MEASURING CUSTOMER EXPERIENCE USING NET PROMOTER SCORE (NPS): CASE PUBLIC HEALTHCARE ORGANIZATIONS IN FINLAND

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ABSTRACT

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Healthcare organizations are increasingly interested in measuring customer experience and satisfaction for the purposes of improving their daily operations and service quality. Experiences of using systematic techniques and established metrics such as Net Promoter Score (NPS) to measure customer experience are not well established.

The aim was to study the experiences of public healthcare organizations in Finland on measuring customer experience. The research questions were: 1) How do public healthcare organizations measure customer experience utilizing the NPS metric? 2) How the gathered NPS data is used to improve customer experience and service quality? 3) What are the experienced benefits of measuring customer experience using the NPS?

The study was conducted in 2019 by interviewing seven representatives responsible for customer experience measurement in public healthcare organizations. Semi-structured interviews included the following themes: Interviewee's and their organizations' background information, NPS data collection and utilization of the results, benefits and challenges of measuring customer experience. The research data was analyzed by using content analysis method.

Healthcare organizations have recently started measuring customer experience systematically and utilizing the results in improving their service quality. In the participated organizations, NPS measurement is extensively used. The measurement activities are organized using customer feedback devices ja feedback surveys in the webpages. Other metrics are also used with the NPS. The organizations utilize the results as a part of their operations. In addition, the results are shared internally, and they are essential part of operational annual reporting. Positive feedback is used to motivate employees. The results from the customer experience measurement are shared externally that is to increase the transparency of business and operations. Challenges of the measurement are related to the lack of needed investments and allocated staff resources for the measurements.

Based on the study, multichannel measurement of customer experience and centralized feedback reporting solutions enable the service provider organizations to manage customer experience data effectively and utilize the results for the improvement of their services. In addition to the NPS data, it is recommended to use other metrics, formats and channels to gather customer feedback data.

Keywords: Customer experience, customer satisfaction, healthcare organization, Net Promoter Score (NPS), quality of service

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TIIVISTELMÄ

Tekijä Lauri Viitanen	
Otsikko Asiakaskokemuksen mittaaminen suositteluindeksin avulla: Tapaustutkimus julkisen sektorin terveyspalveluorganisaatioiden kokemuksista Suomessa	
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Terveyspalveluita tuottavat organisaatiot ovat enenevissä määrin kiinnostuneita asiakas-tyytyväisyyden mittaamisesta ja kokemustiedon hyödyntämistä operatiivisen toiminnan kehittämisessä. Systemaattinen palautteen keruu ja mittaristojen kuten suositteluindeksin (Net Promoter Score, NPS) käyttö eivät kuitenkaan ole vielä vakiintuneita.

Tutkimuksessa selvitettiin, minkälaisia kokemuksia julkisen sektorin terveyspalveluor-ganisaatioilla on asiakaskokemuksen mittaamista. Tutkimuskysymykset olivat 1) Kuinka julkiset terveyspalveluorganisaatiot mittaavat asiakaskokemusta hyödyntäen NPS-suo-sitteluindeksiä? 2) Miten mittausten tuottamaa tietoa hyödynnetään palvelujen laadun kehittämisessä? 3) Mitkä ovat asiakaskokemuksen mittaamisen hyödyt?

Tutkimus toteutettiin vuoden 2019 aikana haastatellen seitsemää henkilöä, jotka työs-kentelevät terveyspalveluorganisaatioissa asiakaskokemuksen mittaamisen vastuuhenki-löintä. Teemahaastattelujen aiheita olivat: haastateltavan ja organisaation taustatiedot, NPS-mittaustiedon kerääminen ja hyödyntäminen, asiakaskokemuksen mittaamisen hyö-dyt ja haasteet. Aineiston analysointiin käyttäen sisältöanalyysin menetelmää.

Tutkimuksen perusteella terveyspalveluja tuottavat organisaatiot ovat vasta viime vuo-sina alkaneet toteuttaa systemaattisesti asiakaspalautteen keruuta ja hyödyntämistä pal-velujensa kehittämisessä. Tällä hetkellä mittaamista toteutetaan tutkimukseen osallistu-neissa organisaatioissa melko laajasti. Kokemustietoa kerätään palautelaitteiden avulla eri toimipisteissä ja verkkosivuilla olevien kyselyjen kautta. Suositteluindeksin (NPS) rin-nalla käytetään myös muita mittareita. Kerättyä tietoa analysoidaan säännöllisesti osana operatiivista toimintaa ja tietoja jaetaan organisaatiossa sisäisesti. Asiakaskokemustieto on myös tärkeä osa toiminnan vuosittaista raportointia. Mittaamisen avulla saatavaa po-sitiivista palautetta käytetään henkilöstön motivointiin. Palautetietoa jaetaan osittain myös ulospäin, mikä lisää toiminnan läpinäkyvyyttä. Asiakaskokemuksen mittaamiseen liittyvinä haasteina mainittiin palautteenkeruutyökaluihin liittyvät investoinnit sekä hen-kilöresurssien kohdentaminen palautteen hyödyntämiseen.

Tutkimuksen perusteella asiakaskokemuksen monikanavainen mittaaminen ja keskite-tyt raportointiratkaisut mahdollistavat palvelutuottajaorganisaatioita hallitsemaan pa-lautetietoa tehokkaasti ja hyödyntämään sitä toiminnan kehittämisessä. Suositteluindek-sin rinnalla on suositeltavaa käyttää myös muita mittareita ja palautteenkeruutapoja.

Asiasanat: Asiakaskokemus, asiakastyytyväisyys, suositteluindeksi (NPS), terveyspalve-luorganisaatio, palvelun laatu	
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PREFACE

Tutkielmani yksi vaikeimmista osuuksia tuntui olevan alkusanojen kirjoittaminen, viimeisenä osiona. Työtä on tehty useamman vuoden ajan töiden ja harrastusten ohessa ajatusta jalostaen ja hautoen.

Asiakaskokemuksen mittaaminen ja sen toteuttamiseen liittyvät ratkaisut ovat olleet lähellä sydäntäni ja työelämääni vuosien ajan. Kiinnostukseni työn aiheeseen laukaisivat mielenkiintoiset ja vaihtelevat työtehtäväni Roidu Oy:ssä.

Taipaleeni Jyväskylässä on tutkinnon valmistumisen myötä tulossa päätökseen. Haluan kiittää Jyväskylän yliopistosta tutkijatohtori Mari Suorantaa hyvästä ohjauksesta ja työn kommentoinnista. Erityiskiitokset työnantajalleni Roidu Oy:lle tutkimustyön mahdollistamisesta työnteon ohessa – kiitokset Arttu, Antti ja Juha. Lisäksi valtavat kiitokset ainaisesta kannustamisesta ystävät, iskä ja äiti, Jossu, Arttu, Emmi ja Hanna.

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Lauri Viitanen

CONTENTS

1   INTRODUCTION

The Net Promoter Score (NPS) is widely used customer experience metric across service industries and over other industries across the world (Temkin, 2014). This criticized and praised metric together with the concepts of individual experiences has gained increased attention in healthcare and various business sectors in Finland. Additionally, the changes in public healthcare sector organizations where the use of customer experience measurements and especially the NPS metrics has not been reported until the recent years.

In Finland, the change in society's service culture in the last decades together with the ongoing health and social services reform (SoTe-uudistus in Finnish) will closer the gap between private and public sector organizations, and eventually increase competition in the field of healthcare services. Even though the final outcome of the reform remains unclear, it is evident that the citizens will have more power when choosing the healthcare service provider between private, public or third sector operator. As the health and social services reform evolves, effectiveness management of the services will be a one of the key concept (Pitkänen et al., 2018). The effectiveness of the services can be measured from various perspectives and one of them is patient experience.

Previously, the public sector healthcare service providers have operated in an uncompetitive nature. The awareness of patient experience and its impact on offered services and care, has increased the attention towards customer-centric care. The freedom of choice program has already enabled citizens to choose the service provider and mixed the public and private healthcare providers market status. Considering the possible effects of the health and social service reform, competitive, well managed and maintained services will have demand in the changing healthcare market. Nevertheless, the need for patient and customer experience measurements will increase and the public and private organizations prepare for the reform and prepare for internal service development.

The health and social service reform will transfer the responsibility to organize the health and social services from municipalities to regional counties. Simultaneously the freedom of choice in the patient preference law allows patients and customers to choose the service provider between region's provider and private healthcare operators. Although the reform has faced setbacks, the importance of measuring current health and social service operations exist as services are prepared to transfer under county organizations. Statistical data of patient and customer experience provide competitive advantage for county and private organizations while preparing for the reform and increasing competition in the field of healthcare. At the same time, use of NPS metrics today provide comparable data to use in future to analyze how patients and customers experience services and their providers after the reform.

This master thesis discusses and explores the use of the NPS metrics in public healthcare sector in Finland. Measuring customer and patient experience in public sector organizations has not been reported until the recent years. The

changes in society's service culture over the past decade together with the ongoing health and social services reform practice has increased attention towards measuring customer and patient experiences in public healthcare organizations. As public sector organizations are adopting the customer-oriented thinking as a large part of their strategical planning and service development roadmaps, the desire to measure customers experiences and recommendation intention related to available services and care has increased. The social and healthcare reform requires assessments and comparison of the costs, productivity, quality, and effectiveness of the services (Torkki et al., 2017). The national metrics to assess the service system performance are under construction, especially from quality and effectiveness point of view. As customer experience is one of the aspects of effectiveness and quality of the future services, there is a significant need for customer reported data gathering regarding the assessment of the service system performance (Torkki et al., 2017). As the current Finnish healthcare system performance is measured mainly with rough gauges, the customer perspective and effectiveness remain rather unknown (Pitkänen et al., 2018).

The use of Net Promoter Score has been studied previously mostly in private healthcare sector and other business industries. Previous research in the NPS metrics and its usage in private healthcare can be found and the literature will work as a comparable sources how private organizations utilize the NPS metrics in their daily operations. The aim of the study is to understand the phenomena regarding customer experience measurements and how the data is used to improve existing services. The research questions are:

1) How do public healthcare organizations measure customer experience utilizing the Net Promoter Score (NPS) metric?
2) How the NPS data is used to improve customer experience in terms of service and treatments in the organizations?
3) What are the experienced benefits of measuring customer experience using the NPS measurement?

The research is conducted as a case study, focusing on experience of use of the NPS measurement in Finnish public healthcare organizations. The participants are chosen from the selected public healthcare providers. One person from each organization involved in the experience measurement and processes around it shares his/her experiences and knowledge. First the review of the literature section focuses on the Net Promoter Score, concepts of personal experiences and tools to measure the experiences. Next section is about the context of the study, public healthcare sector in Finland. Fourth section presents the data and qualitative methodology of the research. Fifth section deals with the results of the study This section includes background information of the interviewees and historical data of the organizations. Lastly, discussion, conclusions and recommendations of the study will be presented.

2   MEASURING CUSTOMER EXPERIENCE

This chapter introduces the Net Promoter Score metric, the research literature related to it and the different concepts of experiences. Next, tools used to measure customer experience in the healthcare organizations are presented. The introduced metric is used by the case study organizations to measure and monitor the quality of services and care together with utilizing the results.

2.1   Net Promoter Score (NPS)

Net Promoter Score (NPS) is a proven metric used to measure customers' willingness to recommend product, service or the company to their friends or colleagues. The metric is used as a management tool to measure the loyalty of customers towards businesses and organizations. The NPS metric is introduced by Frederick F. Reichheld in 2003. The NPS 11-step scale from 0 to 10 provides an answer to the question "How likely would you recommend this service / business organization to a friend or colleague?" The responses range from 0 to 10 where 0 means not likely at all and 10 extremely likely. The scale can be divided into three elements: Promoters (9-10), passives (7-8) and detractors (0-6). Promoters are the customers who are willing to recommend and promote the company, service or product. Passives act passively and they do not either promote or detract. Detractors are the segment of the customers who are likely to detract the company, service or product. (Reichheld, 2003)

The Net Promoters Score is calculated by taking the percentage of the promoter (customers who answered 10 or 9) and subtracting the percentage of detractors (customers who answered 0-6). The third category of the NPS, the passives are excluded from the equation. The NPS Score varies between -100 and 100 regarding the number of promoters and detractors. (Reichheld, 2003)

As NPS measures loyalty of customers towards businesses, the concept of loyal customers has relation to business growth. Reichheld defines loyalty in his article "One number you need to grow" (2003) as "willingness of someone – a customer, a friend, an employee, a friend – to make an investment or personal sacrifice in order to strengthen a relationship". Loyal customers are more likely to make repeat purchases and use services that provides good value in the long term. Customers receiving good economic value are also willing to talk up a company - make recommendations – and make the sacrifice putting their own reputation in line with the experienced loyalty. Loyal customers will benefit the company by spreading the word for attracting new customers and work as a part of their marketing department. (Reichheld, 2003)

As a proven metric to measure customers' loyalty and willingness to recommend the company, service or products to a friend or a colleague, the score has evolved to into a system (Reichheld & Markey, 2011). According to Reichheld

and Markey (2011), to formulate a working system and process, three fundamental elements are needed; systematic data collection process, closed loop learning process and organizational goal to get more promoters than detractors. Therefore, the system holds power to transfer companies and helps leaders to create organizational culture to inspire employees as well as become more costumer focused organization (Reichheld & Markey, 2011). Many companies such as Apple have adopted NPS and placed it at the center of their management. This indicates NPS being rather a system than just a numerical score used to measure the company's performance (Zwilling, 2013).

Systematically and regularly learning to use the score and related feedback drives improvement and guides the organization to get better results towards greatness. The organization must qualify to understand and take actions in practice to fulfill the three elements of the working system and process. Collecting data systematically and often together with analyzing the collected NPS data regularly in transparent fashion enables the information to be communicated through the organization (Reichheld & Markey, 2011). A closed loop learning, and improvements process is about the learning related to the collected data, improvements, and building the process into organization's daily operations (Reichheld & Markey, 2011). Act what we learn - a closed loop learning process have to be a part of organization's everyday management. Finally, leaders of the organization have a responsibility to create a mission for more promoters and fewer detractors. By doing so, the three fundamental elements of the NPS metrics and system related to its use, are fulfilled and the benefits of measuring using the NPS metrics can be taken as a part of organizations strategical roadmap and operations.

