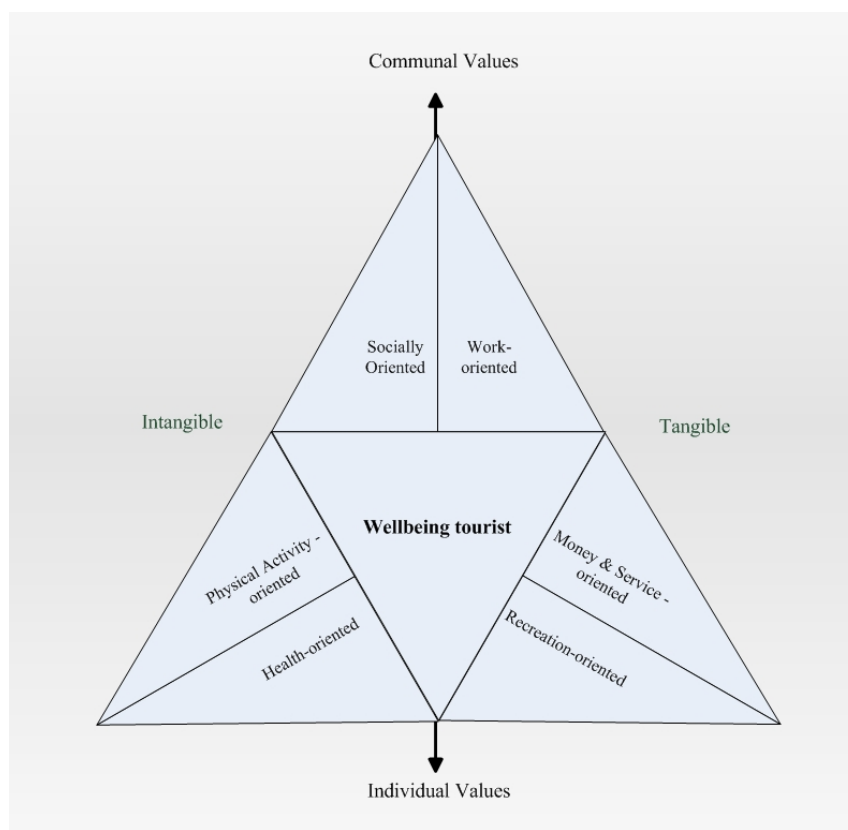


FIGURE 4. The model of the wellbeing tourist types.

The preferences of each of the three customer profiles of Peurunka can be emphasized in marketing of wellbeing services. The social activities and support could be emphasized in marketing for both the rehabilitation customers and the work-wellbeing visitors. The physical tests, informative wellbeing lectures, success at work through personal life management and the catalysts for lifestyle changes could be highlighted when reaching toward the potential work-wellbeing customers. Extravaganza indulgence weekends and getaways could be promoted as everyday luxury to the recreational tourists: unique body treatments, wine tasting, clean eating, relaxation, themed exercising, golf vacations or party weekends could be targeted to small groups of adults, whereas families and couples would enjoy similar services tailored especially for them. Furthermore, the annual cycle of the customers is important to take into consideration in order for everyone to enjoy their stay to the fullest. For example during the liveliest winter, fall or summer vacation weeks, the main focus could be on the recreational tourists, whereas rehabilitees would experience their holidays at other

times. Differently themed months or weekends would be likely to spice up the low seasons.

Based on the results of this research, I have come to a conclusion that the current question is how to attract and help commit especially the recreational wellbeing tourists to travel to Peurunka. The state- or insurance company-subsidized rehabilitation holidays as well as the occupational wellness tourism are quite solid and permanent customer sectors at the moment. All of the three main customer profiles are equally important, however the recreational tourists are perhaps the most unaware of the versatile wellbeing opportunities Peurunka offers. Therefore, therein lies the most potential market for growth.

The Internet is probably one of the best and most wide-ranging marketing tools in terms of cost-efficiency. The recreational tourists of this case study complimented the extensive and informative website of Peurunka. Both of the recreational tourists groups staying overnight (HM1 & HM4) in Peurunka mentioned the impulse for their visit was an advertisement sent by e-mail. Based on the data of this research and the information on the website (Peurunka 2014a), Peurunka offers numerous services in the field of wellbeing. However, the services promoted online are not centralized under one heading, such as wellbeing services and products or wellness tourism. Thus, it might be challenging for a customer to find all the services they offer to promote wellbeing. All the information is available; yet searching for it takes time. The productizing has already been utilized to endorse some services, but the products are spread under different sections of the website.

