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NEW SERVICE DEVELOPMENT PROCESS IN OCCUPATIONAL HEALTHCARE SETTING: CASE N HEALTH

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Tiivistelmä

Mielenterveyteen ja työssä hyvinvointiin liittyvät ongelmat ovat kasvaneet tasaisesti Suomessa. Mielenterveysongelmat ovat yksi suurimmista sairauspoissaolojen syistä ja suurin syy työkyvyttömyyseläkkeisiin. Suomen työterveysmalli ja sen toimijat eivät ole pystyneet vastaamaan nopeasti kehittyviin haasteisiin, minkä vuoksi yritykset ja niiden työntekijät yrittävät jatkuvasti löytää uusia tapoja parantaa hyvinvointiaan.

N Health on kasvuyritys, joka halusi kehittää uuden matalan kynnyksen psykoterapiaan pohjautuvan palvelun yritysten ja työntekijöiden auttamiseksi mielenterveysongelmissa. N Health halusi avata palvelun alkuvuonna 2020 ja kehittää sitä edelleen sidosryhmiensä kanssa. Kehitysprojekti kuitenkin päätettiin jo muutaman kuukauden työn jälkeen lakkauttaa.

Tämä tutkielma keskittyy N Healthin uuteen palvelukehitysprojektiin keväällä 2020. Se tutkii aihettaan erityisesti Zeithamlin ja Bitnerin (2003) kehittämän teoreettisen viitekehyksen kautta. Tutkielma pyrkii vastaamaan kysymyksiin ”Mitä tapahtuu uuden palvelukehitysprojektin aikana mielenterveysalan yrityksessä” ja samalla tarjoamaan yksityiskohtaisen näkymän palvelun lanseeraukseen. Lukija voi oppia miten palvelukehitysprojektia työterveysalalla voidaan kehittää.

Tutkielman tulokset ovat linjassa aiemman kirjallisuuden kanssa: ulkoisten sidosryhmien merkitys palvelukehityksessä oli odotettua merkittävämpi. Kehitysprojektin jäädessä tyngäksi maailmanlaajuisen pandemian katkaistua palvelun lanseerauksen tutkielman tulokset perustuvat vain pieneen määrään datapisteitä, joten tulokset ovat epäluotettavia.

Abstract of the master's thesis

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Abstract

Issues related to workplace wellbeing and mental health have been rising steadily in Finland for long. Mental health problems are one of the biggest reasons for sickness benefits and remain as the biggest reason for early disability pensions. Occupational healthcare system in Finland has been unable to respond to these challenges and thus companies and their employees are struggling to find ways to improve their wellbeing.

N Health is a growth company that wanted to create a new kind of service focusing on low-barrier psychotherapy in order to help companies and their employees with mental health issues outside of the usual occupational healthcare setting. N Health wanted to launch this new service in early 2020 and develop it further with their stakeholders. The project was cut short after a few months of development.

This thesis focuses on the new service development process in N Health during Spring 2020 using a framework by Zeithaml & Bitner (2003). The thesis attempts to answer the question "What happens during a new service development process in a mental healthcare company" and also provides a detailed managerial view to a service rollout: managers can learn what the pitfalls of the project were, and how an NSD process in the healthcare sector could be improved.

The results of the study were in line with previous literature: the role of outside stakeholders turned out to be crucial in the service development process. However, as the development process was cut short because of the worldwide pandemic the information is based on just a small number of datapoints and thus unreliable.

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1. INTRODUCTION

1.1 Motivation for research

The number of mental health-related illnesses has risen steadily over the last few years in Finland. Recently the issue has sparked a strong discussion and the topic is on the pages of the most important newspapers weekly.

According to the Social Insurance Institution of Finland (KELA) the amount of people receiving a government granted sickness benefit has risen by 43% between 2016 and 2019. The amount of sickness days covered by the grant is 5.2 Million amounting to over a third of all sickness benefit days covered by KELA.

Currently people suffering most of mental issues are the women and young people. Up to 4.3% of women between 35-49 years old have received government granted sickness benefit. Of all working force the number is almost 3%. Mental issues remain as the biggest reason for early disability pensions. (*Mielenterveyden häiriöistä johtuvien sairauspoissaolojen kasvu jatkuu jyrkkänä – Tutkimusblogi*, 2018)

The phenomenon is multifaceted and while many different organizations and institutions have attempted to explain it, a clear reason nor a clear solution for the problem doesn't exist. Mental issues are complex and solving them on an individual level is not easy, let alone on a nationwide level. Most seem to agree only on the fact that the issue should be tackled early before the increasing symptoms get too difficult to manage and the cost of treatment rises.

Privately owned companies are suffering from this problem. Mental issues affect all people in the working force, and regardless of industry, mental-related absences are increasing.

Mental health service providers are rejoicing of the business opportunities and actively trying to find new ways of treating the mental illnesses. The Finnish government supports the idea of low threshold mental healthcare to be provided by private entities: there is a

subsidy in the form of service vouchers provided by the Social Insurance Institution of Finland (KELA) which enables individuals to choose their favoured practitioner when receiving treatment. This enables competition in the market as well as better service levels.

The case company N Health's business idea is to introduce mental health services to businesses and their employees. The service is largely delivered through psychotherapists employed by N Health. While the mental health services and models in the private sector are already established, B2B is only covered with occupational health service providers which cannot necessarily provide such low threshold mental health services with high enough service levels.

N Health is rolling out the service in the spring of 2020. The service is developed in cooperation with the first clients as well as the mental health practitioners. In the roll-out key actors are the client director and other managers of N Health. The whole service is very new and doesn't have a clear outline which makes it an interesting topic for service design research. In the following sub-chapters, the concept will be defined roughly for the reader.

1.2 Definitions

Healthcare services in this study refer to all kinds of healthcare services that are aimed at improving the customer's health. Even though the case company focuses mainly on short-term low-barrier therapy services the study views this as a general healthcare service. This is because there are very few studies focusing on specific mental health services development and this way the comparison between such services can be more fruitful.

All individual company names and abbreviations are first presented in both their Finnish and English translations.

New service development (NSD) refers to the concept of developing a new service for an existing company as opposed to designing a service business from scratch. Further definition and explanation of the NSD process can be found in chapter 2.

1.3 Research question

The research question of this thesis is “What happens during a new service development process in a mental healthcare company”.

This case study will focus on looking at the new service development process during the rollout of a new service. The thesis looks at the process of the new service development through the theoretic framework of Zeithaml et al. (2003).

The study also provides a detailed managerial view to a service rollout: managers can learn what the pitfalls of the project were, and how an NSD process in the healthcare sector could be improved.

The thesis uses case study methodology for the empirical research. The study is done by analysing the key activities in the N Health company during the service rollout phase – the activities are viewed and critically analysed through the theoretical framework developed through extant literature.

Benefiters of this study can be companies that wish to capture blue oceans in the mental health service industry. Also, as the research focuses on a business case of a two-sided platform, companies with such business models might gain valuable information on their new service development.

Earlier literature is not scarce but not exactly a treasure chest either: there is an abundance of research studies related to new product development (NPD) but new service development (NSD) on its own was only a small sub-topic of NPD until the late 1990s. Even today there are many studies focusing on service design and innovation, but not too many focusing on actual service development (Alam & Perry, 2002).