Whereas the NPS question provides valuable numerical data, other question(s) should be asked together with the NPS question to explain and deepen the understanding of the score. Reichheld and Markey (2011) instructed organizations to ask at least one follow-up question: "What is the primary reason for you score?" (Reichheld & Markey, 2011). Another example of the follow-up question is to formulate the question based on the NPS questions score. For example, asking the detractors (score between 0-6) "What is the most important improvement that would make you more likely to recommend us?" or the promoters (score 9-10) "What is the most important aspect for your recommendation?" By asking the follow-up question, the answer provides initial diagnosis of the root cause or reason for the particular score. Simultaneously, the diagnosis enables the organizations to react internally and potentially reach to the customer for further diagnosis, evaluation and responses.

When considering asking more questions with the NPS questions, it is important to keep the number of additional questions limited. As the survey involves multiple additional questions, the survey tends to become too long creating unnecessary complexity and waste customer's time and effort. Traditional customer satisfaction surveys include such shortcomings that are widely recognized. Together with long surveys, the response rates are low making the results unreliable. For this reason, the organizations must seek for high response rates by keeping the surveys short to ensure the liability of the survey and tackle the

shortcoming that detractors or promoters are not responding to the survey (Reichheld & Markey, 2011). High response rates ensure data reliability.

As measuring customer experience with the NPS metrics and additional question(s), the goal of the surveying is not just to research customers' attitudes. It is to sort customer precisely into categories –promoters, passives and detractors that predict hard quantifiable behavior (Reichheld & Markey, 2011). Together with the categorization, finding answers to the questions why and how the numbers vary over time, the organization is able to develop a closed loop process and formulate a mission to improve its business model, service or product. To transform the use of NPS metrics within the organization to a system, with three fundamental elements, it is not relevant to measure and discuss NPS only for a short period of time. The NPS measuring must be consistent and results transparently seen and communicated through the organizations in daily basis. This kind of practice ensures that employees will pay attention of their work and the measurements does not become here-today gone tomorrow corporate initiatives (Reichheld & Markey, 2011). Using the NPS metrics for continuous experience measuring has big advantages for organizations. When the reports are regularly analyzed, the chances to improve service or treatment with new approaches increases as if the reports are analyzed once a year. By doing so, the organization will also motivate is employees better to pay closer attention to the experience measuring and identify the current obstacles and problems better. This way, the three fundamentals of NPS system is closer to be satisfied as the closed loop learning process and mission for more promoters than detractors can be seen in transparently thought the organization. NPS is claimed to be a business philosophy, a system of operational practices and leadership commitment, rather than just another way to measure customer satisfaction (Reichheld, 2003).

As the NPS is well established measurement, which is used widely regarding the industries, it is challenging the other traditional measurement such as the American Customer Satisfaction Index (ACSI) founded by Fornell et al. (1996), the Swedish Customer Satisfaction Barometer (SCSB) introduced by Fornell (1992) and the European Performance Satisfaction Index (EPSI) formulated by ECSI Technical Committee (Laitinen, 2018). The NPS faced criticism since its introduction. As for example ACSI measures perceived quality, customer expectations and perceived value, the NPS relies simply on one questions providing timely data for organization. Keiningham et al. (2008) were skeptical that there can be a single metric to reduce the complexity of the measurement. It is fair to say that the arguments supporting and criticizing the Net Promoter Score will always be there. The fact is that the measurement is widely used surpassing other metrics regardless of industry.

2.2 Word-of-mouth (WOM)

Word of mouth (WOM) is a message or a flow of information from a person to another to share opinions including recommendations on service or product (Berger, 2014). As customers use different organizations, services and products, they are likely to share opinions with other people using word-of-mouth to talk about multiple brands each day (Kotler & Keller, 2012). Based on word-of-mouth, customers can evaluate a product or service regarding the external sources of information (Saha & Theingi, 2009). The message of WOM can be either positive (PWOM) or negative (NWOM) and the message includes emotions of satisfaction or dissatisfaction regarding the experience of the brand, product or service (Sweeney et al. 2014). WOM can have a major impact on customer's behavior affecting the majority of the purchase decisions (East et al., 2008).

Word-of-mouth is an essential aspect of consumer behavior for several reasons (Day, 1980). It provides face-to-face information which is not only credible but can also influence other's beliefs about a company and its product or service altering consumer's intention to make purchases (Brown et al., 2005). In this light, the researchers offer satisfaction and dissatisfaction as antecedents to word-of-mouth and its recommendation aspect of communication (Yi, 1990).

As researchers debate on Reichheld's statement of "NPS is the one number you need to grow", companies over industries have adopted the NPS metric proving the importance attribute to word-of-mouth as an alternative measure of loyalty (Beckers et al., 2014). The growing importance of word-of-mouth communication has made the NPS even more attractive. As WOM has an important role on customer's decision making, organizations have adopted more word-of-mouth-based strategies to capture and measure WOM.

The increased use of internet and its social platforms, more and more word-of-mouth action takes place on internet (eWOM). Simultaneous, eWOM is considered to more influence than traditional word-of-mouth (Sun et al., 2006) Nevertheless, Eisingerich et al. (2015) states traditional face-to-face word-of-mouth is still not dead. Customers are more willing to share traditional word-of-mouth than eWOM. There are two main reason behind the phenomenon; increased social risk and self-enhancement. Sharing eWOM can be seen riskier and more sensitive for self-enhancement (Eisingerich et al. 2015).

As consumers engage in product-related conversation or personal recommendation of a brand, a product or a company, positive and negative word-of-mouth are examples of exit behaviors expressed by consumers (Lau & Ng, 2001). Whereas positive word-of-mouth is valuable for the company in terms of marketing message, negative word-of-mouth can harm the company image and have an effect on the receivers of the negative word-of-mouth purchase decision. According to Lau and Ng (2001), to control the negative word-of-mouth communication, organizations should make complaining and giving feedback easy to handle situations with dissatisfied customers effectively. When customers experience that it is not worth of complaining, they tend to engage in negative word-

of-mouth behavior spreading the negative message. In addition, the organizations should focus closely on customers that are likely to share negative word-of-mouth. (Lau & Ng, 2001.)

As organizations are measuring customers' loyalty and word-of-mouth, finding the reasons for sharing WOM is essential for understanding the NPS. To find the reasons, Reichheld and Markey (2011) instructed organizations to ask at least one follow-up questions: "What is the primary reason for you score?" By asking the follow-up questions, organizations are able to identify the reasons for the potential negative word-of-mouth among dissatisfied customers (Reichheld & Markey, 2011.) On the other hand, the follow-up question can be used to identify the positive aspects –the strengths- of the offered services. Identifying the strengths of the organization, operational models and services guides the organizations strategical planning and roadmap regarding development processes. Understanding why and what people are likely to share provides not only valuable information about customer's loyalty but also for understanding the NPS.

2.3   Concepts of personal experience

For this section, the definitions of customer experience, customer satisfaction and patient experience are discussed and analyzed. The concepts are well established in business and marketing literature. The terms are used often as synonyms but there are also differences and nuances when using such terms in customer related discussions. This chapter explore the lines between customer experience, customer satisfaction and patient experience and place them in the context of the study in public healthcare organizations.

2.3.1 Customer experience

Customer experience (CX) is relatively new construct in marketing and service management literature. The concept is a trendy and highly emphasized topic in today's business literature and discussion. Defining, understanding and improving customer experience is a growing priory for market as experience is replacing quality as the competitive battleground for marketing (Klaus & Maklan, 2013). It is even argued that the existing service economy will transfer towards experience economy (Pine & Gilmore, 1999). Prior to customer experience discussion, the literature focused on customer satisfaction, service quality, and their measuring (Veroef et al., 2009).

The evolution in business world towards consumer-centric thinking, understanding the needs and wants of consumers while providing a good experience, dominates the discussion. Understanding the entire customer experience, not just customer satisfaction, advices the company to adjust and develop its services to satisfy customers better while building stronger loyalty and relationships with the company (Mead & Bower, 2000). First, customer experience will be discussed.

In research literature the concept of customer experience has been defined in various ways. The large variety of definitions shows the large variety of research that have been made around the concept. First notions of customer experience can be seen in Holbrook and Hirschman studies (1982). They define customer experience as a whole event that a customer comes into contact with when interacting with a certain business. The experience occurs when the interactions take place through the stimulations of goods and services consumed affecting the emotions of the customer (Holbrook & Hirschman, 1982). Subsequently, Harris (2007) defined customer experience as the overall picture of the company's operations including image of the company and feelings generated though customer encounters and experiences (Harris, 2007). In turn, Gentile et al. (2007) defines the concept as "the customer experience originates from a set of interactions between a customer and a product, a company or part of its organization, which provoke a reaction. This experience is strictly personal and implies the customer's involvement at different levels (rational, emotional, sensorial, physical, and spirititual)" (Gentile et al., 2007). Further, definition by Meyer and Schwager

(2007), defines customer experience as "the internal and subjective response customers have to any direct or indirect contact with a company. Direct contact generally occurs in the course of purchase, use, and service and is usually initiated by the customer. Indirect contact most often involves unplanned encounters with representatives of a company's products, service or brands and takes the form of word-of-mouth recommendations or criticisms, advertising, news reports, reviews and so forth" (Meyer & Schwager, 2007). In addition, Addis and Holbrook (2001) state the customer experience is the value of interactions that the consumer and the company gain created through the set of interactions (Addis & Holbrook, 2001).

As the definitions mentioned previously show, the concept of customer experience multidimensional and extensive, and the definition vary slightly depending on the author. The definitions describe the concept of customer experience well. Regardless, customer experience is very personal and unique concept (Schmitt, 1999). Also, it emphasizes the aspect of value creation of the customer and the company. Customers are not only seen as persons who interact with the company but rather viewed as people who use and consumer products and services (Gentile et al., 2007). In addition, Kotler et al. (2013) see the value aspects of the concepts as customer experience is about "adding value for customers buying products and services through customer participation and connection by managing all aspects of the encounter".

As value is a relevant part of customer experience, the overall experience is a cumulative impact of multiple touchpoints. The series of touchpoints occurs over the course of a customer's interactions with the organizations forming customer experience (Forbes, 2011). Also, the touchpoints may change over the course of a customer's life. However, not all the touchpoints possess equivalent value; service interactions gain a greater value when the core offering is service. (Meyer & Schwager, 2007.)

When organizations engage in developing customer experience, the overall customer experience must be considered. Positive experiences increase the chances of a customer to make continued purchases and develop brand loyalty (Kim & Yu, 2016). Brand loyalty in turn can make customers advocate resulting long term relationships between parties (Ren et al., 2016). Loyal and advocate customers engage in positive word-of-mouth activities influencing potential customers to develop opinions another's experiences. Customer experience and its measuring will be covered later in the following chapters.

Placing the definition in the contexts of public healthcare, the personal experience of service user originates from the set of interactions and value between a customer and a public healthcare provider. When analyzing the experience in public healthcare organization, the experience differs relatively from the retail experience where customer experience concept and measurements are used widely. As customer goes through the experience in healthcare sector, the touchpoints differ from the touchpoints in retail experience. Therefore, its vital for organizations to identify the touchpoints that impact the overall experience. The touchpoints differ for each patient regarding the nature of the customer's/patient's needs and interactions with the organization. Therefore, each customer

journey is slightly different combination of series of touchpoints. Patient experience will be discussed in further section.

2.3.2 Customer satisfaction

Next the concept of customer satisfaction will be discussed and analyzed. The concept of customer satisfaction can be seen overlapping with customer experience, focusing on experiences of customers on a product or particular service provided by an organization.

Customer satisfaction is an established concept in business and marketing literature. Several definitions of customer satisfaction have been published by various authors. Customer satisfaction informs companies how well customer's needs and expectations are met. Customer satisfaction describes customer's perception that one's expectation has been met or surpassed by a company or an organization (Maklan & Klaus, 2012). According to Myers (1991), customer satisfaction is defined in terms of perceived performance of a product or service in relation to the expected performance prior to purchase or use (Myers, 1991). As noted, the concepts are close to the concept of customer experience. According Hill et al. (2007), there are multiple modifications and enhancements made while trying to describe the concept fully. Hill et al. states the definition of customer satisfaction as the attitudes or feelings that customer form based on their experiences with an organization (Hill et al., 2007). As the expectations of the customers are met and surpassed, the customers tend to be satisfied. According to Anderson and Fornell (1994) customer satisfaction is also related to customer loyalty, which in turn is related to profitability. Also, Heskett et al. (1994) presented the service profit chain model where customer satisfaction leads to customer loyalty which in the end leads to company's profitability.

In service management literature it is argued that there is a strong link between satisfaction and loyalty. According to Fornell, loyal customers are not necessarily satisfied customers, but satisfied customers tend to be loyal customers (Fornell, 1994). It can be said that the more satisfied the customers are, more loyal and more profitable they tend to be for businesses. This is also mentioned in the service quality literature by Grönroos et al. (1994) where higher quality is assumed to lead to customer satisfaction, along to customer loyalty and finally for customer profitability.

As discussed in the service management literature, loyalty has a direct link to satisfaction. According to Oliver (1999) loyalty is "a deeply held commitment to rebuild and re-patronize a preferred product or service in the future despite situational influences and marketing efforts having the potential to cause switching behaviors". Even tough customer satisfaction is crucial part of business, alone it cannot take it to the top. Customer satisfaction helps companies and organizations to evaluate their ability in meeting customer's needs and expectations effective. Simultaneously, it helps the companies identify areas for development (Zeithaml et al., 2009).

2.3.3 Patient experience

Patient experience has been used in some cases as a synonyms to customer experience and customer satisfaction in healthcare industry context. The terms are similar but there are also differences of between the terms. As the healthcare industry and environment is changing rapidly, it will shape the definition of the concept as well (Wolf et al., 2014). The definition constructed by the existing literature vary.

According to the Beryl Institute's current definition for patient experience, it is "the sum of all interactions, shaped by an organization's culture, that influences patient perceptions, across the continuum of care" (The Beryl Institute, N.d.). The term has shaped over the time and the most recent definition is a results of review of current literature and use in 2010 (Wolf et al., 2014). Dr. Foster Intelligence group defines the term as "feedback from patients on what actually happened in the course of receiving care or treatment, both the objective facts and their subjective views of it" (Intelligent group, 2010). Patient experience is seen as an important outcome of medical care and an essential component of quality of care (Ahmet et al., 2014).