As a solution I suggest a special section for the website to be created to market particularly the wellbeing services: special packages to purchase, the various resources of wellbeing Peurunka offers, special products and services to consume during a stay as well as targeted marketing to special wellbeing customer segmentations. Since this study indicates that the recreational tourists value physical activities and pampering services, these factors should be emphasized in the productizing as well. How do the products offer extra value for the individual during their stay in Peurunka? How and why does the customer's wellbeing increase by purchasing a certain product? Often when the story evokes feelings and thus is selling, the price is of secondary importance.

Furthermore, establishing a unique online section for all the wellbeing services with the utilization of the term *hyvinvointi* in Finnish, and wellbeing and/or wellness in English, would be likely to assist in optimizing the search engine options and thus intrigue more people to visit the website of Peurunka. At the moment (February 5, 2014), when googling the Finnish word *hyvinvointi*, there are no search results involving private wellbeing or wellness centers or facilities providing wellbeing services. The search for *hyvinvointimatkailu*, that is wellbeing tourism in Finnish, found one travel agency organizing wellbeing tourism vacations, a sport institute arranging a wellbeing weekend and a yoga studio marketing its weekend course of mindfulness.

The social media are a never-ending resource of information, news, knowledge and trends. This can also be applied to marketing and promoting the wellbeing services. Updating intriguing and inspiring pictures and texts on Twitter, Instagram, Facebook or Pinterest creates visibility, resulting in increased awareness of the destination and its services, plus it evokes interaction with potential customers. Placing a hashtag, such as #wellbeing, #tourism, #spa, #relax and of course #Peurunka, will most certainly expand the audience of the marketing and reach toward a worldwide visibility. As the participant HM4A put it: “a picture is more powerful than a thousand words”. In addition, blogging is a great way to market wellbeing services. Inviting a well-known blogger who writes about wellbeing for a weekend holiday and letting him or her enjoy the wellbeing services in exchange for writing a blog post about Peurunka – the fountain of wellbeing – would certainly expand visibility and interest among the recreational tourists.

Many of the work-wellbeing customers wondered why more employees do not utilize the diverse possibilities of the occupational wellness concept offered by the employer. They described the experience in Peurunka as an exclusive, valuable and pleasant holiday, which many of them had enjoyed also previously. They would happily recommend participating in the program. How are the occupation wellness services marketed at the moment? Could the current customers be recruited as promoters of the occupational wellness services? How did the inspiring personal stories of the customers published in the Peurunka magazine work as a method for marketing? The grapevine and emotional stories are usually profitable marketing approaches. The latest online version of the Peurunka magazine is from the fall 2010. Could it be published again?

Finally, the discovery of the negative connotation related to physical activity should be paid attention to in the marketing, promoting and developing of the wellbeing services. The guilt and demanding associations related to physical activity were discussed especially within the working-age visitors. Why? Is it wellbeing to feel guilty of not doing something assumed; yet if you were doing it, it still would not produce wellbeing to you? According to Diener and Seligman (2004), wellbeing is “people’s positive evaluations of their lives”. It is not feeling guilty about something or doing something you do not like.

Contrary to the prevailing social pressure, as this thesis has quite extensively presented, wellbeing is so much more than exercising. Hence, it would be vital to endorse the idea of the holistic, individual and stress-free wellbeing: to motivate, educate and encourage people neutrally yet inspiringly. However, as the theoretical framework of this study convinces, physical activity and subjective wellbeing are strongly correlated. How could the idea of being physically active be transformed into more positive connotations through the wellbeing services of Peurunka? How to promote the awareness of a physically active lifestyle and its benefits inspiringly, avoiding feelings of guilt? What could be the inspiring factor that would keep the spark of the physical activeness alive also at a home environment? It is not about those three times a week visiting a gym or participating in a group exercise class, which you do not actually enjoy, but being physically active throughout the day; to carry out the activity for which the human body is created: to move.

To sum up, there are the proposed practical suggestions in terms of the marketing of the wellbeing tourism services.