Also, it must be noted that although the service being developed is aimed at business customers, the end users are individuals who receive mental healthcare services. Thus, the research will draw comparisons to rollouts and service development processes in the healthcare service development. However, many highly different sectors, such as financial

services, telecoms and wholesale, are used as references, as the service development activities per se are not necessarily bound by industry.

1.4 Structure of the thesis

The thesis is constructed as follows: firstly, a comprehensive literature review explains the key terms and looks at previous literature in new service development.

Next the Methods are explained which are followed by Findings, Discussion and Conclusion.

2. LITERATURE REVIEW

Service development is a vast and multifaceted topic. It is often confused with service design or design thinking – no wonder, as the terms coined by consultants and researchers alike are used in the business world without much care for accuracy.

2.1 Services

The service sector is one the most important sectors in any developed country's economy and study of services management has become a key concern in many service industries.

Services are said to have unique characteristics to them that differ them from products. These are *intangibility, heterogeneity, perishability and inseparability.* These unique characteristics of services differentiate them from products and make their study special. These features have been studied in a myriad of ways since the 1970s and they are generally accepted as facts in the business world.

As defined by International Organization of Standardization a service is

"result of at least one activity, necessarily performed at the interface between the supplier and customer, that is generally intangible" (ISO, 2008).

Grönroos (2001) defines services as follows:

"a service is a process that leads to an outcome during partly simultaneous production and consumption processes."

and further Grönroos (2007) proposes:

1. Services are processes consisting of activities or a series of activities.
2. Services are at least to some extent produced and consumed simultaneously
3. The customer participates as a co-producer in the service production process at least to some extent.

Other characteristics of services are their *process nature* (Bitner et al., 2008). These processes consist of several activities which utilize different resources: often these resources are utilized simultaneously to the service consumption. The goal of any service is to provide means to an end, a solution to a problem or fulfillment of a need. Any consumer of a service is also considered as the co-creator, and can be seen as a resource or a co-producer in the service process. (Grönroos, 2007)

Successful service development and service management are affected greatly by the recent fast-paced technological progress as well as the globalization of services. Information and communication technology have allowed entirely new service business models in almost all sectors. Competition has also increased as businesses attempt to reap the benefits of enhancing the profitability of existing offerings, attracting new customers, improving loyalty of existing customers and opening markets of opportunity. (Storey & Easingwood, 1999)

2.2 New service development and NSD models

New service development refers to the process of planning, implementing and further improving a new service. The concept seems simple, but in literature there are multiple ways of looking at the processes and approaches related to NSD. In order to understand the term and the process fully, we must first define what we mean by new services and their development separately.

Menor et al. (2002) have summarized well how *new services* can be distinguished and categorized. As can be seen in Figure 1 new services can range from large innovations previously unseen in the market to the smallest style changes and service improvements which can have an impact on the offered features or customer perceptions. They add that *"any changes to the service concept that requires different competencies from the existing operation can be considered a new service"* and further *"a new service as an offering not previously available to a firm's customers resulting from the addition of a service offering or changes in the service concept that allow for the service offering to be made available."*

Classification of new services[a]

New service category	Description
Radical innovations	
Major innovation	New services for markets as yet undefined; innovations usually driven by information and computer-based technologies
Start-up business	New services in a market that is already served by existing services
New services for the market presently served	New service offerings to existing customers of an organization (although the services may be available from other companies)
Incremental innovations	
Service line extensions	Augmentations of the existing service line such as adding new menu items, new routes, and new courses
Service improvements	Changes in features of services that currently are being offered
Style changes	Modest forms of visible changes that have an impact on customer perceptions, emotions, and attitudes, with style changes that do not change the service fundamentally, only its appearance

Figure 1. Classification of new services adapted from Johnson et al. (2012)

Menor et al. (2002) also point out how in the research *"new services are treated and studied in aggregate".* This is problematic for the accuracy of the research, considering the range of the term *new service* depicted in the Figure 1. Menor et al. add in their extensive review that *"what represents a new service should be clearly specified prior to any investigation"* – something this thesis aims to do in the beginning of the research.

The process regarding new service *development* is much trickier to explain even through extant literature. Martin and Horne (1992) state *"the process (of NSD) is not well defined and does not adhere to conventional empirical mechanisms. Yet, new services come onto the market every day. 'How?' remains the critical question."* Many researchers point out that establishing the right process for development has received much more attention than other topics in the field of new product and service management (e.g. R. G. Cooper et al., 1994, Bitran & Pedrosa, 1998).

Scholars have predominantly analyzed the NSD processes building upon extant NPD process literature, notably the process model of Booz et al. (1982). Their model, often abbreviated as BAH model (Booz, Allen and Hamilton model), has seven stages. The seven stages of BAH are NPD strategy, idea generation, screening and evaluation, business analysis development, testing, commercialization. (Booz et al., 1982)

Since then, many researchers have built on the model and focused especially on the unique characteristics that separate services operations from the manufacturing processes: customer participation, intangibility, heterogeneity etc.

The research of the new service development has increased in number but also in particularity. Scholars have suggested countless of different models for the new service development process. Most studies exploit the old NPD model and its stages attempting to provide new aspects to the model and increasing knowledge of the antecedents, activities and outcomes of an NSD process.

As a guideline to NSD research, a few things must be mentioned: Menor et al. (2002) point out that empirical evidence supports a lack of formality in NSD processes. Furthermore, most models depicting the process are *cyclic* highlighting the iterative and non-linear essence of NSD. Some models focus on the individual process parts and activities such as process formalization, use of teams, etc. whereas others focus on inspecting the performance and antecedents of NSD processes.

The stage-gate model by Cooper et al. (1994) presented in Figure 2 is a logical, planning focused development model. This very formal model was applied in many cases to successful NSD projects but very often the authors of these studies "observed and concluded on the importance of unforeseen co-operative behaviors among departments". (Stevens & Dimitriadis, 2005)

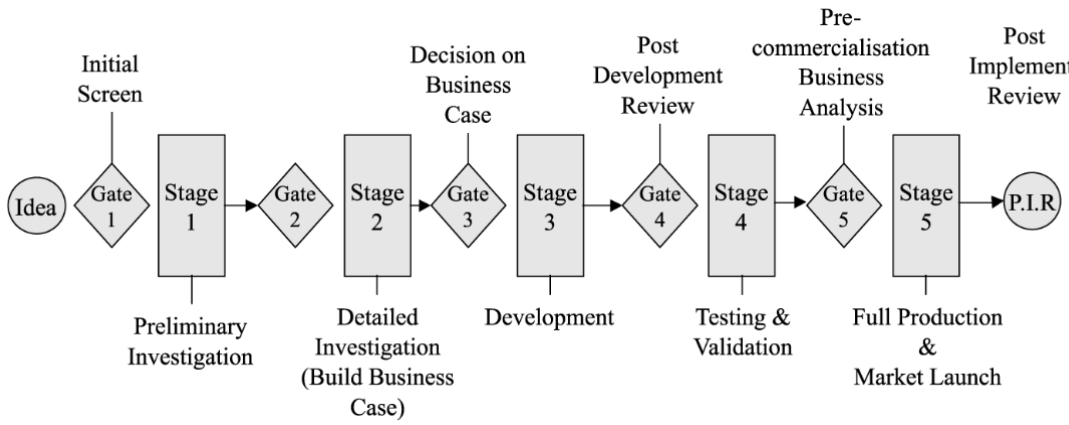

Figure 2. Stage-gate model (R. Cooper, 1994)

The stage-gate model has multiple decision points called *gates*: *initial screen, decision on business case, post development review, pre-commercialisation business analysis* and the

post implement review. The different stages involve planning and thorough investigation of the questions at hand.