Breaking down the concept of patient experience, it encompasses multiple interaction that patients have with the healthcare system including doctors, nurses, and other hospital staff. Interestingly, defining the concept is complex similarly to the concept of customer experience and customer satisfaction. That being said, the concepts are often used interchangeably even though they are not the same. Also, patient experience, patient perspective, patient reports, patient perception and patient satisfaction have been used interchangeably causing misunderstanding (Ahmet et al., 2014). As satisfaction talks about the patient's expectations and if they were met, the concept of patient experience extends this thinking (N.N., 2017). As the definition of patient experience vary, the idea of one comprehensive definition is seen important, but at the same time very complicated. As patient experience literature emerges as an area of research, there is a critical need for standard consistent definition.

According to Ahmed et al., 2014, a good patient experience is a key part of providing high-quality medical care (Ahmet et al., 2014). Patient experience can be seen as an important outcome of received care and also a component of quality of care and safety (Ahmet et al., 2014). Placing to concept in practice, it is evident to say that there are multiple actors that influence to total patient experience when receiving care: the process of making the appointment, waiting times, information provided and multiple interactions with the healthcare staff. As the current trend around the world shows, policy makers are increasingly interested in collecting patient experience data for comparison a range of performance indicators and to stimulate quality and service improvements (Ahmet et al., 2014).

The trend can be seen in Finland as well. Public sector organizations have started measuring customer experience in recent years. The case study organizations seem to follow the trend that can be seen around the world. According to Ahmet et al. (2014), collecting patient experience data is not only initial but also

essential step to understand the challenges and opportunities to improve the quality of healthcare services (Ahmet et al., 2014).

2.4   Tools for measuring customer experience

In this section the research explores the various techniques and methods used to measure customer experience.

Customer experience data is gathered various ways in today's customer centric world. There is an increasing focus understanding how people experience the health service organizations and the quality of service (De Silva, 2013).

As previously and still in some extend today paper form questionnaire surveys are used to collect customer experience data. In the context of healthcare, the forms are usually handed out in clinic or posted to patient following attendance at a healthcare provider (Ahmet et al., 2014). As this technique to collect customer feedback data is outdated with its inefficiency, new technological innovations offer many opportunities to collect data in more efficient way. Today the surveys can be conducted through SMS, email, and online surveys. Also, the use of feedback device kiosks and handheld devices such as tablets enable real-time feedback collection as assessments by patients of the care at the service locations. The new driving technologies are driving innovative and cost-effective approaches to measure customer (patient) experience (Ahmet et al., 2014). Interviews and focus groups methods are also used as methods to measure the experiences in the healthcare organizations even though they are not conducted routinely in daily basis. Complaints and compliments can be considered as other sources of feedback which are received in various ways such as face-to-face and through webpage's generalized feedback form. Reclamation or complaint is also a source of feedback about the experiences that customer has experienced, when a systematic analysis approach is implemented (De Silva, 2013). Other sources of feedback the research literature contains include patient stories, photovoice and public meetings (De Silva, 2013). Placing the different channels and approaches to collect feedback to the depth of information they provide and the extend the collected information and data may be generalized to a wider population as illustrated in Figure 1.
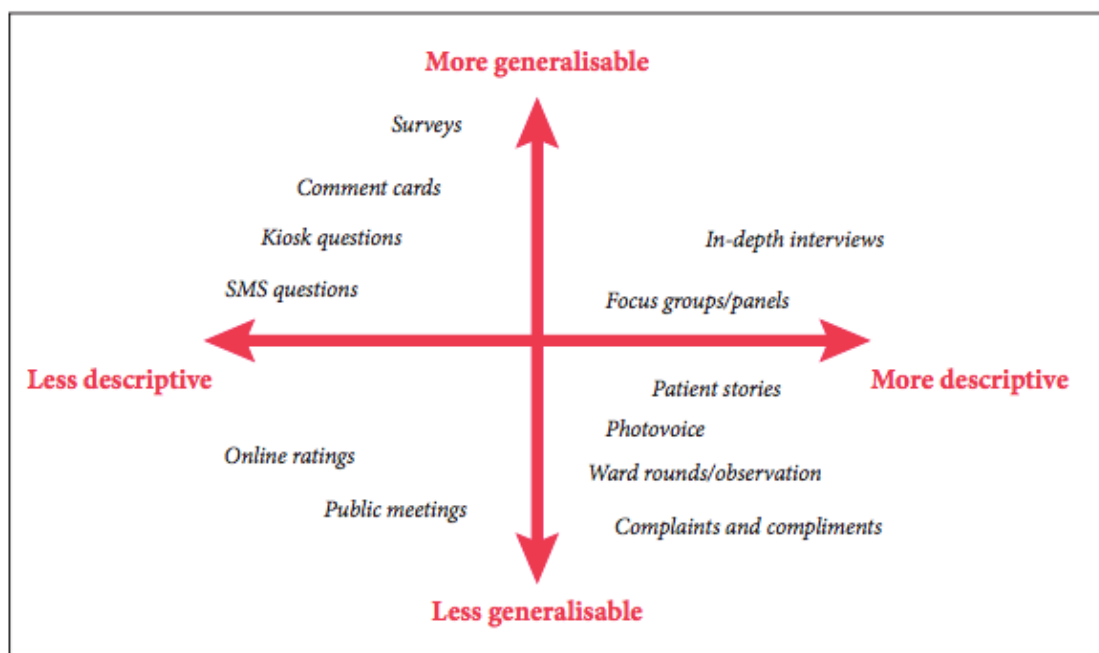
Figure 1: Approaches to collect feedback data to the depth of information and the extend the collected information (source: De Silva, 2013).

Acknowledging the various approaches to measure customer experience and collect feedback data, there are multiple standard scales and metrics that are generally used. Customer Satisfaction Score (CSAT), Net Promoter Score (NPS), and Customer Effort Score (CES) are three most popular metrics used to measure customer satisfaction and experience. Whereas CSAT is flexible and customizable, the NPS relies in one question "How likely would you recommend this service / business organization to a friend or colleague?" on 0 to 10 scale. Customer Effort Score (CES) asks the customer "How much effort did you have to expend to handle your request?" on a numeric scale (Abbott, 2020). American Consumer Satisfaction Index (ACSI) developed by Fornell et al. (1996), measures using three questions about overall satisfaction, expectancy disconfirmation and perceived performance compared with ideal performance (East et al. 2011). Another established measurement is SERVQUAL which is used to measure service quality and designed for service companies and retailers. The SERVQUAL model was developed by Panasuraman et al. (1985) in the 1980's. Agency for Healthcare Research and Quality has developed CAHPS (Consumer Assessment of Healthcare Providers and Systems Survey) surveys to measure patient experience in healthcare sector. The CAHPS surveys are developed to advance scientific understanding of patient experience and help the organizations use data to identify strengths and weaknesses and the surveys present the qualitative. (Consumer Assessment of Healthcare Providers and Systems, n.d.)

As noted, there are various metrics that are used to measure customer experience and patient experience. Many of the metrics are used across industries and adapted to fit the needs of the industries and organizations nature to measure the experiences. In the healthcare sector, the measurement scales vary and yet many organizations cannot measure the patient experience comprehensively

(Carrus et al., 2015). In Finland, various metrics are used to measure the experiences. The healthcare providers and their service units have developed their own metrics to serve the needs of the measurement activities (Torkki et al., 2017). That being said, the complexity of the context of customer experience and its measurements are evident.

To conclude, the Net Promoter Score metric is the most used customer experience metric in all business. As well in private healthcare sector, the Net Promoter Score is widely used to measure customer experience. As the research literature argues for and against the NPS measurement, it is evident the NPS itself cannot replace all other metrics for example the qualitative measurements in the healthcare organizations. This does not necessarily mean the NPS should be forgotten of the measuring activities in the healthcare organizations. As measuring customer experience and satisfaction is a part of quality monitoring, the NPS measurement and its simplicity cannot be underestimated.

3 CONTEXT OF THE STUDY: PUBLIC HEALTHCARE SECTOR

This section introduces the context of the study: the public healthcare sector in in Finland. The section introduces the characteristics of the public healthcare sector explaining all the different operators in the field. First, the comparison of the differences between public and private sector and how they together form the Finnish healthcare system.

3.1 Public sector vs. private sector

Public health services form the foundation of the Finnish healthcare system. People residing the country are entitled to the services according to the Constitution of Finland. Social welfare and healthcare system in Finland is founded on government municipal social welfare and healthcare services. In addition to the public operators, there are many private enterprises and non-governmental organizations providing services. The Ministry of Social Affairs and Health is formulating legislation prepares the reform and oversees implementations. The Ministry's administrative branches are responsible for research and development. The administrative branches include the National Institute for Health and Welfare, the Finnish Medicines Agency and the Finnish Institute of Occupational Health. (Sosiaali- ja terveysministeriö, 2020)

Cities and municipalities are responsible for organizing the social welfare and healthcare services. There are several ways of how the local authorities can organize the services. They can organize them independently, form a joint authority with other municipalities or outsource the provision of services to other local authority, a non-governmental organization or a private service enterprise. According to law, the basic welfare, public health and specialized medical services have to be available in every municipality. The services are funded by tax revenues. (Sosiaali- ja terveysministeriö, 2020)

Primary healthcare and specialized medical care form healthcare services in Finland. Primary healthcare services are located commonly at the municipality health centers. The services include preventive services such as health checks, screening, child health clinics, school and student healthcare, and advising services for older people, medical care and rehabilitation services such as medical care and rehabilitation, home nursing and oral care. Centralized services such as medical care, emergency medical services and are organized by hospitals.

Specialized medical care is organized by 20 hospital districts. Hospital districts plan and develop the provision of specialized medical care. Specialized medical care services include laboratory, imaging services, medical rehabilitation and other specialized services. Together with the primary health care, they form a powerful entity. The districts are responsible for research and development,

education and training, and harmonization of information systems. Hospital districts for five university hospital catchment areas. The areas coordinate specialized medical care, medical rehabilitation, procurement and information systems. (Sosiaali- ja terveysministeriö, 2020)

The number of private organizations has continually increased. Private sector forms a quarter of all social welfare and healthcare services. Private service providers include enterprises, non-government organizations and foundations. There are different forms of how private enterprises offer services. They sell the services for municipalities, joint municipality authorities or directly to people. Private organizations offer both primary health care services and specialized medical services. Since the aging population, the demand for social and health services continues to increase. (Sosiaali- ja terveysministeriö, 2020)

The major difference between public and private operators is the motivation to organize the services. Whereas public operators' mission is to organize the services to fulfill the role stated by the law, private operator interests are something else than just providing the services for the people. As most of the private operators are enterprises, they must follow the Limited Liability Companies Act (Osakeyhtiölaki in Finnish). As a result, one of the most important principle is to make profit for shareholders. Finland is considered a fast-growing market for private health companies according to EU Health Commission. Especially elderly population services such as homecare and domiciliary care offers opportunities for private operators.

3.2   Health and social services reform (SOTE)

Reforming the structure of social welfare and health care services is one of Finnish society's most important goals in the coming years. The reform is extensive and for the past 12 years, the governments and administrations have failed to reform the act. For now, the current government lead by Sanna Marin, Prime Minister of Finland, will continue the work to finalize the policy outline for the health and social services reform. (Sosiaali- ja terveysministeriö, 2020)

The reform consists of a structural reform and a service reform. The aim of the reform is to construct one joint Act on the Division into Counties, where the area of operations is not only for health and social services counties, but also for regional councils and forms of the regional divisions of regional state administration. Simultaneously, the responsibility to organize the service would be integrated and shifted that there would be one organizer responsible for basic-level, specialized healthcare and social welfare services. Also, the aim is to have one decision-making authority, management and budget. Therefore, the service organizer has a chance to employ new ways to organize services as a balanced whole. Consequently, the availability, quality and equality of services could be improved together with cost-effectiveness of the services. (Sosiaali- ja terveysministeriö, 2020)

The reason why the health and social services reform is interesting aspect of the research it that the new counties could purchase the health and social services from private sector service operator. In this case, as the number of municipalities operate currently, the private healthcare enterprises are involved in the public healthcare operations around Finland. As outsourcing may happen in future in a greater scale, the need for measuring the quality of service, treatments and care from the perspective of buyer will increase. Having measurement tools and metrics in place to monitor the operations carried out will be essential to ensure the quality of care.

The ongoing social and the healthcare reform requires evaluation and comparison of cost, quality and effectiveness of the services. The effectiveness of the services is measured by both with registry-based measures and customer reported outcome measures (Torkki et al., 2017). According to Nordic Health Group study, the most significant shortcoming to measure effectiveness is a lack of customer experience data reported by the customers. (Pitkänen et al., 2018). In this sense, the customer experience data is one of the customer reported outcome measures. Today, the effectiveness in Finnish healthcare services is still being measured mainly with rough gauges such as mortality rate. Therefore, the customer perspective and effects on the customer's operations resilience and well-being remain somewhat unknown. The collection and comparison of comprehensive impact data for society is necessary to direct the limited resources in a cost-effective way when organizing the healthcare services. (Pitkänen et al., 2018). Simultaneously, measuring the effectiveness can also improve the competitiveness of the organizations.

In effectiveness-based management, the problem is the relationship between performance and impact which is not straightforward. The measurements that are relevant to this research include the measurements that take into consideration the patient's point of view. According to Nordic Health Group, patient reported outcome measures (PROM) and patient reported experience measures (PREM) are examples of the effectiveness measurements that represent the patient point of view in the construct (Pitkänen et al., 2018). PREM metrics measure the customer's experience of the received service and treatment. The research notes a positive finding between the customer experience and clinical effectiveness correlation (Doyle et al., 2013). The commonly used metric to measure PREM is the Net Promoter Score metric (Pitkänen et al., 2018). Nevertheless, the PREM metrics can be much more extensive and diverse than just the NPS alone. As both perspectives are measured and developed on regular basis, the process quality and effectiveness will improve.

As the previous chapter states, the case organizations use the NPS to measure the patient reported experience measurement (PREM). The measurement activities are part of measuring the effectiveness of the services, but not the whole construct of the effectiveness concept in the public healthcare sector in Finland. From the perspective of policy makers and providers, it is important to encourage and listen the views and feelings of patients within healthcare (Ahmet et al., 2018).