- Utilization of the six wellbeing types and the wellbeing preferences of each customer profile: targeting of the productized services to right customer segments
- Specified and centralized marketing of the wellbeing products and services
- Investments in social media marketing: interaction with customers, inspiring pictures, emotional stories of the customers, blogging
- Inspiring individuals to pursue their own style of wellbeing: fact-based motivation and encouraging

7 CONCLUSION

This case study was performed as a continuation research to explore the perceptions of wellbeing regarding the three customer profiles of Peurunka. As a result of this study, six ideal wellbeing types were established and utilized as characterizations when comparing the customers' wellbeing insights with each other. The findings provide deeper and more detailed understanding of the wellbeing comprehensions of each of the three main customer profiles. In addition, the results were implemented in the context of wellbeing services of Peurunka, suggesting some development ideas in terms of marketing. The wellbeing typology and the marketing suggestions can be applied within other environments as well in the field of wellbeing tourism.

As this research illustrates, wellbeing tourism is a multidimensional field including a variety of different methods to promote wellbeing. From the business perspective, this fact needs to be taken into consideration when reaching toward the target markets. Customer-oriented product development is important for businesses in the field of wellbeing tourism for gaining competitive advantage in the industry, and also to foster the supply in order to respond to the growing demand. With appropriate and suitable product development and branding, wellbeing tourism can increase organizations' and companies' utilization and thus their profitability.

7.1 Objectivity of the research

The main objective of this study was to research the perceptions of the customers of Peurunka in terms of wellbeing. A case study was considered as the most suitable approach for this purpose. The objective of this case study was to describe and interpret a particular phenomenon rather than establish statistical generalizations. Due to the abstract and individual topic, the semi-structured themed interview was chosen as the data collection method. The thematic positioning of the open-ended questions enabled all the experiences, thoughts and beliefs of an individual to be taken into consideration. (Hirsjärvi & Hurme 2001, 48, 136; Tuomi & Sarajärvi 2006, 87–88.) The emphasis was placed on an inductive interpretative approach to learn about and understand how the customers of Peurunka described their meanings of wellbeing.

According to Lloyd and Little (2010), in a case study the total amount of 18 participants represents a saturated sample. In this research, the gender distribution of the participants was relatively even (39% male / 61% female) and there was a somewhat equal amount of participants from each previously established customer profile (5 rehabilitation / 7 recreational / 6 work-wellbeing). Therefore, it can be concluded that the sample provided a sufficient amount of material to make the typologies and thus draw the conclusions of this case study.

In a qualitative research setting, the assessment of the reliability and validity, primarily based on quantitative studies, is problematic if not impossible, since there are no common techniques or procedures to implement. Also, the data of the qualitative research could be construed in various ways, and every way might be justified by certain arguments as the correct interpretation. Therefore, the traditional evaluations of reliability and validity are often out of the question, although the trustworthiness of the study is essential to appraise. (Hirsjärvi, Remes & Sajavaara 2009, 231–232.) Thus, I evaluate the objectivity and ethics of this research process. As a guideline, I utilize the good scientific practice principles of the University of Jyväskylä (2014) and the three ethical research perspectives suggested by Saaranen-Kauppinen and Puusniekka (2006): the justification of the topic, data collection methods and analysis and reporting of the research data.

As grounded by the academic literature and previous studies, it is significant to research individuals' perceptions of wellbeing. It enables more targeted and individualized customer service as well as corresponds to the contemporary demand. The interviewing method suited this case study well and produced valuable data to answer to the research questions posed. The results based on the interpretations of the empirical data analysis provided new information that can be utilized in the field of wellbeing tourism, both theoretically and practically. Furthermore, the accurate reporting of the participants as well as the precise and descriptive representations of the data collection and analysis processes in addition to the coherent interpretations of the results create a solid foundation for the objectivity. Also, they provide so-called transparency for the whole process, thus the ethical evaluation is enabled.

Every interviewee participated voluntarily. Before the actual recorded interviews, everyone was informed about the study itself, the reasons for the study and how the data was going to be utilized and displayed. The interviews were executed and the data applied with the oral permissions of the participants. Also, every individual maintained his or her anonymity since no names were neither asked nor documented. The translated quotations within the text illustrate the discourses of the participants, yet they do not expose an individual. It can be stated that the research process or the results are not based on my own intuition but are my interpretations of the collected data.

The language issues in terms of the main concept of wellbeing could have affected the content of the data because in Finnish there is only one word for the three English terms wellbeing, wellness and welfare. However, this was a well-known fact since the beginning of this research process, thus in my opinion it did not have an effect on the data. The concept of wellbeing was discussed extensively during the interviews. Moreover, the multidimensionality of wellbeing was well documented in the theoretical framework of this thesis.