One of the most well-integrated models is the one by Johnson et al. (2012) (see Figure 3). They are able to *"integrate many of the facilitating conditions, activities and outcomes in their NSD process cycle"* (Menor et al., 2002). The model has four main stages divided into 13 tasks. This model is used as a base for many others, e.g., Froehle and Roth (2007) and Stevens and Dimitriadis (2005). The model has been thanked for its descriptive view of ongoing processes but also criticized of its weaknesses mostly related to all *sequential* development models: firstly, the so-called the *stage-gate* system leads to time-consuming development slowing down procedures. Secondly, its naivety in depicting organizations and teams is criticized: most companies form cross-functional teams for NSD instead of separated and task-related teams. Thirdly, sequential models do not help to define what must be produced during each stage: this can be detrimental to quality in the development process. (Stevens & Dimitriadis, 2005)

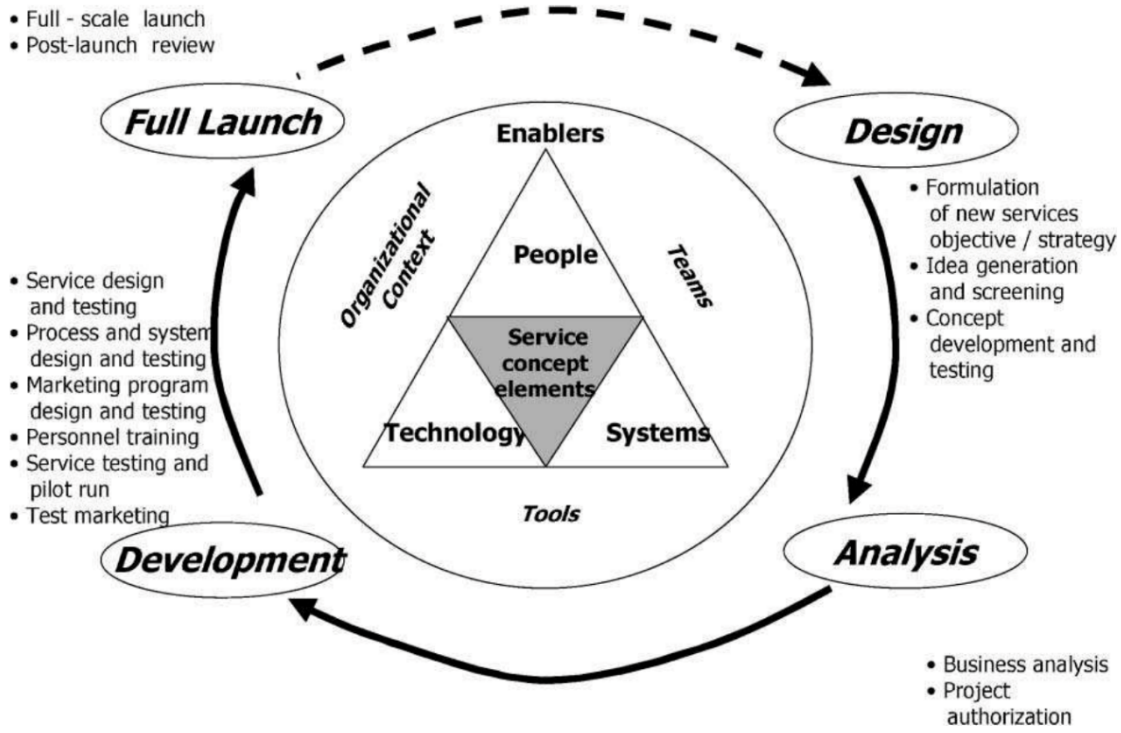

Figure 3. The NSD Process cycle, adapted from Johnson et al., 2012.

The process cycle by Johnson et al. (2012) is a multifaceted model, which makes it difficult to use it as the framework of this thesis: the case study has its limitations and considering the relative small size of the NSD process at hand, using this model would make focusing on the important issues more difficult than need be.

The New service development process model presented by Zeithaml & Bitner (2003) is another staple of the NSD research. The process is sequential beginning with organizational strategy and ending with postintroduction evaluation of the service innovation after it is in the field. (Sandler et al., 2005)

In Zeithaml's model customer information is a key factor, and the fundamental foundation of "market orientation." The process is presented linearily but it is often good to simultaneously work on more than one stage in the process (Cooper & Edgett, 1999).

Sandler et al. (2005) analyze this model extensively and mention that as the new service progresses from an idea to a reality, the information needed becomes more specific and detailed. The questions provided by Zeithaml et al. after each substage should be answered in a positive manner before moving on to the next stage. (Sandler et al., 2005)

Zeithaml's model will be used as the theoretical framework when analysing the case for four reasons:

1) The case study of N Health focuses on the implementation stage. Zeithaml's model has two distinctive stages which makes it easy to focus the analysis.
2) The model is split into eight different stages each highlighting a certain problem in the NSD process. It is clearly detailed and straight-forward.
3) Zeithaml's model has very detailed questions related to each stage which makes it easy to analyze the data provided by the case study method.
4) Finally, in retrospect it is evident that most of the stages depicted by Zeithaml are also featured in N Health's attempt of market entry.