The ongoing health and social services reform by the government will change the field of public healthcare and its different operators in future. As the governments proposition states, the responsibility to organize services transfer from municipality provides to county providers, third party operators can offer similar services leaving contingently the ultimate decision for a customer to choose one's the health and social service provider in future. In this scenario, the public sector organizations and the private sector organizations together create a competitive field of health services. The evident increase in competition and attracting citizens to choose between organizations will be the stage the industry is evolving. Customer experience measurements such as NPS will play a key role of providing competitive advantages for organizations to attract patients and customers.

3.3   Net Promoter Score measurement in healthcare organizations

In this research, the case study organizations have organized the customer experience measurement activities likewise. The Net Promoter Score metric is used at the feedback device surveys as one of the questions which provide real-time feedback data. In addition, some organizations use hand-held feedback devices which are given to the patients upon their visit check-out. In other words, the method is called tablet-based tool (TBT). Furthermore, two of the organizations use the Net Promoter Score at the webpage surveys, where patients can navigate and provide rating of their experienced service and quality of care.

Tablet-based tool method (TBT) is covered in the research literature. According to the study conducted by Alismail et al., 2020, the TBT indicated higher response rates compared to the traditional method where two questions via phone, email and SMS were collected 2-4 weeks after the patient's visit (Alismail et al., 2020). The outcomes of the surveys were similar, but greater number of data was able to collect using the TBT. The study signals that patients are willing to respond surveys at the service locations on their way out (Alismail et al., 2020). Furthermore, the greater number of data correlates the data being more reliable and more comprehensive presentation from the perspective of patients. According to Ahmet et al. (2014), low number of respondent tend to give either positive or negative feedback. For routine healthcare monitoring in public healthcare sector, typical response rates that are regarded as acceptable are 35-40%. According to Dubé et al. (2000), collecting information at the store exits, and in this case the healthcare service centers, is the best way to capture customer's short-term memory (Dubé et al., 2000). If the measuring activities are conducted after weeks of the service visits, short-term memories cannot be captured.

The research literature covers the topic of how to implement the NPS measurement to the organization. Even though the measurement activities are conducted, it is not enough if the results are not used to develop the organizations' services and operations. According to Rao (2018), there are three elements of the implementing process:

1. Results must be transparent
2. Create a closed looped process
3. Leader's must create the NPS as a mission to learn how the NPS is transforming the customer experience

As the data is collected, the results must be communicated to the organization's teams and units. Therefore, the operators are aware of the results, track them and take actions needed. According to Ahmet et al. (2014), the transparent reporting enables also to comparison between the healthcare providers and ac-

cess to judge the services, care and patient experience. In that sense, as the results are transparent, the reporting encourages improvements through the increased competition between the providers which initially effect on staff to take better care of the patients (Ahmet et al., 2014). Today, the healthcare operators in Finland share the results of their patient experience measurement in the annual reports or other yearly reports reported by the organizational management. Nevertheless, procedures vary and so do the measurement techniques and metrics used in the public healthcare sector in Finland. Therefore, the comparison of the results is not reasonable as the metrics vary. Also, even though the results are transparent as they are published at least in the yearly filings, they cannot be seen as transparent in the public eye of the patients.

Creating a closed loop process enables learning in the organization. A closed loop process includes improving the processes in daily tasks as well as raising the awareness of the job conducted in the different operations in the organizations. Negative feedback would be processed immediately by investigating the cases and driving to reduce the number of detractors. As the process is continuous, the organization is able to develop the performance and perform better. Together with the teams, the leaders of the organizations must be involved in the NPS measurement and monitoring the transformation of the customer experience (Rao, 2018). As the leaders are involved of the measurement and the results, high-up processes and strategical roadmaps can be transformed to develop the organization. According to Meyer, the monitoring in executive level can be divided into three categories: past patterns, present patterns, and potential patterns. Moreover, companies and organizations which systematically monitor customer experience can take steps to improve it (Meyer et al., 2017).

The literature shows that investing in patient experience has improved the financial performance of hospitals (Betts & Balan-Cohen, 2017). Noting the public healthcare nature in Finland, the public sector organizations are not necessary profit driven. Simultaneously, there are aspects in research that state the importance of patient experience measuring also in the public healthcare sector. According to study "The value of patient experience" conducted by Betts and Balan-Cohen (2017), improving patient experience strengthens customer loyalty, building reputation and brand, and boosting utilization of hospital services. Also, the research states that better patient experience correlates with lower medical malpractice risk and lower staff turnover ratios (Betts & Balan-Cohen, 2017). As the government's aim is to run the public healthcare service organizations efficiently keeping to costs of services in their hands, investing in patient experience measurement can guide the organizations to perform better by developing processes, quality of care and their employees. Even as the organizations can optimize the resources that can lead to better financial performance.

In conclusion, NPS is one of the metrics in healthcare sector to measure customer experience. NPS is used as a strategical measurement in organizations' service performance and to measure effectiveness of the services and care as a part of PREM metrics. In Finland the structural social welfare and health

care services reform, effectiveness evaluation and management are at the center of the reform together with the financial structure. The effectiveness of the services can be measured from various perspectives, and one of them is customer's perspective. Measuring customer experience before, during and after the reform will most likely provide one type of understanding of how the effectiveness of the service reform has succeed. Together with the measurement of effectiveness, the organizations can use the customer experience measurement data to develop their services and operations.

4   METHODS AND DATA

The purpose of this chapter is to describe how the empirical study was conducted. The research methods are presented together with design and data collection process. The overall aim of the case study was to increase the understanding of the usage and experienced benefits of the NPS measurement in public healthcare organizations in Finland.

4.1   Research approach

Research method refers to the practices how research-related material is collected and analyzed (Olkkonen, 1994). Research method is largely determined by chosen the research approach. Research methods are often divided into qualitative and quantitative methods based on the data collection.

Discussion of the differences between qualitative and quantitative research often takes place when trying to draw a line between the two approaches. Quantitative approach seeks to confirm hypothesis and statistical analysis about certain phenomena. On the other hand, qualitative approach seeks to explore and understand the phenomena. Quantitative research approach has a certain structure and its way of collecting and analyzing data is standardized whereas qualitative approach is considered as unstructured and more flexible. The aim of qualitative research is to answer the questions why, how and what (Eriksson & Kovalainen, 2008).

According to Carson et al. (2001) the qualitative research approach is a common choice in business and marketing research where the goal is to study the perspectives of people and to gain understanding in the phenomena around the topic. Considering, the qualitative approached is chosen to gain understanding of the current use of NPS metrics in public healthcare organizations in Finland.

This study is a case study and flows the qualitative research traditions. Case study research has a long history of all academic disciplines. Case study research aims to make room for diversity and complexity avoiding overly simplistic research design (Eriksson & Kovalainen, 2008). According to Yin (1994) "case study is an empirical research activity that, by using versatile empirical material gathered in several different ways, examines a specific present-day event or action in a bounded environment". The objective of the case study is to make intensive research on a particular case by describing real-life phenomena rather than developing normative statements (Rashid et al., 2019). As the Net Promoter Score and its use as a customer experience measurement in public healthcare organizations in Finland is a comparatively little researched area, the case study method was chosen as a suitable approach for the research.

4.2 Semi-structured interviews

One of the most common way to collect data for qualitative research is by interviewing. The aim of interviewing is to investigate what the interviewees have in the mind. Taking into consideration that the topic is not extensively researched area, there is a need for flexible research methods. Interviews involve interactions by both parties. According to Eskola and Suoranta (1998), there are five typical characteristics for interviews; (1) they are planned in advance, (2) the interview is the initiatory side, (3) the interviewer motivates the interviewee and maintains discussion, (4) the interviewee is aware of the role and (5) the interviewee is trustful that the discussions are handled with confidence (Eskola & Suoranta 1998).

In the study, semi-structured interview was chosen as the method for collected qualitative research data. In semi-structured interviews, the questions are identical for each interviewee and they answer using their own words (Eskola & Suoranta, 1998). Semi-structured interviews enable reciprocity between the interviewer and interviewee which can be seen as an advantage in this sense (Galleta, 2013). Also, follow-up questions can be presented based on interviewee's responses. The questions used in semi-structured interviews are based on previous knowledge and forming the requires previous research in the topic (Wengraf, 2001).

The interviews were designed to follow the semi-structured model. The interviews started by asking about the background information from the interviewees including title, areas of responsibility and relation to the NPS measurement. Thereafter, the interviews continued with question related to the organization background information and the Net Promoter Score measurement. Next, the interviewees were asked about the collection of the measurement data and practicalities related to the measurement activities. Following, the question related to the utilization of the NPS data were covered. Finally, the interviewees presented their perceptions about benefits and challenges related to the NPS measurement. The interviews included five themes:

- Theme 1: The interviewee's background information
- Theme 2: Organizations background regarding the measurement
- Theme 3: The NPS data collection in the organization
- Theme 4: Utilization of the NPS data
- Theme 5: Benefits and challenges of the NPS measurement.

The detailed interview structure is presented in Appendix 1 (in Finnish). The estimated duration of the individual interview was 60 minutes.

A total of seven (7) public healthcare service provider organizations were involved in the case study. One person from each organization in charge for the measurement participated to the interviews. The interviewees were chosen purposefully to participate considering their job tasks and areas of responsibility to-

gether with their interest for NPS measuring in the organization. The organizations were selected based on the knowledge of conducting NPS measurement in the organization.

The organizations' characteristics are presented in the table 1. There are two types of organizations involved in the study: Three (3) joint municipality organizations and four (4) city organizations. The interviewees' information regarding gender, job title, area of responsibility is presented in the table 2.

Table 1. Case organization demographics

Organization	Number of employees	Citizens in the area	Type of organization	Number of units involved in the NPS measurement
Organization 1	3800	78000	Joint Municipality Authority	20
Organization 2	7800	166500	Joint Municipality Authority	40
Organization 3	870	35000	Joint Municipality Authority	31
Organization 4	4000	235000	City	34
Organization 5	2710	150000	City	80
Organization 6	2500	120000	City	18
Organization 7	5000	220000	City	25

Table 2. Interviewees' demographics

Inter-viewee	Gender	Job title	Areas of responsibility	Involved with the NPS in current organization since
A	Female	Quality Manager, Service Area Manager	Dual role: Analyse collected feedback, claims and complaints. Reporting quarterly and yearly what kind of feedback and data we have collected.	2017
B	Female	Chief Physician, Service Manager	Responsible for doctor-nurse receptions, medical imaging services, nursing supplies and evening-weekend on-call. Monthly reviews of the collected feedback, actions based on them.	2018
C	Female	Health Service Director	Responsible for the health services of 2 cities and two municipalities. Monthly reviews of the customer feedback at the top management meetings once a month.	2019
D	Male	Planning Chief	Duties related to this customer feedback data, reporting and service development.	2016
E	Female	Healthcenter Hospital Service Manager	Responsible for Healthcenter Hospital operations. The service area includes eight wards, in addition to a day hospital and a home hospital. Activity and operations development, feedback review, tool to monitor daily activities in the customer interface.	2016
F	Female	Director of Planning and Development	Customer and patient safety, customer feedback reporting and analysis.	2018
G	Female	Director of Planning	Development projects across service areas, quality development, customer feedback and experience measuring, reporting, analysis.	2018

The interviews were conducted during April-July 2019. The participants were contacted on phone. During the discussions, they were asked about the interest to participate for the research. After the approval, the preliminary interview time was discussed. The participants were informed about the background of the study including the motivation and why there is a need to conduct such study. Seven out of four organizations required research permit approvals. The participants were informed that the study will be conducted respecting their anonymity and that the discussions are confidential. Also, the recordings are handled with confidence and will be deleted after the transcribe. After the discussion, the participants received an email confirming the time of interview with the information letter about the study (Appendix 2).

Six of the interviews were conducted online using Microsoft Teams platform and one of the interview was face-to-face. All interviews were recorded by using Microsoft Teams recoding feature. The duration of the interviews was between 50-70 minutes.

4.3   Qualitative data analysis

Qualitative data from the semi-structured interviews was analysed by using content analysis method. Content analysis is widely used data analysis technique in qualitative research (Hshieh & Shannon, 2005). Content analysis as a research method is a systematic and objective means of describing and quantifying phenomena (Elo & Kyngäs, 2007). According to Hshieh and Shannon (2005), content analysis is about interpreting meaning from the context of text data. Hshieh and Shannon (2005) define content analysis as a "research method for subjective interpretation of the context of data through the systematic classification process of coding and identifying themes or patterns." The content analysis offers several benefits for the researchers with its content sensitivity and flexibility in terms of research design (Harwood & Garry, 2003). On the other hand, the flexibility can be also seen as a challenge since there is not one right way to conduct the content analysis (Elo & Kyngäs, 2007). According to Hshieh and Shannon (2005), there are three approaches of content analysis: conventional, directed and summative. In this research, the conventional method has been used.

Conventional content analysis is used in qualitative research to describe a phenomenon. Moreover, conventional content analysis is used to describe a phenomenon when theories and research literature are limited. The research data will guide the researcher to form and name categories. Also, open-ended questions are used typically in the interviews together with conventional content analysis (Hshieh & Shannon, 2005.) Analyzing the data starts with reading through the data in order to gain understanding of the whole. Next, the data is read with a closer attention, word by word, in order to derive codes (Tesch, 1990). Words representing the key concepts and thoughts of the research are highlighted first. Next the researcher will continues going through the data while making notes of his or her thoughts and impressions (Hshieh & Shannon 2005).

In this study, the analysis of the collected data started by transcribing the conducted seven interviews. After transcriptions, the analysis continued by skimming and reading the transcripts in order to gain an understanding of the researched topic as a whole. Next, the data from each interview was read with further attention, word by word. After that, the key words were highlighted from the transcription. Finally, the key thoughts were categorized into five main research themes. The research themes will be discussed in the results section.

5   RESULTS

The results are divided into four themes, which follow the structure of the semi-structure interview. First theme concerns the history of measuring customer experiences and gathering feedback in the organizations (chapter 5.1). The theme of the second chapter is collection of the NPS data in the organizations (chapter 5.2), the third utilization of the measurement data (chapter 5.3) and the fourth benefits and challenges of NPS measurement in organizations (chapter 5.4).

5.1   Background: Organizations' relation to customer experience measurement

5.1.1 Historical data

In the interviews, the participants were asked how long the organization has systematically collected customer experience data (Appendix 1, Q2a). The purpose of this question was to collect background information of how the selected organizations have collected customer feedback previously and explore the current stage of the customer feedback in the organization. According to the research, organizations have collected customer feedback systematically via paper forms, electronical feedback forms on websites, and electronic feedback devices in the service locations.

