

# Services users and their needs to be at the centre of health care services

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The use of technology in daily life is getting easier all the time as people accumulate knowledge and skills in information and communications technology. However, the most important thing in developing health care services, for example, is to take into account people's day to day lives and their subjective experience of the utility of using services. For example, people's previous bad experience of using a service is reflected for a long time in their use of the service in the future, and thus the dissemination of new service models is a lot slower than might be imagined. This data was the result of research carried out at Lappeenranta University of Technology, LUT.

"We should provide services that are rapidly accepted among large groups of people. On the basis of our observations, people's use of [health care](#) services could change through unofficial networks, for example pioneering village associations", observes Mika Immonen, a post-doctoral researcher.

LUT's production management researchers are examining users' experience of the utility and availability of health care services. In addition they have investigated the importance of users' attitudes, familiarity and routines in the use of electronic and physical health care services. The results show clearly that an understanding of the user's [daily life](#) needs to be added when planning new service models. The research findings were published in the International Journal of Public Sector Management in January 2015.

According to Mika Immonen, what is known as "experienced utility" is a problematic issue as all of us construct it ourselves. What is also problematic is that engineers have designed electronic services without behavioural scientists even though the development of new service models requires specific knowledge about people's behaviour and attitudes.

## **Older people from South Karelia subjects of the study**

Immonen and his team have carried out two major surveys on health care services in the South Karelia region among the population of the over-60s in 2004 and 2012. There were over a thousand respondents to the latest questionnaire. On the basis of the questionnaires we can conclude that the future use of services is largely directed by preconceptions regarding the service that are the product of the individual's experiential history.

"People's attitudes change extremely slowly, but the operating environment for services is subject to continuous change. The danger is that when the availability of health care services is reduced and at the same time they are replaced by new electronic services, for example, people do not necessarily start to use them. Thus the change results in the risk of them being totally excluded from the services", explains Mika Immonen

According to him, political decision makers should consider that if there are no replacement services and people decide that they will not use the scaled-down services, then in a few years' time this same group will require acute treatment in specialist hospital care.

"And that if anything, will be a cost to society. What is essential is to get

precisely the people who are not active users of the new health care services to start to use them. The healthy citizens of the future will be the group who are the more active users of the new social and health care services. Change made today will only be seen in a few years, and this also applies to the total costs of health care", comments Mika Immonen.

He believes that replacement health care services should be such that people will really start to use them and replacement services must also, of course, be available, including in remote areas.

"If we consider sparsely populated areas, then the whole village has to approve the new kinds of services so that the community starts to use them. Once development idea would be for a community to get a few active people to commit to being involved in the design of the new service models. Their example would probably get the others to use the new [health care services](#) too."

The research is part of the HEA project which was carried out during the period 2011–2014. The abbreviation comes from the Finnish for "well-being and energy efficiency in housing": operating models for mobile services and services provided at home.

**More information:** "Outcomes of public health reform – service availability in rural areas", International Journal of Public Sector Management, Vol. 28 Iss: 1, pp.42 - 56  
[www.emeraldinsight.com/doi/abs ... 8/IJPSM-03-2014-0035](http://www.emeraldinsight.com/doi/abs ... 8/IJPSM-03-2014-0035)

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