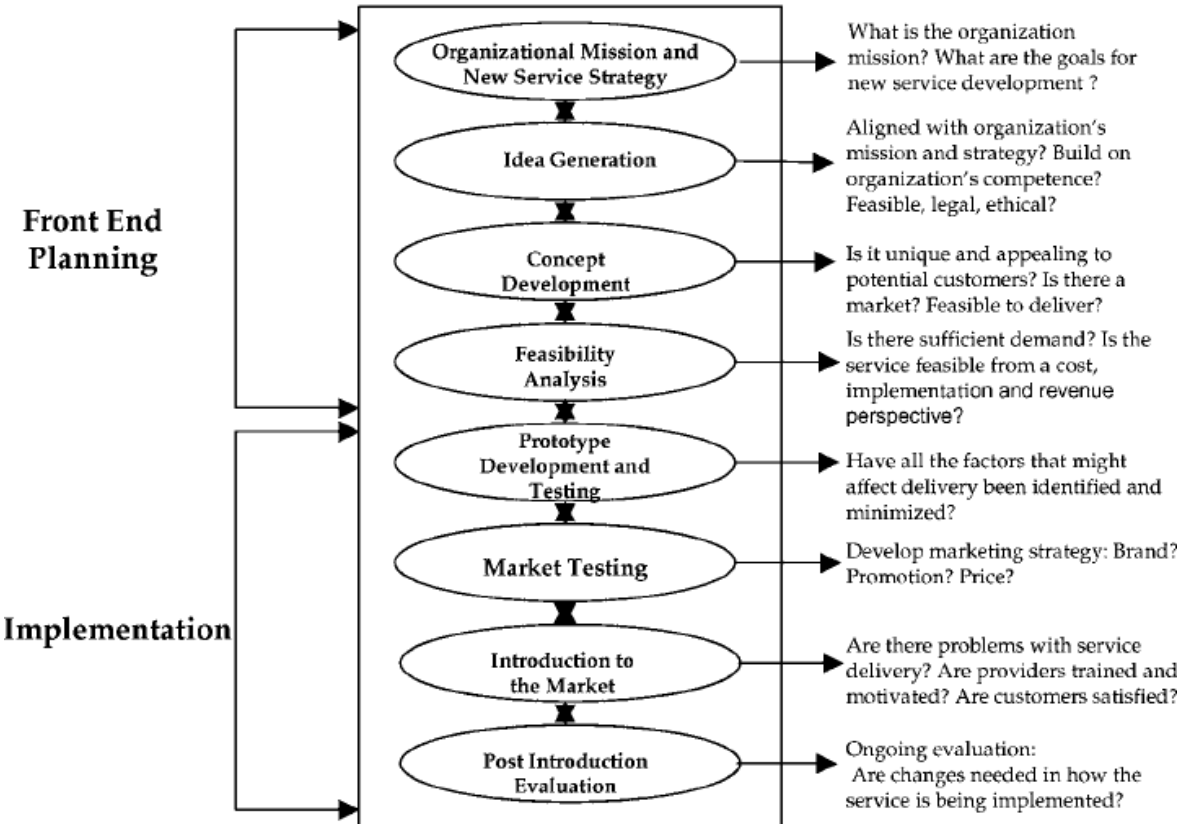

Figure 4. New service development process (Zeithaml & Bitner, 2003).

2.3 NSD, Service design and New product development

Logically and in layman's terms, new service development refers to the activities related to the planning, implementing and further improving new services. However, in literature this is not as simple. A number of the basic constructs and paradigms commonly deployed in service management research and teaching are in fact design-related (Menor et al., 2002).

Early service design and development research started in the early 1980s with the proposition of terms and tools such as *service blueprint* (Shostack, 1984) used to map the sequence of events in a service, and *servicescape* (Booms & Bitner, 1982)used to emphasize the impact of physical environment of a service.

Since then, service design has become its own design discipline, the international Service Design Network has been launched and starting from the early 2000s consultancies focusing on service design and innovation have started to bloom all around the world.

Johnson et al. (2012) have differentiated NSD from service design: new service development refers to *"an overall process of developing new service offerings"* whereas service design *"specifies the detailed content and configuration of a service concept and operations strategy"* (Johnson et al., 2012). Design issues are naturally of utmost importance to NSD. Still NSD captures a larger point of view in the development process than service design principles.

The Interaction Design Foundation, which focuses mostly on internet based UX design, has a definition for *service design:*

"Service design is a process in which the designer focuses on creating optimal service experiences. This requires taking a holistic view of all the related actors, their interactions, and supporting materials and infrastructures." (IDF, 2019)

Service development and service design share some commonalities and quite often mean the same thing in everyday talk – it is not difficult to see why.

In this thesis the activities related to new service development is in focus – mainly because the service development process for N Health is considered to be past the design phase and is chosen to be implemented in some form.

Another key factor related to new service development is their relation to product development. In literature new service development (NSD) has been seen as a part of new product development (NPD) in the past and thus hasn't garnered as much attention from researchers as NPD.

In product development research, new service development used to be considered to be a small sub-topic of NPD – for NSD researchers the difference between the two has been clear since the nineties. Ulrike De Brentani who is a major service researcher from the

Concordia University Montreal says that the NSD process may be substantially different compared to development of new tangible products (de Brentani, 1991). Martin & Horne (1991) describe how the nature of service itself, especially its *inseparability* and simultaneous production and consumption allow instantaneous incremental development of services at the point of consumption – a crucial difference to product development. They also note that there seems to be evidence to "new services just happening" as a result of intuition, flair and luck which differs highly from most new products (Martin Jr & Horne, 1992) – a statement that has caused issues and has been one of the focal points of research ever since.

Many of the NSD studies have looked at the characteristics of successful new service development through frameworks developed for new product development. Alam and Perry (2002) argue in their literature review that while NSD has often been viewed from success factors perspective, former research "hasn't been able to capture the small intricacies related to NSD and its unique characteristics *intangibility, heterogeneity, perishability and inseparability".* (Alam & Perry, 2002)

Services' partly simultaneous production and consumption process distinguish services from products and the terms that are used in literature (e.g. productivity, consumption) are "manufacturing-oriented" and do not always fit well with services characteristics (Grönroos, 2001).

Furthermore, Johne & Storey state in their extensive literature review from 1998 that "from the supply point of view, and also from the buying point of view there are doubtless important differences which can be captured under the three main headings: -- *Intangibility, Heterogeneity, Simultaneity."* (Johne & Storey, 1998)

Another major difference between NSD and NPD according to Ennew and Binks (1996) is the involvement of customers in the development process. Utilizing input from customers and involving them in the service creation process could prove to be more useful in NSD than in NPD (Horne & Martin Jr, 1995).

2.4 Healthcare service development

In order to draw a clearer picture of how the new service development processes work in the specific industry of healthcare, we will now look at four different healthcare service development cases and provide a synthesis of their findings:

1. Mechanisms of developing innovative IT-enabled services: A case study of Taiwanese healthcare service (Yang & Hsiao, 2009)
2. New service development in German and Austrian health care - bringing e-health services into the market (Kriegel et al., 2013)
3. Stakeholder engagement in early stage product-service system development for healthcare informatics (Yip et al., 2014)
4. Co-creation and learning in health-care service development (Elg et al., 2012)

In the first case of the Korean IT-enabled service development by Yang & Hsiao the process involved many iterations of the latter stages: requirement analysis, service development and service trial. It seems that in order to achieve lasting results the number of iterations is high. The development process rarely reaches its peak after just a single round of development. The demand side (consumers and patients, i.e., end users) was involved in these iterations and their input in the development was high. Bringing together experts of each stakeholder group proved extremely useful.

The study by Krieger et al. focused on regional health care in Germany and Austria: the study posed interesting questions on how different requirements of the demand and supply perspective influence the development of e-health services, how a viable financial model could be developed and accepted by the users, and how the new service could be integrated into the existing care processes. The questions are extremely similar to the questions face by this mental health focused study: the differences of course being the scale and the nature of services (e-health vs. mental health focused).

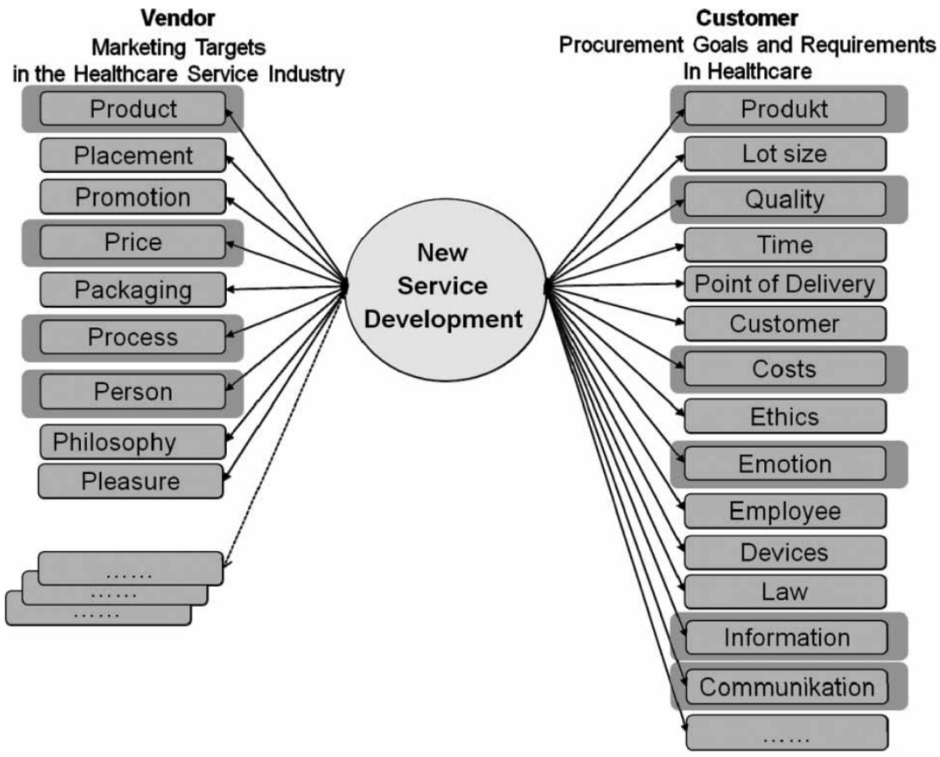

Figure 5. Service development in health care as an interaction between supply and demand perspectives (Krieger et al. 2013)