Four out of seven organizations say they have collected customer feedback systematically using paper forms. One of them describes the organization started the collection in 1980's using customer punch cards. Two of the organizations tell they have done customer feedback research once a year or once in two years using paper forms. These organizations cannot confirm the start date of the research method. There are also organizations that have had "mailboxes" on the hallways of service locations. Two organizations tell they have used them as a tool for systematic customer feedback measuring. In these cases, customers had an option to leave their written note to the mailbox. The organizations believe this method began in the beginning of 21st century.

As couple organizations consider paper forms systematic method of collecting customer feedback, the majority of organization consider online feedback forms as the first systematic method to collect feedback. One of the organization states that the online form is mostly a claim and complaint form where only negative feedback is given. Another organization continues saying that its online feedback "form" was really a text field without any questions or numerical ratings etc. One organization gives an example of their systematic online feedback form, where customer can give feedback on all services and there was a process of handling each feedback. None of the organizations could state a time when they placed the online forms for use on their webpages.

When asking about the feedback devices, all organizations agree that the use of feedback devices is a systematic way of collecting customer feedback. One organization of seven can be considered as "an early bird" since they started using feedback devices in 2010. By the time, the customer feedback devices market offered only devices limited to one single question with manual responding buttons. Another organization started using feedback devices in 2015 and the rest (5) of the organizations in 2018. The organizations that started using the devices in 2015 states that the method of using feedback devices to collect customer feedback was the first systematic way to collect feedback in the organization. Two other organizations which stated the use in 2018 state the systematic of the data collection has increased significantly after they started using the devices. In addition, two organizations that started the use in 2018 tell that the changes in organization has increased the systematic way of data collection.

5.1.2 Awareness of the Net Promoter Score metric

One question in the interview concerned the use of the Net Promoter Score metrics and how long the organizations have been involved with the measurement. Five out of seven organizations confirmed they were familiar with the NPS before they started to use the metric in their organization. Two of these organization said the NPS measurement became more concrete and clearer when the organization engaged with the systematic NPS measurement. Two organizations report they met the metric for the first time on the recommendation of the service provider. Two of the interviewees have been involved with NPS measurement since 2016, one since 2017, three since 2018 and one interviewee since 2019.

The interviewees were asked to analyze the current stage of how well Net Promoter Score metric is known in their organization (Appendix 1, Q2e-d). Interviewees report that the awareness of the metric varies largely. Some organizations know, others don't. Three out of seven organizations believe that the staff know the metric well and is familiar with it since the organizations use of the measuring is active along the staff members.

"..is well known, we have talked about NPS metric a lot with the staff. Also, we go through the results actively." -Organization 6

"I believe we know it well, we go through this every month." -Organization 2

Three organizations estimate the metric is poorly know in the organization. In particular, mentions are made of the calculation formula of the NPS metric, which is poorly known. In addition, one organizations report that they face questions regarding the scale and the score which starts at -100 and not at 0.

In one organization, the NPS is known very variably, some know it well and others not at all. In particular, senior management is aware of it and shared experiences of the issues, but as a whole, NPS is poorly known.

5.1.3 Wellbeing measurement in the organization

The participants were asked about the workplace wellbeing and if there are any wellbeing measurement in practice involving the NPS metric (Appendix 1, Q2f). According to the interviewees, three out of seven organization confirm that the organizations conducts an employee satisfaction or well-being survey once a year. In one organization a survey for emergency and first aid workers is conducted and NPS metric is one of the used metrics. Other organizations do not report NPS as one of the metrics in their surveys.

Two interviewees said that their organization conducts a survey that is widely used in public sector, especially city and municipality organizations. The survey does not include NPS question.

Further, two other interviewees said that in their organization occasionally encountered satisfaction and staff wellbeing measurement in the organization. One of these said they have been doing work mood measuring which were conducted every other year. The surveys do not include NPS question.

5.2   The NPS data collection

5.2.1 Collection of the NPS data in the organizations today

In the interview, the participants were asked about the NPS data collection (Appendix 1, Q3a-Q3c): how extensively the measurement is used in the different organizational operation and what are the areas of services and units that the measuring does not cover.

According to the study, all organizations feel that NPS measurement is widely used in their organizations. The number of units and service locations where the measurement has been in place varies between 20 and 80 units (Table 1). Taking into consideration the different sizes of the organizations, the measurement is widely used in each organization.

Even though the measurement is widely used, there are also locations and service units where no measurement is made. The interviewees were able to name units and service areas where the measurement is not used. Two organizations name elderly care into unit where no measurement is made. In addition, one organizations say homecare and disability services are excluded from NPS measurement in addition to elderly care. On the other hand, one organization tells there is only a little measurement on the social services side. Another organization adds they do not conduct measuring in surgical side either. In addition, one organization has excluded measurement in small customer units in rural areas. Finally, one organization concluded that the services of the city hospital are excluded from the measurement.

Next the interviewees were asked about the reasons why NPS measurement is not performed in all units are as follows. Most often the reason why measurement is not done comprehensively in every place is limited by the organization's budget. Four organization confirm that lack of budgeted money is one of the main reasons why the measurement is not done more widely. One interviewee adds that the procurement is one of the clearest reason why it is not possible to run the measurement in every place without a public tender.

In the case of elderly care, the reason why the services are excluded is infirm patients and the difficulty of collecting feedback effectively. One organization could not name a specific reason why the measurement is not done in elderly care, home care and disability services. On the other hand, one organization says the social service side is limited outside the measurement due to the nature of the services. NPS and the form of its question are not perceived as suitable for measuring sensitive services.

5.2.2 Purpose of the NPS measurement on the organization

In the interview, the participants were asked about the purpose of the Net Promoter Score measurement together with the question regarding to whom the measurement data and information is provided (Appendix 1, Q3d-h) The views are presented in the following table (Table 3).

Table 3: Intentions of measuring customer experience

Organization 1	*"To understand how the customer has experienced the visit at our service location and how he/she felt the service experience. If there are dissatisfaction, it is important to understand the reasons for that."*
Organization 2	*"Target better customer service, know the level of satisfaction regarding our services and reveal the grievances."*
Organization 3	*"Aim is to get feedback regarding our services and develop services in a way to satisfy the needs of the customers."*
Organization 4	*"We aim to get information and feedback regarding our products and services from customers point of view. It is important us to know if our customers are willing to recommend our services and use them again if needed."*
Organization 5	*"The data helps us to form a picture of our current customer experience. In terms of service development, it enables us to see if we are improving or not."*
Organization 6	*"Enables us to find and search for problems in our services. In addition, allows the comparison between regions and areas."*
Organization 7	*"We have a real-time understanding what customers think about our services and what are the areas for development. This allow us to react and make changes."*

The organizations have a common picture of the different levels of the organization's measurement is meant to generate information. All responses include mentions from the unit level to top management level stating the generated information goes throughout the organization.

> *"The goal is that the information flows though the organization and lead to actions regarding the level of the organization"* -Organization 7

> *"..at all levels. Currently, the supervisors make the best out of it since they are in charge of the units"* -Organization 6

> *"The information primarily serves the unit level where the operations are developed"* -Organization 1

5.2.3 The data collection in practice

Based on the study, all 7/7 organizations have executed the data collection using feedback devices at the service locations and more specifically at the hallways close to exit points of the service location. In addition, two organizations use identical survey on the websites where customer can choose the used services and send feedback data. One organization mentions that the collection of the measurement data is a part of the patient repatriation process. Each patient is asked for feedback on the treatment period with a hand-held tablet device.

5.2.4 Other metrics and channels used in the data collection

The participants were asked about other metrics and channels used in experience measurement (Appendix 1, Qg-h). Based on the study organizations use other customer feedback metrics side by side with NPS. These metrics include smiley faces, national comparative statements, Likert- scales and other numeric value scales. 6/7 organizations confirm they use at least one other metrics together with NPS. Three of the organizations has smiley faces on the website feedback form. One organization uses smiley faces scale with national comparative statements on the website. Two organizations use Likert -scale and one uses other numerical scale to measure customer experience. Only one organization says they use solely NPS measurement. Two organizations state that they would not accept the use of smiley faces in their organization.

Certainly, organization have other methods collect feedback than just feedback devices. All 7/7 organization offer the opportunity to give general feedback using the feedback form on their website. Four organizations have paper forms available even though they are not documented at all. One organization says they review the paper form regularly. Two organizations point out the customer complaint channel as one of the feedback channels. It can be considered as a hard level of feedback. Two organizations say they have used email surveys occasionally to collect feedback. In addition, two organizations name phone as one of the feedback channels where verbal feedback is given in daily basis. Only one organization conduct phone interviews.

5.3 Utilization of NPS measurement data

5.3.1 The process of utilizing NPS measurement data

In the interview, the participants were asked about the processes regarding the experience measuring. They were asked to describe how the measurement results are processes, reported and utilized in service development, and who can process and utilize the results of the Net Promoter Score measurement? (Appendix 1, Q4a-b)

According to the interviewees, organization have similar practices for reviewing and processing the measurement results. All 7/7 organizations take advantage of the automated weekly and monthly email reports of accrued results. The automated reports consist all the accumulated feedback from a desired and defined are over a period of time.

Another unifying elements is the team and unit specific meetings, where the feedback measurement results are reviewed and analyzed actively weekly or monthly. In service units and teams, the unit/team managers review the results with the staff member on a weekly or monthly basis. Supervisors/team leader are the recipients of the reports. To name a few example of the supervisors and team leaders, in social and health service organizations they are chief physicians and head nurses.

"We take a look at the results internally and the teams have a big responsibility in this" -Organization 2

"In some departments, development models and discussions are done. Heads of departments are responsible for the development actions" -Organization 4

In addition, feedback and different compilations made from it are processed at the upper level of all organizations. Five interviewees say that the results are part of each service line's executive council work. Two interviewees mention steering group, one reportage group and one governing board as other administrative authorities where results are used to support decision-making. In addition, one interviewee states he presents the results yearly in the meetings of the city's social and health committees. Finally, one organization is on the way to form working groups to handle and utilize feedback data in organizational development.

Measurement results are comprehensively documented and reported as a part of interim reports, annual reports and quality reports says three of the interviewees. One organization tells about the quality report, where development of the customer feedback data is analyzed, and development targets are written for agenda and summaries are documented annually. Another organization confirms they document the results of customer feedback data in the quarterly report. Finally, one organization documents its results to the yearly report.

Lastly, the interviewees were asked if they used consultants or other external source to analyze and review the results. Only one of the organizations says they have used consulting services. However, the collaboration was not seen as beneficial as expected.

5.3.2 The maturity of measurement process

The participants were asked about data collection and utilization of the measurement process and if it is planned and documented in strategy or organizational-level goals (Appendix 1, Q4c&d). Organizations are at different stages in the systematic collection and utilization of the measurement data. Five organizations state they have a planned collection and utilization process of the measurement data.

> *"It is planned, we receive the reports every month and they are reviewed and utilized in our units." -Organization 3*

> *"Part of our yearly activity report and budget reporting as well, as this is where we want to direct funding." -Organization 5*

> *"The utilization process is planned. This has been a clear project and now we have had it for more than a year. Things have systematized during the last couple months." -Organization 7*

On the other hand, two organizations estimate that the case has not yet been handled the way so it could be said to be planned.

> *"I have the perception that this is somewhat still at the starting point. This is the first time we get continuous real-time data." -Organization 2*

> *"The process is not planned the way it should be planned." -Organization 6*

Regarding to the plan and description of the feedback processing process, it appears that no process descriptions have been documented in the organizations. Five organizations indicate that no process description has been made. Two of the organizations do not provide an answer to the question.

Four of the organizations say that customer feedback and its measuring is recorded as a part of the organization's goals and strategy. On the other hand, one organization says there is no documented clause in the strategy. Another organization has begun to update its strategy with this regard.

5.3.3 Transparency and sharing of the measurement data

Regarding the utilization of the NPS data, the organizations were asked who can utilize the results, how the results are shared in the organization, and is the information open and available to the public (Appendix 1, Q4 e&f). Based on the

study, those working in the organizations have a good opportunity to utilize the results of NPS measurement. In all organizations, management has access to the results and utilizes them. In four organizations nurses, doctors and those who do daily operative work have a direct opportunity to utilize the results in their own teams. One organization tells they share the results in the intranet where all staff member has the opportunity to track the results transparently. In addition, one organizations share the results of the previous month on the notice board in the staff room.

Four of the organizations state the sharing of measurement data information with nurses, doctors and day-to-day operatives depends on the activity of the supervisor. If the supervisor is active, all team members can utilize the results in their daily work. In addition, there is variation since not all units share the results uniformly.

Majority of the organizations share real-time results information of the results of the NPS measurement on their own website. General level results are shared by two organizations meaning collective NPS results is shown. Three organizations show individual NPS results on each service they offer. In addition, one organization shares also the results from previous year on the website. Lastly, one organization shares the results in the annual report where the feedback results can be found in a form of summaries.

Two organizations mention that they have not started sharing the real-time information of the results to their customers. Both organizations say the goal is to share the results with the customer and place the NPS metric on the website in the near future.

5.3.4 Use of measurement data in development activities

The interviewees were asked how the collected feedback data is used in development activities in the organizations (Appendix 1, Q4g). According to the study, all organizations report that the collected feedback data is used in development activities in the organizations. The majority of the organizations (6) say the issues, themes and areas of services that arise repeatedly according the customer feedback allow them to develop the themes in different ways. Three organizations gave similar example of the theme that customers data has reported. For example, when poor treating and lack of interactions skills are reported, customer service training and discussion on the issues can be increased to develop this area of the service.

> *"When lack of customer treatment came up, the customer service training was added." -Organization 1*

> *"This is definitely one of the quality development tools. The data is actively reviewed and the issues to be developed are taken forward by concrete actions and measurements." -Organization 7*

The nature of doctor-patient relationship is not as clear as a regular seller-buyer relationship since there is a lot of confidence involved. One interviewee sees the measuring as a tool to access to the events between the patient and the doctor. According to one, it increases the transparency of the service. Otherwise, it is challenging to get information about the situation and feedback in general how well the doctor is performing.

Another perspective is that the collected information provides the basis for the objectives of the budgets. For example, from the point of view of additional resources. When the organizational activities are developed based on the feedback, goal setting is in place, the data measuring reflects to the budget as well.