Semi-structured interviews could never be exactly replicated even though the interviewer, the interviewee, the questions and the place were the same. The situation is always contingent. There are many variables, such as what is going on in the life of the interviewee, what happened right before the interview or during the interview, how the questions are asked and so on. However, a guiding structure of the interview questions enables the similar framework for every situation and assures that all the themed questions are concerned. In addition, the role of the interviewer is essential. One must lead the conversation yet not ask leading questions. The themes and topics should be introduced rather neutrally and let the interviewee speak freely about his or her perceptions and opinions.

As Vehmas (2010, 34) together with Korkalainen and Kokko (2008) indicate, in face-to-face interviews there can be socially accepted factors or beliefs affecting the answers of the participants. In this case, the implication of physical activity could be noted as one of the areas in which general attitudes towards the phenomenon most likely influenced the argumentation. Personally, I noticed that my own style of interviewing

and creating the conversational situation developed during the data collection process, which might have influenced positively the extensiveness of the data during the interviews implemented in May.

In terms of the subject of the study, it is important to note the private nature of wellbeing. Wellbeing and its dimensions are often considered as very personal matters. With regards to the interviewing situations, the individual interviews seemed frequently to go deeper regarding the individuals' personal opinions and perceptions than the interviews executed in a group or pair settings. Furthermore, some participants appeared more reserved concerning their personal feelings and opinions, whereas others felt more comfortable to talk about their perceptions openly. There were individuals who discussed extensively pondering their own sources of wellbeing, while some simply answered the asked questions.

A spa hotel environment as the interviewing milieu might have had an effect on the participants' insights related to wellbeing. Moreover, it needs to be taken into consideration, that although every interviewee participated voluntarily in this study, all of the customers do not necessarily visit Peurunka willingly. This relates particularly to the rehabilitees depending on the background and personality of the individual as well as how recent the need for rehabilitation is. This might have affected also the outcome of some of the interviews.

Finally, it is vital to continue the ethically objective approach also after the actual research process. Participants' anonymity and the personal nature of individual wellbeing need to be taken into account when publishing and implementing the results. Neutral and equal approach to the wellbeing types needs to be maintained while implementing them in the marketing settings. After all, although the participants remain anonymous, they themselves know what they answered and what is their personal contribution to the study.

7.2 The evaluation of the research process

This whole research process has been a valuable experience for me. It has certainly ignited a spark towards researching. Reflecting back, there are a couple of things I

probably would have done differently. First of all, in terms of the interviews, I could have divided the interviewed themes into more detailed sections, such as what does money mean to you in terms of wellbeing. However, would the questions then have been too dogmatic or leading? The wider layout of the issues enabled each participant to discuss relatively freely his or her own opinions and perceptions related to wellbeing. Regarding the written thesis, the theoretical framework is extensive and as far as I am concerned, it offers a solid foundation for the wellbeing examination. Nevertheless, I could have connected the theory more closely to the actual research section.

One particular setback for me personally was that the data of one of the rehabilitation customers could not be transcribed and used for this study. That discussion included plenty of argumentation that would have been valuable for this research. It could have helped if I had taken notes during the interview or written a research diary right after the interview, which I did not do. However, not being able to apply one piece of the data did not affect the significance of the results of this study since the total sample was adequate. This missing part would have only deepened the interpretation. In addition to this technical difficulty, there were some challenges in finding participants for this study in order to interview customers from each three previously formed customer profiles. Ultimately, however, everything went smoothly.

The field of wellbeing tourism offers a great number of interesting research opportunities. This case study had a somewhat sociological perspective to the wellbeing tourism. The follow-up study could concentrate further on the marketing side. What are the most suitable marketing concepts in terms of promoting the wellbeing tourism services? How can these concepts be utilized in order to reach the right customer segments? In addition, the established wellbeing types could be studied in the context of marketing. What kind of a marketing mix fits best to each wellbeing type?

Since the focus is on the developing of the recreational tourist services and marketing, the recreational visitors could be researched more deeply in terms of the wellbeing services. In addition to overnight vacations and stays, Peurunka offers activities for the residents of the surrounding communities. How do these short-time visitors perceive wellbeing? What kinds of differences are there between the overnight tourists and the

visitors who participate for example in one group exercise class per week? Why do people come to Peurunka? How does age/gender/education/professional occupation affect the expectations of the wellbeing services? On the other hand, the random sample could be taken outside the premises of Peurunka, for example to Jyväskylä or Laukaa. What do the people who have not visited Peurunka think of the wellbeing services they provide there? What are the preconceptions of Peurunka of a person who has not visited Peurunka?