The customer/demand side must be addressed, as well as other possible stakeholders: creating multiple win-win situations in the service development process is crucial in creating successful new services.

Krieger et al. state that *"the new and further developments [of new services and products] are mainly technology-, hardware-, or software-driven and follow a push strategy for market penetration."* The study states that even in the healthcare industry, new services are rarely designed using procedural models, and even more seldom using new service development models. In healthcare, the aim should be finding *"technological innovations that are based on the optimization of organization and the redesign of existing or future services."*

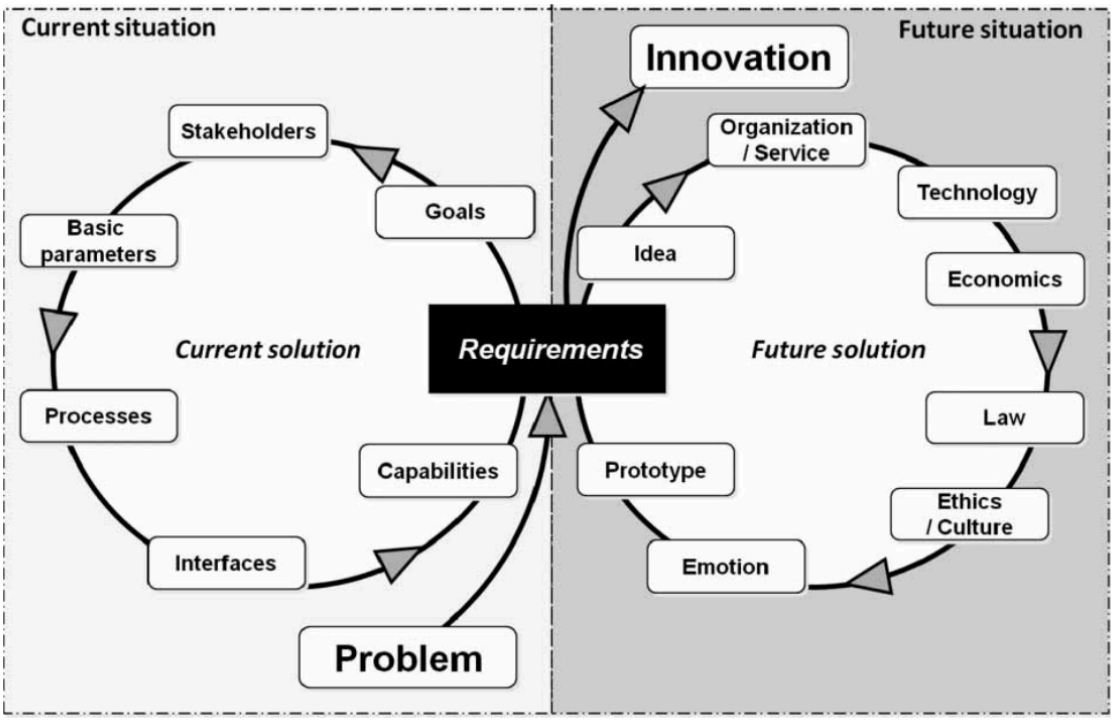

Figure 6. New service development in health care (Krieger et al., 2013)

The study by Yip et al. focused on the *product-service system* development in the healthcare ICT sector. The thesis especially studied how the degree of connectivity between the new ICT PSS and its intended operating environment affects the decisions concerning stakeholder engagement in the early-stage development process. The term *product-service system* used in the study encapsulates digital products (intangible, e.g. software) and bundles them together with the simultaneously offered service (through the software).

The Yip et al. study teaches how to identify each stakeholder group and mentions that stakeholder involvement especially in the early stage of the NSD must be considered.

The study by Elg et al. attempted to develop a model for patient co-creation and learning through patient diaries, and in particular examine the process of patient co-creation and its mechanisms. The study used action-research methodology which is very similar to the case study methodology used in this thesis.

The study had multiple theoretical foundations of which one of the most interesting was the notion of value co-creation in services. The thesis states that one of the challenges for service providers is *"to integrate their processes with customer's value creation, rather than the opposite".* They also suggest that *"companies need to understand the customer to make themselves fit into the customer's life, and that understanding the interaction between the customer and supplier is not enough."*

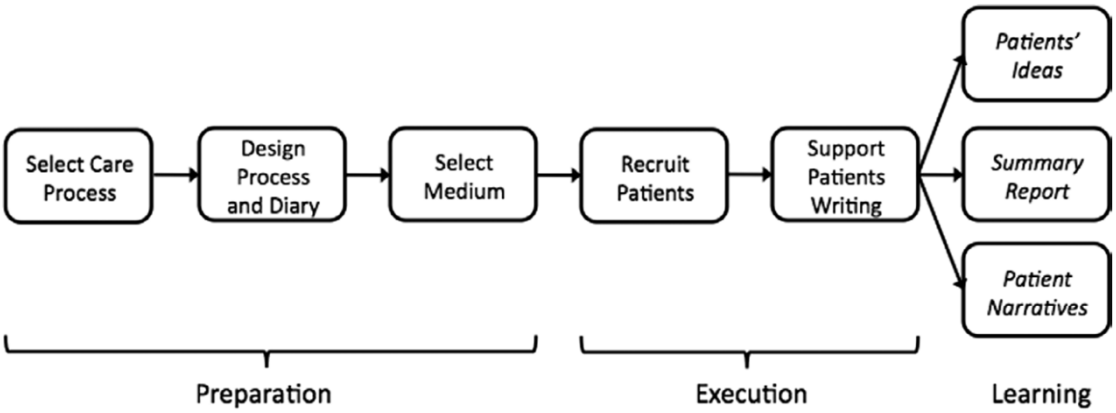

Figure 7. The main steps in model for patient co-creation and learning (Elg et al. 2012)

The key takeaway from Elg et al. study is that involving patients in the co-creation of any health related NSD process is crucial. It can be difficult and very time-consuming, but patients could provide very valuable ideas for the service provider.

Overall, all four of the studies presented had very similar results: a new service in its development stages has the best chances of succeeding when NSD actions are thoroughly thought of, procedural models for NSD are used and most importantly, the stakeholders of all sides are involved in the NSD process.

Another key takeaway is that the technical side of the NSD doesn't seem as important as the service side: both Krieger et al. and Yang & Hsiao mention this and focus on providing the so-called win-win situations.