5.4 Benefits and challenges of NPS measurement

5.4.1 Perceived benefits of the measurement

The interviewees were asked about the perceived benefits and challenges regarding the NPS meter. In addition, the aim was to find out if there are examples of how the NPS measurement results have led to concrete development actions (Appendix 1, Q5a-b)

Based on the research, concrete developments have been taken in the organizations based on the NPS feedback measurement. When the interviewees were asked for examples of how the NPS measurement results have led to concrete development actions, all organization mention at least one. Examples differ from each other and show how the organizations have taken advantages of the measurement results to make actions.

First, one organization tells the example of how the feedback results signaled that customers were not satisfied of how they have been treated by the staff. To solve the issue, the staff was assigned to staff-focused training to practice customer service in more detail. Another organization describes how low NPS was due to queuing on call. Immediate actions in operative level were taken to reduce queuing and serve customer quicker.

One organization reported an example of low NPS and simultaneous physician shortages. Although the attempts were made to prevents the shortage to cause changes in the operations, the customers still reacted. In future, it was clear to the organization that they have prepare better for shortages with more backup staff. The same organization has used the NPS to allocate resources. Having shortages in multiple units through the organization, extra staff members are directed to the units with lowest scores.

Next, another organization describes a situation where feedback indicated problems in staff activities on the dental side. Having the measurement tool in place, the issue was raised by customer and solved internally. In addition, customers have given feedback about poorly designed guide signs in the service location. The organization has paid attention to the guide signs and added them to guide the customers better.

According to another organization, the feedback has disclosed ineffective processes at the health station. After correcting the process, customers spend less time at the station and the NPS improved significantly. The same organization has faced another situation at the health station where everything worked well, customers were extremely happy with the services and feedback was at a great level. Suddenly two doctors resigned abruptly and revealed a wider working community-based problem. It immediately reflects in the feedback and the NPS as well. After a while, the organization was able to get back to the same NPS level than before the incident.

Lastly, one organizational example tells that the feedback measuring has provided information from the customer point of view that the professionals could not think of. These kind of issues were noticed, and operations improved.

Later customers thank the changes made in the services. Another example is the development that can be seen in the NPSs. One organization points out of the private service providers who has clearly taken advantage of the feedback data and improved their scores after starting the measuring at the service location.

> *"The privatized service provider has clearly improved its services and utilized the feedback data. They started from the bottom of our service locations, now their NPS is 40 which is quite good. There is undisruptive evidence that those who take advantage of the measurement data will succeed." -Organization 4*

In addition to concrete development actions, the NPS measurement has shown a wide range of benefits. All seven (7) organizations report benefits of the measuring. Also, all organization see that the NPS measurement enables operational development, which is a benefit itself. Based on the study, one mutual benefit is the ability to see and monitors the levels of real-time feedback of each service. In addition, the comparison between services and different organizations have been found useful.

> *"The NPS is the most used meter in the world, it is reliable and honest. The use of it is natural for us, also the comparison to other service providers. This tool enables service development." -Organization 4*

> *"It is fairly easy to see what we have to improve and what we are doing well as an organization." -Organization 3*

> *"Comparability. I wish this to be used more as a qualitative measure in Finland." -Organization 5*

Majority of the organizations mention that the emergence of grievances and failures as a benefit of the measurement.

> *"The measurement highlights well the grievance and failures. For example, if there are repetitive comments on appointment being late and not smiling and treating staff, it's clear signal that we have to react." -Organization 3*

> *"If certain themes are constantly rising, it means that it is not been successful." – Organization 5*

> *"It easy to see where the room for improvement is." – Organization 6*

According to two organization, they see the measurement as a managerial tool to monitor operational work and its quality at the customer interface.

> *"I am better aware on what is happening in the units" – Organization 2*

"Definitely a managerial tool to monitor the operation of the customer interface. Provides a versatile picture other than just handling the customer complaints. In our care when the number of respondents is dropping, I know our process is not working properly. Real-time data is the key" - Organization 5

All organizations mention one of the absolute benefits is the amount of positive feedback they receive. In all organizations, the positive feedback is shared with the staff in motivational purposes. Based on the study, there is a lot of positive feedback and praises given for the staff. The staff is also thanked by naming them.

" Employees receive direct feedback and the majority of it are thanks. Thanks come with the staff names and then dealt in the units. The employees really hear when they are successful at work"- Organization 3

"It is vitally important for the staff to get positive feedback directly from the customer. It motivates and creates positive influences" – Organization 4

"More than half of the open feedback are direct thanks to the employees. Absolutely affectionate what people write. Feedback is directed to the employees. There is definitely the motivation aspect and also helps the staff to cope. -Organization 7

"Open feedback is really important especially for the employees, patients write surprisingly a lot. The measuring visualizes the proportion of nursing to patient care, I am sure the results encourage staff members" -Organization 5

Three organizations provide an alternative perspective on the possibility of giving feedback to service provider. Giving feedback is customer's right and enables remind the organization why good work is being done. It is seen as a part if dialogue an interaction between the customer and the service provider. In addition, the amount of data is statistically significant and provides important information to support the decision-making in the organizations.

"People are given the right to give feedback. In today's service culture, it cannot be the way that only random samples are taken sometimes once year and asked about a shamelessly small number of people." - Organization 5

"It is important for us to provide excellent services. The devices and measurements remind us and our customers that they know how to demand good service." – Organization 4

"Significant amount of data, more than 10,000 feedbacks yearly is statistically significant." - Organization 4

5.4.2 Perceived challenges of the measurement

The organizations were asked about the challenges that are involved in the measurement. More closely, the interviewees reported challenges in general, regarding the NPS questions and drawing conclusions (Appendix 1, Q5c).

Based on the study, the organizations see challenges in the measuring. All 7/7 organizations report general challenges even though they differ from each other and are more organizational specific.

Two organization say the challenge is to cover each service with the measurement. They would like to have more devices and other techniques to measure. Unfortunately, lack of funding is the challenge. Another two organization have experienced challenges to activate customers to answer the devices and surveys in smaller service locations. One organization faced challenges to generate feedback in the countryside locations where number of customers is relatively low. Although there have been promotions in place of the possibility of giving feedback, there is not a significant number of respondents. Organizations wonder that customers may not dare to give feedback to the service providers thinking they can be identified.

Another general challenge that one organization has faced is the patient-physician relationship and physicians' evaluation. As understanding the primary task of the physician is to make medical diagnosis, it may not always please the patient. The interviewee says the problem exists especially at the private sector. As the physician is aware of the measurement, one may be tempted to please the customer/patient and act against the primary task of physician's job to obtain a better rating.

One organization tells that they receive large amounts of positive feedback and they feel it is difficult to develop operations with such feedback when only a few development suggestions are mentioned. The organization hopes more developmental feedback in future.

According to one interviewee, the challenge they faced is difficulty to make national comparison since there is a large variety of measurements in Finland. Even some organizational metrics can be highly manipulated and misused causing major differences between the organizations. To have national comparability, the organization would like to promote NPS to a national metric making comparability even easier.

Two of the organization report challenges in practical life and how well the operational work is supported. Too often the results and action points are left at the management level whereas fieldwork is not controlled and supported enough to shift changes. In addition, there are many other important things happening at the administrative level and resources are limited. No personnel in the organization has time to focus and become familiar with the matters as required.

> *"Often it is known what should be done, but nothing usually happens. There is not enough support for development and lack of leader who would make big, even radical, changes." - Organization 4*

"There are more important things usually that bypass this. We have not had the time to focus on this as desired." - Organization 6

One organization mentions lack of the competence in the organizations as a challenge. The concern is whether the organization understands how well the tool could be utilized and how the processes around the measurement should be built to utilize the data systematically.

According to one organization, the challenge is to share the service-specific results in a way that customers understand them correctly. As general a NPS of a health center is presented, it can give a completely wrong picture of the level of the services, if it is not understood what services the health center has. In addition, three organizations raise the issue of the NPS question wording and in particular that the form may not be optimally suited to all service types. For example, when asking "Would you recommend…" in sensitive services such as social services like child protection etc.

"In sensitive services the NPS question wording is often misunderstood." - Organization 3

On the other hand, although the wording may not be the best and suitable fit to measure all the services, one organization mention it trusts the customers and their understanding of the concept that it is explicitly customer feedback related survey measurement.

"Maybe it is not the best possible question type to measure the service after custody or after receiving some serious information about your own health. But I am positive people understand the context and that this is a customer feedback survey." - Organization 4

According to one organization, the challenge is the large amount of open, typed feedback the difficulty of analyzing it. When there are no automated analyses available, the information that is repetitive may go unnoticed and unanalyzed. In addition, detailed analyzes could address the individual cases better. Only one organization sad they have difficulties drawing conclusions for the results.

5.4.3 Considerations on question items in NPS measurement

Considering the benefits and challenges of the NPS measurement, the participants were asked about what questions they have found useful with the NPS question (Appendix 1, Q5d-e). None of the organization rely solely on the NPS question. The organizations have a similar view of the questions that have been perceived as useful in the context with the NPS question. All organizations report that they found it useful and valuable to target the response to specific service or site unit. That being said, the device itself can be targeted and service selection

question will be the first on to be displayed for the customer when giving feedback. The survey structures of the organizations are somewhat identical including the following type of questions:

- What service did you use? (Service selection: Healthcare clinic, dental care, physiotherapy, rehabilitation etc.)
- Who served you? (Profession selection: Doctor, nurse, physician etc.)
- The Net Promoter Score -question (Scale 0-10)
- What did we do particularly well? (Answer option examples: Ease of booking an appointment, access to the service in timely manner, knowledgeable staff, acknowledging customers' opinions, appropriate and matter-of-fact attitude, the service fulfilled my needs, good follow-up instructions, something else what?
- What could we improve? (Answer option examples: Service content, staff experience, attitude towards customers, acknowledging customers' opinions, providing further instructions, timely access to the service, opening hours, booking an appointment, something else, what?
- Would you like to give open feedback? (Open feedback)
- Thank you notes and blames (Open feedback)

Based on the study, the organizations are satisfied with the questions that specifies the reasons for particular response: What was good about the service? & What areas of service we need to improve? The reasons give the customer options to specify the answer an whether the service provider has succeeded or failed in some way. The logic of how the question is displayed to the customer depends what the customer chose to respond to the NPS question:

- 9-10 >> What did we do particularly well?
- 0-8 >> What could we improve?

In addition, the survey gives ready-made option for the customer to choose. Also, there is a possibility to specify the reason by typing your own. Organizations find also the open feedback beneficial for the organization. In this type, the customer can type written feedback in the text field. In addition, two of the organizations use thank you notes and blames-question. All organizations are happy with the thanks customers tend to write for the employees. Lastly, two organizations remind the importance of not having too many questions in the measurement survey. If there are too many questions, people will not respond to all of them and the data is not received fully.

5.4.4 Development ideas for the NPS measurement

In the interview the participants were asked if they have some development ideas for the NPS measurement (Appendix 1, Q5f). The organizations have development ideas related to the NPS measurement. The organizations share similar development ideas, but there are also a few ideas that come from the just a few

organizations. The themes that arise concern the inadequacy of measurement, the metric itself and data development.

Four organizations report that the measurement they have in their organization currently is inadequacy. One organization continues that there should me more measuring activities especially where the large amounts of customers and patients are. Along with that, one organization reports that they should have more feedback devices to reach greater number of services and patients. Another organization states they need more measuring in all the services also using different channels. One organization hopes to get more channels to diverse the measuring.

Only one organization reports that they are not willing to expand the measurement and introduce more channels in measurement activities. The interviewee notes they have the feedback project in their hands now and expanding it would cause the loss of handle.

"I would like to introduce more measuring channels."- Organization 4

"We should have more devices, at least where there are more patients." - Organization 1

Three organization report their organization need improvements in data development. One organization states that the development goals exit on the agenda from year to year. Strategies are being made and renewed, but in the reality, there are not resources and individuals who could lead the things forward in terms of development. Another organizations sees the developmental process requires improvements. In particular, what is being done with the data and in what actions it leads. Another organization reports the entire process from collecting and measuring the feedback to the development actions need the be reviewed so that the process goes thought the organization in future.

"Quality development is hugely important; customer feedback is one way to do that. Customers time is really valuable, we should definitely take advantage this." - Organization 7

"Too often the developmental actions are missing. 10-year profile of the annual survey where quality was measured, the identical things came up repetitively year to year, expect one year when the customer's ability to provide feedback weakened and at the same time it was our strategical goal." - Organization 4

Third theme that was reported by the organization were the qualitative indicators and their development. One interviewee states the willingness to develop the indicator metrics and the NPS would be definitely one of them. Once the indicator metrics are harmonized, the comparability will improve. In addition, the scales, visual layouts etc. would be on the agenda. Lastly, the inter-

viewee hopes the Ministry of Social Affairs and Health to overtake the development on such indicators which would bring the comparability to a new level and provide tools for operational development in future.

> *"I would like to see the Ministry of Social Affairs and Health and the National Institute for Health and Welfare to lead the development of indicator and introduce the comparability nationally." - Organization 5*

Lastly, one organization states they would like to have more interaction with the customers, in term of feedback. Encouraging the customers to leave their responses as well as communicating the results actively in public.

5.4.5 Other comments about the use of NPS measurement

The interviewees were given an opportunity to share other ideas or issues related to the NPS measurement (Appendix 1, Q5g). Various things were reported on a wide scale.

Two organizations report a fact related to the survey content. The questions need to be separated from each other clearly, so the customer understand what is being pursued in the question. Another organization mentions that too often every nuance is asked, and it is not needed.

Two organizations mention how the measuring improves the transparency of the organization's operations. Also, customers should have an easy low barrier way to give feedback of the services. One organization tells how even the administrative law requires the cities and municipalities operations to be transparent. For this reason, the feedback measurement results of all public organizations could be public giving new dimensions to the comparability.

In addition, one organization offers an interesting perspective on the economy of the cities and municipalities. While the financial side is important, the quality of the services should also be a factor and a value itself. When the resources are sufficient and allow the development of the services to ensure the quality, it is cheap in the long run. As resources are constantly being reduced, the development suffers as there is no one to develop.

One organization reports a concern regarding the importance of feedback data and systems and how they are not necessarily understood in organizations. Simultaneously, the organization uses its resources for development projects that cover only handful of people.