At the beginning of this research, I would have described my perceptions of wellbeing as a combination of exercising, nutrition and the significant individuals. As I am now finishing the project after a year and a half, I would say that my perceptions have somewhat reformed. I am more aware of the dimensions of wellbeing, the reasons, the motivational factors, the consequences and the effects it has. It is not about certain factors or actions. It is the entirety that counts – and how you live with it. After all, I think wellbeing is to live a life that is good for you.

"Happiness is when you are satisfied with what you have. You don't need to push yourself all the time to achieve something more. You can live happily in the present moment. You can have plans and dreams but not those obsessive thoughts that you have to do something. (HT6)

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APPENDIX 1: Theme interview questions

TEEMA 1 – PEURUNGASSA OLON PÄÄTARKOITUS

- Mikä on Peurungan vierailusi päätarkoitus?
- Miten/Miksi olet päätenyt Peurunkaan? (kenen kustantama matka)
- Kuinka usein olet ollut Peurungassa?
- Mitä kaikkea olet tehnyt Peurungassa olosi aikana? (järjestetty ohjelma vs. vapaa-aika)
- Minkälaisia palveluja olet käyttänyt Peurungassa? (hoidot, hieronta, liikunta, ruoka, iltaohjelma, jne.)

TEEMA 2 – HYVINVOINTI

- Mitä sana "hyvinvointi" merkitsee sinulle?
- Miten hyvinvointi näkyy tämänhetkisessä elämäntilanteessasi?
- Miten ylläpidät hyvinvointiasi?
- Mikä motivoi sinua ylläpitämään hyvinvointiasi?
- Kerro omin sanoin, mitä henkinen ja fyysinen hyvinvointi sinulle merkitsevät.
- Mikä on mielestäsi hyvinvoinnin vastakohta?
- Mitä sana "hyvä olo" merkitsee sinulle?
- Miten mielestäsi hyvinvointi ja hyvä olo näkyvät/ovat suhteessa toisiinsa?
- Mitä onnellisuus sinulle merkitsee?
- Miten onnellisuus näkyy tämän hetkisessä elämässäsi?
- Miten määrittelisit hyvinvoinnin omin sanoin?

TEEMA 3 – HYVINVOINTIPALVELUT

- Mitkä asiat vaikuttavat hyvinvointiisi?
- Mitkä asiat edistävät hyvinvointiasi?
- Mitkä asiat estävät hyvinvointiasi?
- Miten vietät vapaa-aikaasi?
- Minkälaisia hyvinvointipalveluja käytät nykyisessä elämäntilanteessasi?
- Miten nämä em. palvelut ylläpitävät/parantavat hyvinvointiasi?
- Miten rentoudut? Kuinka usein rentoudut?
- Miten hemmottelet itseäsi?
- Miten koet työn, arjen askareiden, vapaa-ajan ja rentoutumisen jakautuvan elämässäsi?

TAUSTATIEDOT

- Ikä
- Ammatti
- Perhe

THEME 1 – THE MAIN REASON FOR VISITING PEURUNKA

- What is your main reason for visiting Peurunka?
- How many times have you visited Peurunka?
- What have you done during your stay in Peurunka? (organized vs. personal activities)
- What kind of services have you utilized in Peurunka (spa, body treatments, physical activities, food, evening activities, etc.)

THEME 2 – WELLBEING

- What does the word wellbeing mean to you?
- How does wellbeing appear in your life at the moment?
- How do you maintain your wellbeing?
- What kinds of things motivate you to take care of your wellbeing?
- What do mental and physical wellbeing mean to you?
- What is the opposite of wellbeing?
- What does a term "good feeling" (translation from Finnish) mean to you?
- How do wellbeing and "good feeling" relate to each other?
- What does happiness mean to you?
- How does happiness appear in your life at the moment?
- How would you describe wellbeing in your own words?

THEME 3 – WELLBEING SERVICES

- What kinds of things affect your wellbeing?
- What kinds of things promote your wellbeing?
- What kinds of things prevent your wellbeing?
- What do you do in your leisure time?
- What kinds of wellbeing services do you use?
- How do these services maintain/promote your wellbeing?
- How do you relax? How often do you relax?
- How do you pamper yourself? How often does that happen?
- How is your time divided between work, household work, leisure time and relaxation?

BACKGROUND INFORMATION

- Age
- Occupation
- Family