All of the studies focused mostly on larger scale NSD processes. The number of resources available in the case studies greatly outnumbered the small-scale project of this thesis's case company N Health, and thus drawing direct comparisons is not fruitful.

3. METHOD

This thesis looks at the case of N Health and its new service development process using the case study method. The research question that the thesis looks to answer is “What happens during a new service development process in a mental healthcare company”. The method used to answer this question is the case study method.

Another objective of the thesis is to provide a detailed view to the development process and analyse it through the proposed framework. The process, when viewed through the framework, can be then dissected into smaller stages, tasks and activities which have had an impact on the development of the service.

The thesis aims to describe the empirical data collected during the case study and examine it against the presented framework models by providing a detailed account of the plans, actions and eventual results of the service rollout.

While the thesis doesn’t create any additions to existing theories or frameworks, it can provide the reader with insight to avoiding the pitfalls of a service development process and help in planning a successful development process.

Finally, one of the objectives is to evaluate the feasibility of creating a new mental health focused service in the Finnish healthcare sector, if this kind of services could be profitable and survive in the current environment, and how the services should be developed in order for them to achieve success.

3.1 Case study as a method

Case study is often seen as the preferred method with new service development research. There are many similar case studies conducted in different industries related to the different phases of NSD and NPD, e.g., Yip et al. (2014) and Krieger et al. (2013). It is an exploratory tool

As the objective of this study is to examine the NSD process of N Health, case study is a logical choice for many reasons. In order to fully understand the business environment, choices made during the process, an extensive and in-depth description of the real-life context is required. A case study provides a first-hand description of the events. While the method is often highly subjective, a good case study can provide detailed insight to a topic and still examine the matter objectively provided a good enough framework is utilized.

3.2 Case study: N Health

The case company N Health is a startup focusing on providing low-barrier mental healthcare for individual customers. N Health has a subsidiary called *Terapiatalo* Noste – in this thesis for the sake of simplicity these entities are a single subject, and the name N Health is used.

The company was established in early 2018 and during its first year of operation N Health set up multiple stations in different cities and is on the track for high growth in the individual sector. Biggest growth drivers for N Health are the increasing demand for mental healthcare services and N Health's ability to recruit psychologists and therapists.

The private mental healthcare sector in Finland is very unsaturated and nonconsolidated with most mental healthcare practitioners operating their own small businesses with only one or two larger players. In addition to the individual services providers there are multiple large occupational healthcare providers which very often have the capabilities for mental healthcare services but don't necessarily focus on providing them.

While serving individual customers, N Health is also attempting to create a new service model for business customers. The service is in its development stage – the market potential has been analysed and the soft launch is planned for the Spring of 2020. This new service development stage is planned to run for 2-4 months and with potentially positive results the service will be continued.

The company currently employs eight people in the management: *CEO, COO, head of partnerships, head of education, medical director, communication manager, financial manager, recruiting manager*. The recent addition to the company is the new *client director*, whose main responsibility is to develop and handle sales for the new B2B-service. The client director starts in March at the beginning of the new service development phase bringing the total employee count to nine.

In addition to this N Health employs or buys services from 100+ psychotherapists and psychologists. These are the main service providers to the end-users. In this sense N Health can be seen as a service provider as well as a platform for service providers – the nature and definition of the case company is not relevant for the objectives of the thesis' research.

N Health was in a situation where the company wanted to quickly roll out the new service and decide whether or not it would be feasible to continue further development. For this reason, the company hired a client director whose main responsibility was to find the first clients and further develop the service in their first months of employment. This client director is also the sole author of this research thesis which allows a very detailed view inside the case company during the service development.

The method for data and information gathering relied solely on the author's own notes during the rollout phase. The author had access to most of the written information produced in the case company during the rollout (meeting minutes, emails, offers, customer information). In addition to this the author's own detailed notes of all personal sales, development and company activities are used as a base for analysis.

This data is also used to create a timeline and compare it to the proposed NSD framework. In the end of the study the process can be compared to the framework and viewed critically in order to ascertain the key activities which affected the NSD process the most.

For the case study to be relevant and comparable to extant literature, a few things must be considered in advance: firstly, it must be identified which kind of new service is being

studied. Menor et al (2002) state “what represents a new service should be clearly specified prior to any investigation else the results lose potency”. To determine this, we must look at the classification of new services Johnson et al. (2012). In this case, the choice is clear: N Health’s new service is considered a startup as it fills the criterion perfectly: “New services in a market that is already served by existing services”. (Johnson et al., 2012)

Secondly for the study to remain relevant, it must also be noted which development stage is being actively examined and which activities are under the microscope. Even though most NSD processes can be seen cyclical in nature (i.e., the stages don’t necessarily always appear chronologically), in this case the development will not likely roll back to the front end. N Health has made up their mind on how this service can fit together with their current service offering and as their current primary business is much larger than the newly developed service, it is unlikely their business model will be changed drastically. Thus, the focus is mainly on the implementation and development stages of the NSD (see Figure 3 and 4).

4. FINDINGS

The findings presented here are examined against the NSD process model by Zeithaml & Bitner (2003). Other references to extant literature are also made. As mentioned in the previous chapter, the development stage of the new service at N Health is considered a start-up service (Johnson et al., 2012). Throughout the rollout process it was extremely clear that the service rollout did not only fall under the aforementioned category of service development, but it also followed a so-called 'start-up' mentality. This meant that despite having plans laid out and processes seemingly at place, a lot of actions were dictated by the clients and chosen based on 'what seemed to stick'.