> *"A national wide project where national and European funding was received targeted 57 grandmothers and grandfathers. The project employed four people full time. Simultaneously, we have feedback reporting and system development projects in hand and there is one or two people running it in large city organizations. This indicates the nature of lack of understanding around the topic."*
> *- Organization 4*

One organization states the importance of the implementation process of the customer feedback system. Once the process has been formed and the organization has decided what it wants to measure, the feedback can be used in active development.

6 DISCUSSION AND CONCLUSIONS

The aim of the study is to examine the experiences of use of the Net Promoter Score (NPS) measurement in public healthcare organizations. The concepts of customer experience measurement and the NPS are fairly new in public healthcare sector. In addition, little is known about how the organizations carry out the measurement and utilize the results in improving their services. This chapter provides answers to the research questions, discusses the relevance of the reported research as well as the strengths and weaknesses of the study, reports recommendations based on results and key findings, and finally describes topics for future research.

6.1 Answers to the research questions

The aim of the study was to provide answers to the following research questions:

RQ1) How do public healthcare organizations measure customer experience utilizing Net Promoter Score (NPS) metric?

RQ2) How the NPS data is used to improve customer experience in terms of service and treatments in the organizations?

RQ3) What are the experienced benefits of measuring customer experience using the NPS measurement?

Answers to these research questions are presented in the following chapters.

6.1.1 Measurement of customer experience utilizing NPS metric

The case study revealed that the participated public healthcare organizations have been relatively short time aware of the NPS measurement, even though the NPS is the most known and used measurement in the field of customer experience in the world. More than half of the organizations have started the measurement activities in 2018 or after. Previously, the customer experience data has been collected and measured with different metrics and methods that are not well-established in the public healthcare sector.

Consistent and systematic customer experience measurement is also a new trend in public healthcare sector. Previously in the organization, the methods have been lacking documentation when no electronic data collection method has been in place. Currently, the systematic of the measurement has improved tremendously after the adoption of electronic customer experience measurement system which enables the data to be recorded in real-time and the measurement

is continuous. As the data collection has become more systematic with the use of electronic measurement system, the utilization of the data has become more systematic in the organizations. As couple of organizations tell that they have collected systematically customer experience measurement data with manual paper forms and mailboxes, the documentation of the data has been lacking and therefore the utilization of the data has been impossible, ineffective and non-systematic. That being said the term *systematic* has been understood differently by the case organizations.

As one personnel of each case study organization was interviewed, they answered the interview questions with their best knowledge of the NPS measurement in their own organizations. Therefore, the answers provided by the interviewees may differ from the reality regarding when the first customer experience measurement system is launched in the organizations. The interviewees may not have worked for the organization by the time and may not be aware all the customer experience measurement actions that been used previously. Acknowledging the customer feedback device market, none of the organizations have used devices that have collected the NPS measurement data before their launch in the current organization. Other techniques such as paper forms and online surveys on the website may have been used in a way that the interviewees have not considered them as a systematic way of measuring, or they have not been aware of all the measurement system in the organization. According to the case study organizations, there are other metrics used besides the NPS measurement. The organizations utilize different kind of measurements together with the NPS and these measurements are not well established in the particular sector.

In the case study organizations, the NPS measurement is executed likewise. The foundation of the measurement's data collection relies on the feedback devices that are located in the service units. In all the organizations, the feedback devices are located at close to the services exit points, where customers can easily identify them and spontaneously give rating of the services they have used. Considering the different nature of the services that the case organizations have, some services ask for rating by handing out the tablet device straight to the customers. Services where such model of asking for feedback is done include healthcare centers wards and other services where patients care requires more extensive care and longer time in the hospital or health care centers. In addition, the case study organizations measure customer experience on their websites. Not all the case study organizations have included the NPS measurement on their websites. These organizations use more general feedback form which emphasis on open feedback and complaints experienced using the organization's services.

The measurement is executed widely in the case study organizations taking into consideration the number of units of each organization. However, each organization have services where measurement practices are not in place. There are multiple reasons why the measurement does not cover all the services the organizations offer. First, the organizations have limited budgets which does not enable to implement the measurement to cover all the services. Another reason may be the complex processes in the services or difficulty to collect customer experience data from patients ex. Elderly patients using paper form or electrical

devices. Also, lack of leadership in the organization regarding the importance of measurement or the implementation of the measurement process in the organization can be one reason why measurement activities do not go through the organizations. Especially on the top of the organizations, the leadership towards the organization's customer experience as a whole may have been lacking and therefore not all units are interested of the measurement and results or may not even be aware of the possibility to conduct such measurement in their own units. Another aspect that may prevent some units to conduct measuring is that the units would need a customized survey that serves the needs of a particular unit. In these situations, the organization's aim is to have unified way to collect measurement data and customizations are seen as an obstacle. Also, this can be related to the budget aspect as well.

Relating to the budgets that the organizations have for customer experience measurement, it can be said that it is common that there is a lack of investment in this particular sector. Often the budgets limit the number of services that can be covered by the measurement system and therefore the organizations have limited opportunities to collect measurement data in all of their services and take actions to develop the services based on the data. Cities, municipalities and joint municipality authorities would need to invest more resources to the measurement together with the spirit of understanding the importance of customer experience and the matter that benefits them in a long run. As the healthcare sector is under constant transition and the future of social services and healthcare reform is somewhat unknown, the competition in the field can increase depending on the new structure of the reform and possible freedom of choice programs where patients can choose the service provider between public and private. Therefore, the importance of customer experience measurements and service development can increase and change the field of how the public organizations see the measurement systems, how much they are willing to invest for customer experience and how extensively they want to use the customer experience data in service development. Even the competition between public healthcare organizations can increase when the organizations are aiming to attract citizens in cities and municipalities close by with higher quality of service and treatments. In addition, as some public organizations are outsourcing their services to the hands of private organizations, the measurement enables to keep trach of the level of services and how well the private outsourcing is working for the organizations in the eyes of customers. This trend will evidently increase the comparison between the service providers where each service provider will have to offer high quality services, monitor the level of their services constantly and market the high level of their services. As the technology is evolving, the ways to collect customer experience data are becoming more user friendly and easier, the measurement can increase in that note as well. Taking into consideration the demographics of Finland with increasing number of older generation, the need for care will increase and with the wealth of older generation, they will have an opportunity for choosing services where the quality of the services meets the needs in the market. Likewise, this will drive the organizations in this sector to pay attention to their quality of

services and treatments with the increasing measurement of customer experience.

To summarize this section, there are similarities in the research findings comparing to previous studies. As noted in the case study, the Net Promoter Score is relatively new metric used in the public healthcare setting in Finland. The length of time the organizations have used the NPS metric vary between 1-3 years noting that the trend is fresh. According to Alismail et al. (2020), the NPS is starting to make its way into healthcare setting to help with quality improvement. Also, there is an increasing need understanding how people experience the health service organizations and the quality of care (De Silva, 2013). Moreover, the applicability of the metric in non-commercial setting has been studied previously stating that the NPS is a useful tool to determinate patient satisfaction (Alismail et al., 2020). The way organizations have organized the feedback measurement activities in daily operations go align with the tablet-based tool method (TBT) that is covered in the research literature. The tablet-based tools are new driving technologies that are innovative and cost-effective approaches to collect customer feedback data (Ahmet et al., 2014). The method consists of electronic tablet devices to capture the instant feedback from customers at the exit points. According to Dubé et al. (2000), collecting feedback information at the exit points is the best way to capture short term memory. Collecting feedback data using tablet-based tool method has signaled higher response rates compared to the traditional method via phone, email and SMS 2-4 weeks after patient's visit (Alismail et al., 2020). Therefore, the greater number of data represents more comprehensively the perspective of patients. At the same time, yet many organizations cannot measure the patient experience comprehensively (Carrus et al., 2015). According to Rao (2018), even though the measurement activities are conducted, and the data collected, it is not enough if the results are not used to develop the organizations' service operations.

6.1.2 Improving customer experience based on NPS data

In the case study organizations, the collected NPS data is used in various ways to improve the customer experience in terms of service and treatment. According to the procedures that the case organizations have in place, there are similarities in the processes of how the data is collected and analysed, and therefore used in terms of developmental activities.

The process flow where the data analysis begins is that the data is reviewed actively periodically, usually weekly, every two week or monthly. On top of that, the organizations conduct annul reviews based on the data. All the case study organizations take advantage of the feature where the experience measurement reporting systems sends the automatic review reports via email. The reports are customized to serve the need of the service units and teams. Even though the results are available in real-time, the automated reports work as a reminder for the organizations to review the data periodically. Each unit where the customer experience measurement is in place receives their own results. In

addition, higher levels in the organizations may receive summary reports of multiple units comparing their results to each other. Usually, the unit manager shares and reviews the results with the team member in weekly and monthly team meetings. Depending on the organizations, some teams have open access to the results all times. There is variation between the case study organizations' teams of how active the team managers are to review the data and involve the team for review process. As in some organizations, all teams review the data actively and regularly where some team managers and units are not as involved in the data processing. In these cases, it is evident that there are teams and units that are lacking the leadership in this particular process and the customer experience measurement is not fully implemented to everyday working processes.

As the organizations and teams review the results, the reports state the areas of customer experience that need improvement in the eyes of customers. The way the customer experience measurement surveys are constructed emphasize the customers give recommendations on the areas that they were and were not satisfied with. Therefore, the reports enable the teams to discuss on the issues, solve them as a part of the conversations and draw developmental ideas based on the data. As the areas that need development are identified, concrete actions can be taken regarding the nature of the issue. The actions vary based on the nature of the issue. For example, as some organizations' data show lack of customer service, training the staff with proper workshops can increase their professional abilities to face the situation better in future. As the developmental actions may be different changes in the daily procedures used in the organizations, the actions can also mean optimizing the available resources the way teams have a better chance to succeed. Shortages in staffing in one location can decrease the satisfaction of the customer with longer waiting times for example. Therefore, resource optimization is possible based on the data.

In the case study organizations, it is evident that some of the organizations are not able take the full advantage of the data in terms of development. Even though teams and units are actively utilizing the data, at the top levels of the organizations the developmental actions differ from the teams and units as they consider the organizations as a whole. As some of the organizations are large and the data is versatile, it may not be so easy to draw developmental plans and actions to implement in practice. Therefore, some organizations utilize other reporting platform systems to combine the data and draw deep analysis of it to help to draw conclusion. The developmental actions can be missing even though the areas that need development are clear. As one of the organizations states that having a particular target to develop one area of the service as a strategical goal, in a 10-year profile it actually weakened. Therefore, the developmental actions can be missing. This indicates that there are still need for improvement of how the organizations develop their services especially from the top of the organizations. Lack of leadership and resources to draw developmental plans and actions can explain this finding in the research.

In the case study organizations, the data is shared with the public in a way or another. Most of the case organization have real-time results on their webpages stating the NPS from certain period of time. Some organizations share

their results in the annual or periodical review documentation that is shared and available to the public. That being said the organizations are showing signals of transparency of their current levels of services. It also signals the customers that the organizations are constantly improving and developing their services to meet the expectations of the customers and satisfying them. In addition, the customers can clearly influence the development of the services and therefore the data is used also as a tool to signal the transparency of the organization operations to the public.

To summarize this section, the organizations have similarities and differences in processes how the data is used to develop the organizations' services and operations. According to Rao (2018), to implement the NPS as a part of organizations processes, three principles must apply: transparent results, a closed looped process and leaders' mission to learn how the NPS is transforming the customer experience. Considering the case study organizations, the results are relatively transparent in the organizations. In other words, the results could be presented more visibly and communicated better to support the implementing process described by Rao (2018). Also, some organizations are more advanced in creating a closed looped process than others who are not able to take full advantage of the collected feedback data due lack of leader's mission. According to Ahmet et al. (2014), the transparency of the measurement and reporting activities enable comparison and reviewing of the operations initially pushing the organizations for development and take care of the service operations. In addition, organizations that systematically monitor customer experience can take steps to improve it (Meyer et al., 2017). As noted in some of the case organizations, even though the measurement activities exist and systematic monitoring is in place, it is not always enough to take care of the service operations development.

6.1.3 Benefits of measuring customer experience

In the case study organizations, the study revealed multiple experienced benefits of measuring customer experience using the NPS metrics. Firstly, the measurement is seen as <u>an appropriate tool to highlight and disclose areas of development</u> regarding the organizations' services. As previously in the organizations, the measurement tools were limited in the nature of systematic measurement or completely missing, the current measurement technique enables an easy way for the organization to listen what the customers think of their services and provide the opportunity to hear customers voice, including the possible grievances. As grievances and problems are mentioned, and they are recurring, there is a chance to have them addressed and concrete steps taken to improve and develop the services in terms of customer experience. In other words, the measurement enables the organizations to develop their services by taking developmental actions that are evident and needed based on the data they have collected. The collected measurement data identifies not only the services that need developmental action but also the service locations which face problems and grievances in the eyes

of customers. Therefore, the problems can be targeted with detail to services lines and particular locations.

Another experienced benefits in the case study organizations is seeing the measurement system as a type of management tool. As the nature of public healthcare organizations having multiple management levels exists, it is sometimes hard to measure and follow the performance and daily working in customer interface of other levels. As the information is shared to the multiple levels of the case organizations, it indicates that the measurement tool is internalized in the organizations and the usage of the data is active. Therefore, the measurement system enables the managers at different levels to follow the data and see the performance of other levels in the organizations and particularly the employees working in the customer interface daily. The data does not only help to make developmental actions in the customer interface levels, but also enables to organization identify bigger challenges based that they may have on the data and make major changes to the processes or staffing for example. In the case study organizations, the aim of the measurement is not to micromanage the customer interface level employees but stay on the top of the current matter of how well the organizations can serve their customers in terms of customer experience. As managers are responsible for the certain operations in the organizations, the measurement provides a tool to see how well the operations are running and how the teams succeeding. Together with these benefits, the managers can share general and personal thank you messages and feedbacks from customer to the employees.

In the case study organizations, one somewhat unexpected benefit regarding to the measurement is the great number of positive feedback and thank you messages received. Even though the employees of public healthcare organizations may get positive feedback verbal straight from customer daily, the benefit of high number of positive messages with thank you was unexpected. The organizations receive messages that include sometimes even the name of the employees with enlightening words of how well they have been treated. In the case study organizations, the messages are shared with the teams and in person. The benefit that the organizations have experienced is that they can empower the employees in their maintaining working tasks in a motivating matter. Also, the employees can easily their see how they are performing, reflect their daily tasks and motivate even more to work towards organization goals. Having a straight channel between customers and employees makes it possible to received honest feedback and the employees to realize the importance of their daily work.

Simultaneously with positive feedback to the employees, the case organizations experience the measurement system benefits the organization to motivate their employees to treat their customers well and creating a small-scale competitive nature in the workplace. As the employees are aware of the customer experience measurement and results are shared and presented transparently, it is evident that the employees pay closer attention their daily operations in the customer interface. As the measurement is executed in various locations in the case study organizations, the comparison between teams, units, services and service lines allows rank the services based on the NPS and other metrics. Being aware of the performance of other teams, units, services and service lines, the teams can

compare itself to others and motivate to perform better to reach the other teams' NPS levels.

As the measurement system is in place in the case study organizations, it signals the transparency of the organizations operations towards customers. Having a low-level system for the customers to give customer experience feedback, the customers experience that they can influence to the services they are using and see the results in the places where organizations share them. Currently organizations share the results variably as some organizations have then in real-time on the websites and some organizations share them sporadically, quarterly or even annually in their report of activities. The measurement system and it active use indicate the customers that the case organizations are interested of their customers opinions about the level of service they receive. In other words, the measurement system can be seen as a trust builder and a link between the customers and the organizations. When the customer experience data is fact-based information and documented in the reporting system, it can be more valuable than undocumented verbal feedback data. Therefore, the case study organizations are aware of the level of current services which can be compared with previous days, weeks and months. Also, the comparison between services enables the case organizations to rank their services from top to bottom and make developmental actions to the services that are not performing as expected.

To summarize the benefits of measuring customer experience, collecting customer feedback is a great way to understand customers and their thoughts of businesses and services. As the case organizations state, measuring customer experience is an essential part of identifying areas to develop. Therefore, asking solely the NPS questions is not enough to receive the data that can be used to develop the organizations and its services. According to Reichheld and Markey (2011), other questions should be asked together with the NPS question to explain and deepen the understanding of the score. The case organizations have measured the customer experience with similar questions and surveys where follow-up questions are asked based on the NPS rating. According to some of the case organizations, the NPS measurement has used as a management tool to lead the organization and its employees to pay attention to its customers and patients. As Reichheld and Markey (2011) state, many companies such as Apple have adopted the NPS and placed it at the center of their management process.

6.2   Relevance of the research

Considering the nature of the research as a case study, the study offers findings that are to supplement the results presented in research literature. The aim of the study was to increase the understanding of the current stage of the NPS measurement in the public healthcare organizations in Finland. In that sense, the research offers up-to-date information about the situation and related experiences from the practical viewpoint. Earlier research on NPS measurement has not particularly focused on healthcare organizations and public sector healthcare in Finland. Based the literature review, NPS measurement has been used and researched in other disciplines (e.g. Temkin, 2014; Pitkänen et al., 2018).

The validity of the research means considering how accurately the instrument or methods selected manages to measure the phenomenon it is intended to measure (Hirsjärvi et al., 2009). A semi-structed interviews method is suitable for gathering qualitative data about a certain phenomenon and answers to questions "why" and "how" (Hirsjärvi et al., 2009). In the study semi-structured interviews were conducted to gather experiences of a certain phenomenon – measurement of customer experiences using NPS and utilization of the information in improving the services. The participants were carefully chosen from each organizations based on their knowledge of the customer experience measuring. Their experience, participation and interest in the customer experience measuring were taken into consideration in selection. The semi-structured interviews consist identical structure and questions to find answers to the research question. The thematic structure of the interview allowed the participants to describe their experiences and the interviewer to ask supplementary questions when needed. In addition, the thematic structure allowed to change the order of the questions if the discussion when needed. However, the number or participants in the study was rather small, since future research is needed to evaluate the if the findings can be generalized to other service provider organizations.

The reliability of the research is related to the degree to which research method produces stable and consistent results (Hirsjärvi et al., 2009). The themes of the semi-structured interview were designed to be aligned together with the objectives of the research. In addition, a group of subthemes and questions were to compliment the main questions and thereby increase the internal reliability of the study. Each interview was conducted following the same structure and procedure. The study could be conducted by other researcher similarly following the procedure and the interview themes described in this thesis. Additionally, the qualitative analysis of the data could be done following the content analysis method, however, it must be acknowledged that qualitative analysis can never be conducted objectively. The reliability of the research can be increased if several researchers are involved in the research.

As the importance and interest towards patient and customer experience measurement has increase within service provider organizations, the nature and

complexity of concepts still remain. With the increasing aim to measure the customer and patient experience exits, it may be appropriate to examine it from the qualitative and quality perspective of experienced services and care. Therefore, the NPS may not be enough to measure the experiences and aspects that effect the experiences.

6.3 Strengths and weaknesses of the study

Considering the nature of the qualitative research as a descriptive case study with in-depth view of the customer experience measurement in public healthcare organizations in Finland, the research has uniqueness since in this area, public healthcare organizations in Finland, where very little research around the customer experience measurement and especially the NPS metrics is done previously. The trend of measuring customer experience especially in the public sector relatively new and therefore the research in this particular sector is needed. Simultaneously, the NPS measurement is the most used customer experience measurement system in the world and it has evidently arrived in Finland as well. Customer centric thinking is today's trend where customers are more involved and aware of the businesses and organizations that they consume. This research observes to see how the customer experience measurement works in natural environment, in real organizations.

The weaknesses of the study include the fact that the sample of organizations was limited to seven public healthcare organizations. Also, one personnel from each organization were interviewed. Even though the interviewees were selected based on their previous experience and knowledge of the customer experience measurement in the organizations, it can be seen as a limitation. If the research would have conducted in more extensive manner, multiple interviewees from the case study organizations would have extended the research and perhaps enrich the outcomes of the case study.

6.4   Recommendations

This section will discuss recommendations to the case study organizations concerning the customer experience measurement. The recommendations are based on the knowledge that the researcher was able to acquire during the research process.

As organizations are conducting customer experience measurement, the organizations should aim to have all the collected customer experience data documented in <u>one reporting platform</u>. Centralizing the data under one reporting system would help the organizations to analyze the results as a whole and draw developmental actions as the data is combined from different customer experience measurement channels. As previously and in some extend still there are various customer experience measurement techniques used such as paper form and various other questionaries via email and SMS, the customer experience data of these techniques are not documented in the same reporting system. Multichannel system where multiple different channels are used to measure customer experience is the trend of today's customer experience measurement. Considering the multichannel in the context of public healthcare organizations, the different measurement techniques include measurement activities in the service centers (feedback devices for example), after the service visits (ex. SMS, email), and continuous measurement (ex. Websites).

As the case study organizations are developing their customer experience measurement, the organizations should consider <u>other metrics that could provide more valuable and extensive data to support the NPS measurement.</u> Other metrics can potentially deepen the understanding of the data and provide more detailed analysis of the areas that need development in the services and processes of the organizations supporting the strategical goals. In addition, the organizations should consider homogenous measuring regarding the measurement channel used. Therefore, the organizations should consider if it is more convenient to place all the measurement practices under one system to have an ability to understand the measurement results as a whole. Together with centralizing the data, the organizations should consider increasing the number of channels they currently conduct measuring with. Some organizations conduct measuring following the multichannel measuring whereas others have not adopted all potential channels. By increasing the number of channels can enable to organizations to reach the number of customers using their services and gain valuable customer experience data at the service location or after the service visits.

Lastly <u>the relation between the customer experience data and the employee experience data comparison could benefit the organizations.</u> As currently, the employee experience measurements are conducted yearly or even less frequently, the employee experience raises questions if the organizations are aware of the satisfaction and well-being of their employees. The current stage of the measurement does not enable the comparison between employees' experience

data and the customer experience data. It would be beneficial for the organizations to conduct employee experience measuring with identical metrics and frequency such as the NPS to have comparability between the data. Also, by conducting employee experience measuring more often, the organizations could develop processes and service grievances raised internally in the organization. The customer and employee experience work hand-in-hand and can benefit the organizational development as a whole.

6.5   Future research

The aim of this research was to understand the current stage of the NPS, and the customer experience measurement conducted in the public healthcare organizations in Finland. Acknowledging the limitations of the study, this research would benefit from further research of understanding the field in more detail. First, future research could draw conclusions between different sized organizations. In this research, the organizations were limited to seven and there were not significant differences drawn between the organizations regarding the size of the organizations. Another future research recommendation relates to timing of the measurement activities; at what point of the patient journey is the best possible timing to asked for feedback data. Additionally, if there are multiple touchpoints along the patient journey, is it beneficial to conduct measuring activities and ask for customer feedback data in each of the touchpoints? Another future research suggestion relates to the different measurement channels used in the organizations such as feedback devices, SMS/email survey and webpage surveys. This research could benefit from future research of what are the most efficient and productive feedback channels in use in healthcare sector and others.

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APPENDIX 1: Interview questions in Finnish

Interview questions in Finnish

1) Haastateltavan taustatiedot
   a. Minkälaisissa tehtävissä työskentelet?
   b. Mikä on sinun tittelisi tai tehtävänimikkeesi?
   c. Minkä kokoinen on yksikkö missä työskentelet?
   d. Minkä kokoinen on teidän koko organisaatio (toimipisteiden/henkilökunnan lukumäärä)?

2) Mittaamiseen liittyvät taustatiedot
   a. Miten kauan organisaatiossasi on kerännyt systemaattisesti asiakaspalautetta?
   b. Miten kauan organisaatiossasi on kerätty asiakaspalautetta NPS-mittariston avulla?
   c. Minkälainen on suhteesi / tehtäväsi asiakaspalautteen mittaamiseen?
   d. Kauanko olet ollut tekemisissä NPS-mittauksen kanssa?
   e. Miten hyvin mielestäsi organisaatiossasi tunnetaan NPS?
   f. Tehdäänkö organisaatiossasi henkilöstömittausta? Käytetäänkö siinä NPS-asteikkoa?

3) NPS-mittaustiedon keruu
   a. Miten laajasti organisaatiossa käytetään NPS-mittausta?
   b. Missä kaikissa yksiköissä mittausta tehdään?
   c. Jos mittausta ei tehdä kaikissa yksiköissä, miksi ei?
   d. Mitä mittauksen avulla tavoitellaan?
   e. Onko tavoitteena tuottaa tietoa johdolle tai muillekin organisaation tasoille?
   f. Kuvailisitko miten mittaus ja tiedonkeruu on käytännössä toteutettu.
   g. Onko käytössä jotain muita asiakaspalautteen mittareita?
   h. Millä muilla tavoilla asiakaspalautetta kerätään (vastauskanavat)?

4) NPS-mittaustiedon hyödyntäminen
   a. Kuvailisitko, miten mittaustuloksia käsitellään, raportoidaan ja hyödynnetään palvelukehityksessä (käytäntö esim. palaverit / ohjeistus henkilökunnalle, käyttäjätunnukset).
   b. Minkälainen prosessi on käytännössä? (kuka johtaa ja onko työryhmiä?)
   c. Käytättekö ulkopuolista apua tulosten analysoinnissa ja hyödyntämisessä, ketä? esim. konsultteja

    d. Ketkä ovat tahoja, jotka käsittelevät ja hyödyntävät NPS-mittauksen tuloksia? (Millä eri organisaation tasoilla, vastuuhenkilöt?)

    e. Onko mittaustiedon keruu ja hyödyntäminen suunnitelmallista?

    f. Onko palautteenkäsittelyn prosessi suunniteltu ja kuvattu (Liittyykö osaksi organisaatiotason tavoitteita tai strategiaa?)

    g. Ketkä kaikki voivat hyödyntää tuloksia? Miten tuloksia jaetaan?

    h. Onko tieto avointa esim. kuntalaisten saatavilla? Miten saatavilla?

    i. Miten kerätyn palautteen tietoja käytetään kehittämistoimissa?

5) NPS-mittariston hyödyt ja haasteet

    a. Tuleeko mieleesi hyvää esimerkkiä siitä, miten NPS-mittaustulokset ovat johtaneet konkreettiseen kehittämistoimeen?

    b. Mitä hyötyjä NPS-mittauksesta on koettu olevan?

    c. Minkälaisia haasteita mittaukseen liittyy?
        i. Mittaus yleisesti
        ii. Kysymyksen/kysymysten asettelu
        iii. Johtopäätösten tekeminen

    d. Mitkä kysymykset ovat koettu hyödyllisiksi NPS-kysymyksen yhteydessä kysyttäviksi?

    e. Monta kysymystä NPS-kysymyksen yhteydessä kysytään?

    f. Tuleeko mieleesi kehittämisideaoita NPS-mittaukseen liittyen?

    g. Onko mielessä muita asioita mitä haluat kertoa aiheeseen liittyen?

APPENDIX 2: Research information for participants

Research information for participants in Finnish

Tutkimustiedote haastateltavalle

Tämän tutkimuksen tarkoitus on tutkia asiakaspalautteen ja erityisesti Net Promoter Score (NPS eli asiakasuskollisuus) mittariston käyttöä Suomen julkisessa terveydenhuollossa. Tutkimus on osa Jyväskylän yliopiston kauppakorkeakoulun pro gradu -tutkielmaa, jossa selvitetään eri organisaatioiden tapoja käyttää mittaristoa palvelun ja hoidon laadun tarkastelussa ja kehittämisessä.

Tutkimus toteutetaan haastattelemalla organisaatioissa asiakaspalautteen keruusta ja hyödyntämisestä vastaavia henkilöitä. Haastateltaviksi rekrytoidaan noin 8 henkilöä eri kokoisista organisaatioista. Yksittäisen haastattelun kesto on noin 1 tunti.

Haastattelut toteutetaan kasvokkain tai videoyhteyden avulla. Osallistujilta pyydetään lupaa haastattelun tallentamiseen. Tutkimusaineisto käsitellään anonyymisti ja aineisto on käytössä ainoastaan tutkimuksen tekijällä (Lauri Viitanen). Haastattelut toteutetaan touko-kesäkuun 2019 aikana.

Tutkimustulokset julkaistaan julkisessa pro gradu -tutkielmassa, mutta siinä ei mainita haastateltavien henkilöiden ja organisaatioiden nimiä. Tuloksia voidaan käyttää myös Roidu Oy:n tuotteiden ja palveluiden jatkokehityksessä.

Tutkimuksen tekijän yhteystiedot:

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