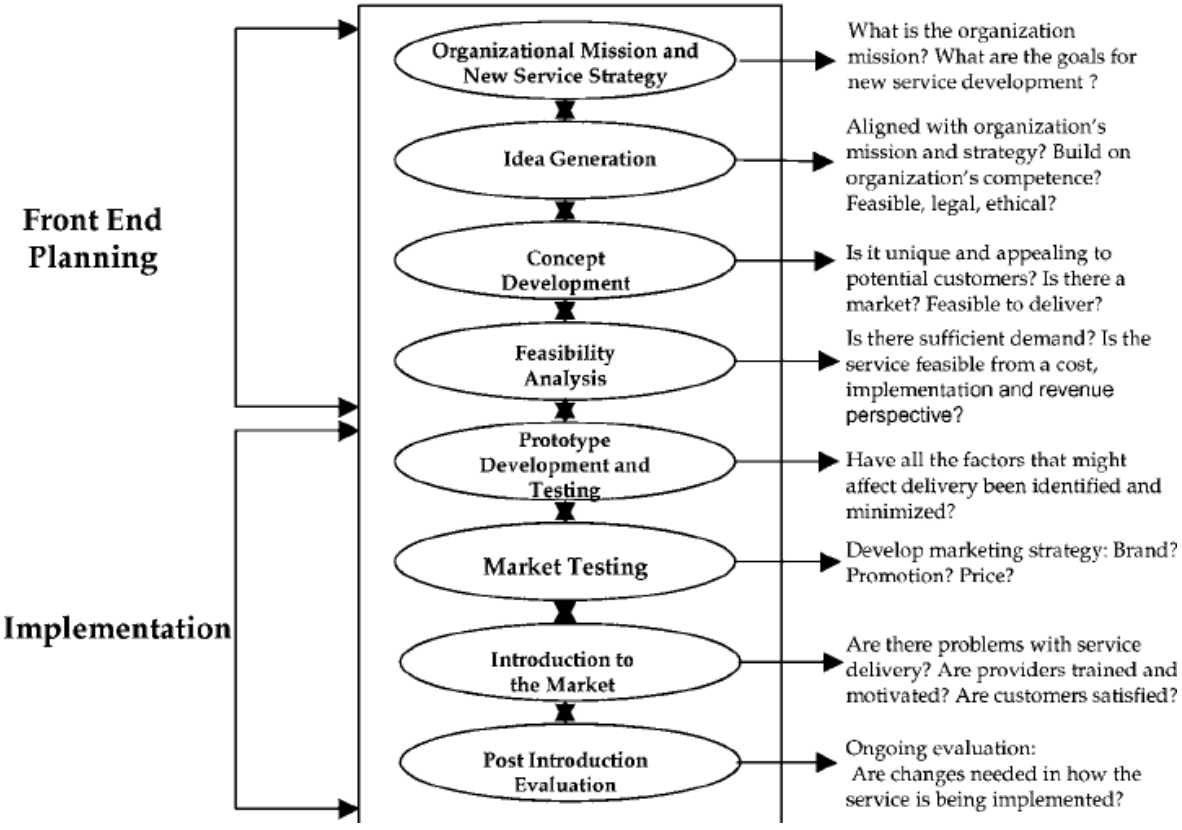

Figure 8. NSD process model (Zeithaml & Bitner, 2003)

It must be noted that the eventual outbreak of the Covid-19 virus halted the service development completely at the end of March and the company pivoted their B2B offering to video software sales. Thus, the findings and discussion parts of this thesis focus solely

on the first month of service development: they only scratch the surface of what could have been a complete service development process.

4.1 Front-end

The roll out for the new service started with the hiring of the new client director for N Health in March. The service to be implemented and tested was already crudely designed in workshop meetings held before the director officially started working. The hypothesis for the service was as follows:

1) Occupational healthcare service providers are incapable of producing preventive mental healthcare services and therapy
2) Employees who suffer from mental issues, exhaustion, tiredness etc. are reluctant to visit the occupational healthcare service provider for therapy due to fear of being stigmatized as having mental issues, and/or placed on sick leave
3) A service provider unrelated to the official occupational healthcare provider could offer better service with no fear of being stigmatized
4) The employer's incentive is to pay for mental health services, as they improve productivity and reduce sick days

The demand for such services had been in the news for a few months before N Health's service rollout. A large Finnish retail group SOK had successfully gone through a similar pilot period offering similar mental healthcare services to a small group of their employees, and the news of the project's success were all over the Finnish business media. This further strengthened the belief in the possibility of a successful rollout at N Health.

The activities before beginning sales of the new service are considered to be part of the front-end planning of the NSD: starting from the considering the company's mission to analysing the feasibility of the new service. The front-end of the NSD was largely done before the case study began. The questions posed in Zeithaml's model, such as "What is the organization's mission" and "Is there a market" were considered to be answered before the client director started in their new job.

What happened after beginning sales is considered to be part of the implementation stage, although it must be said that many times the NSD process reverted back to the previous stages: the feasibility of the service for example was examined multiple times throughout the process. However, the analysis was considered to be sound and no changes were made to the service itself.

The outlines for the roll out strategy were drawn quickly in meetings with the rest of the management. The goal was to test the market entry fast with client meetings and to test the hypothesis of the service: would there be a real need for employer-paid mental healthcare services, and if yes, would the end-customers use such services in addition to their occupational healthcare services. This is in line with Zeithaml's model: the concept and feasibility analysis were done thoroughly before the company moved on to implementation and prototype development and testing stage.

The rollout strategy was based heavily on sales activities and later on in process development. The mental healthcare service provided to the end-customers was to be handled the same way N health was already serving individual customers – only in this case the payer of the service would be the individuals' employer. In Zeithaml's model, this is the market testing stage: N Health developed a clear strategy for marketing (high B2B sales efforts), promotion (phone calls and emails), brand (existing N Health / Terapiatalo Noste brand) and price (equal to the existing pricing model of therapy services.

The sales pipeline was outlined as follows:

1) The first two weeks were to be highly focused on market research and setting up meetings with the most potential customers. Customers were ranked in tiers 1 to 3 depending on their industry, business model and personnel characteristics (e.g. companies with high productivity per employee, high percentage of highly trained employees and high female/male ratio would be rated high and vice versa).
2) The next two weeks would be focused on the meetings and gaining insight into the current healthcare model and barriers of entry to the market. The plan was to attain the first pilot customer in the month of March already.

3) The second month of sales and activities would be focused on perfecting the sales materials, honing the process and gaining more pilot customers.
4) The next 2-4 months would be focused highly on sales. The development activities related to the service itself would be in spotlight again at the end of the first pilot projects. The planned duration for these pilot contracts was to be 3-4 months.

The first two weeks of the rollout worked exactly as planned. N Health gained a lot of valuable information about the occupational healthcare market and already multiple interested potential customers. Pilot contracts were already planned out and sent to customers for viewing, and it seemed the rollout was actually a bit ahead of schedule just two weeks in.

The sales activities related to the service development were important in achieving quick progress: calls and meetings with customers were fruitful and plenty. These conversations were valuable in learning about the working environment of the potential customers, but also about their decision-making process.

The stakeholders of the service were lining up: on the supply side the stakeholders were the client director, company management and the service providers i.e. therapists. On the customer side both the HR/management and the end users were identified as key stakeholders. An outside stakeholder was also identified: client companies' regular occupational healthcare service provider.

Previously in this thesis, it was explained that a new service in its development stages has the best chances of succeeding when NSD actions are thoroughly thought of, procedural models for NSD are used and most importantly, the stakeholders of all sides are involved in the NSD process. It must be mentioned, that so far in the development process most of the development had been done without any real collaboration with the outside stakeholders. This issue was highlighted when N Health tried to move forward with some of the potential customers.

It must also be noted that Zeithaml's model has its weaknesses when it comes to stakeholder analysis: there are no references to evaluating different stakeholders or their

effect on the feasibility and development of the service. The model asks “are providers trained and motivated” but in N Health’s case, the more important question is “are different stakeholders motivated and content”.

4.2 Implementation

During the third week of the development process major problems started to rise. Both the COVID-19 crisis was beginning to spread quickly in Europe, but also the potential pilot customers were reluctant on signing contracts. Questions arose regarding the benefits offered by the Social Insurance Institution of Finland (KELA): after doing their own analyses, client companies realized that in order to receive reimbursement for occupational healthcare services from KELA, certain prerequisites had to be met, which the service of N Health would not meet. This made the service in question about 20-30% more expensive than the companies had assumed.

One key problem was the fact that this service was to be offered outside of the regular occupational healthcare service provider: where the managers had previously seen this as a positive thing for their employees, began to see it as a problem for themselves. The assumption was that the occupational healthcare service providers wanted to protect their own position: these companies were sometimes involved in the talks about the new service and their reception was very cold as expected. It seemed that the more an HR department wanted to portray caring about their employees’ wellbeing, the more the department was in contact with their company’s healthcare service provider and the more difficult it was for them to consider a new possible service to be added to their repertoire outside of the status quo.

Another key factor was the perceived gap between the two service providers: from the managers’ point-of-view N Health’s service was provided by an outside company which meant that there was no direct line of input to the occupational healthcare provider’s services. Managers were afraid that employees who had health issues could fall in between services. For example, if an employee would participate in N Health’s service, visit a therapist and complain about depression, the therapist would not necessarily see

other underlying health issues which could also cause sick leave. The worry was not very logical, considering that employees already are not sent to any treatment (N Health's or other), but rather go in voluntarily and always choose whether or not to discuss their problems.

These issues were expected, but mainly during the initial contact and sales meetings: not at the later stages of the sales process. N Health believed that the potential pilot companies did not come to these conclusions by themselves: the occupational healthcare service providers have tight communication with most of their customers and hold a firm grip on their decisions as well.

However, despite major hardships in the sales process, the first trial contract was signed with a Helsinki-based consultancy firm (called TB from now on). Employing approximately 50 people TB had had issues with employee stress and burnouts before and during the COVID crisis. The initial talks with the company began already in March but the contract wasn't signed almost two months later in May.

The service was launched for the company employees in a video meeting where the client director of N Health introduced and presented the service concept to all of TB's employees. The service concept, which had been thoroughly designed beforehand was well met among the employees and management. It seemed that the service concept itself was easy to accept for end-users.

First end-users immediately started using the service and some booked their first meetings with the therapists. N Health had thought of involving the end-users in the development process by interviewing them after the first few therapist meetings. It quickly became clear that due to the need for privacy and sensitivity of therapy (as opposed to perhaps other medical treatments) meant that none of the end-users of this customer company wanted to participate in the development process of the service.

After two months, 3% of the customer company TB's employees have used the service. This number validates the hypothesis that such services would be used by end-users in

addition to their occupational healthcare services. Answer is a sounding yes and as expected, a certain number of employees would benefit from this type of service.

The introduction to the market stage in Zeithaml's model can be considered having been a success from the model's point of view: there weren't any real issues with service delivery, providers happily accepted B2B clients and served them well, and customers were satisfied.

4.3 Outcomes and observations

The service development process of N Health's mental health service can be divided into three phases: design, development and implementation. As is the case often in NSD processes, the phases are difficult to distinguish from each other. In the case of N Health, the service was unable to reach the full implementation stage due to the COVID crisis. The development stage was also lacklustre considering the small number of end-users and client companies. This is very unfortunate as it very much dilutes the second part of the research question: there is no clear indication on how the NSD process or the service itself could have been improved.

The single customer company and its employees, i.e., the end-users of N Health's service, while not interested in actively collaborating in the service development, are valuable for the research. A major takeaway is that the service was adopted by the customer company as-is. There were no real changes made to the service process nor were there any wishes from the end-users. This conveys a clear message: the service was usable and beneficial. The customer company is still at the time of writing (end of November 2020) actively using the service.

This is an interesting finding, especially considering the role extant literature seems to give to the iterativeness of the service design process. It seems that with good enough preparation and design (or perhaps mere luck) a very well-working service can be created. Some objective criticism must be applied to this kind of thinking: the service was not adopted by other customers which can also mean there is something very fundamentally

wrong with its design, marketing, business plan, delivery or other equally important characteristics of the new service.

These hidden problems could be uncovered not by looking at the existing clientele, but rather by focusing on the potential customers. While a part of the NSD research focuses on the role of customers in the service development, there is rarely discussion about the role of the companies' managers, who never purchased a certain service. In the case of N Health, there were quite a few of those companies. Valuable insights into the design of the service can be gained by analysing the non-buyers.

The answers were gathered during the sales process either in calls or meetings with the companies' managers and the reasons for each non-purchase were written down in N Health's CRM. The vast majority of non-buyers blamed the sudden outbreak of the COVID19 and refused to discuss any new services or purchases during the hard times. Some customers were more explicit. The reasons for not purchasing the service included cost, a gap between the occupational healthcare provider's and N Health's service (as mentioned earlier in this chapter) and perhaps most importantly, the inability to control the employees and their service usage. Interestingly, most decision makers did not seem to be considered about the possibility of misuse and thus rising costs, but rather the fact that they would not be able to listen in to the employees' conversations with the therapists.

It seemed that there exists a great conflict of interest inside many companies: while many managers understood and agreed that short-term treatment by a therapist would greatly reduce the number of sick leave days in the company, the fact itself wasn't enough to warrant a change in managing employees wellbeing or joining N Health's service. There had to be an element that could be controlled by the managers: many managers in fact asked to hear what the employees were discussing in their therapy sessions so they could control the root causes of the therapy visits. This was completely unacceptable by N Health as therapy sessions are not only generally thought to be very private, but therapists are also under oath and required by law not to share the content of any therapy sessions.

The other major reason why the service was declined by many managers was the perceived gap between N Health's service and the occupation healthcare provider's service. This gap would be very difficult to close without further discussion with the occupational healthcare providers: this issue was in fact highlighted in one of the reference studies by Kriegel et al. (2013) where they noted that win-win situations with multiple stakeholders must be created for a healthcare service to be successful.

Findings of the thesis can be summarized as follows:

1) NSD process was straightforward and well planned, and it followed the chosen theoretical framework accurately
2) An unexpected crisis (COVID-19 pandemic) halted the NSD process before it was able to reach the later stages of implementation
3) There isn't enough data to explain how both the service and the service development process could have been majorly improved
4) The role of outside stakeholders was unexpected and including them in the service development process would have been crucial had the service development been continued

5. DISCUSSION

Theoretical implications of this study are limited considering the short time period and halted development process the service.

In the extant literature the NSD processes are sometimes described cyclical and sometimes linear. The findings of this study support the more linear view of NSD processes, but there seems to be much back-and-forth movement between different stages of the development process. Cyclical nature of NSD processes is not visible in the findings.

The findings implicate that the role of stakeholder analysis during the front-end stage of any healthcare NSD process is large and perhaps undervalued in extant literature. This is perhaps unique to healthcare services, but it can be an interesting research topic for other areas as well.

As with many services where the cost-benefit analysis can be difficult to do quantitatively, the perceived value of any service is in fact the stakeholder's perceived value, instead of the company's or the end-users'. Addressing the managers' and other stakeholders' needs is crucial and should be considered even before analysing the financial feasibility of the service. Even if there is visible demand for a service (mental health issues rising), the invisible barriers in managers' decision making can be hard to distinguish.

Regardless of COVID19's effect on the nature of work and our daily lives, the need for mental health services will keep rising. The interconnected and instant work-life keeps taking a toll on employees' mental health and the symptoms mentioned in the beginning of the thesis will remain prevalent if not even more common in the future. The need for proactive ways of treating mental health issues already at their mild stage will stay high and thus demand for such services will remain high.

N Health's attempt at creating a service for companies fell through mostly because of two things: the perceived cost of the service, and conflicts of interest: both between

employees' wellbeing and managers' desire to manage change as well as between mental health service providers and occupational healthcare service providers.

The perceived cost is something inherent to mental health services and very difficult to change. The cost-benefit based decision can be difficult as there isn't much data to justify a quantitative analysis making

The other main issue, conflict of interest, was also highlighted in the referenced studies in this thesis: both Krieger et al. and Yang & Hsiao suggest providing the so-called win-win situations. The stakeholders on the customer side, i.e., the managers, did not see adopting N Health's service as a win for them – in fact they could have viewed it as a loss of control.

The current healthcare market situation in Finland is controlled largely by subsidies given by KELA. The subsidies affect not only companies taking care of their employees but also healthcare providers in their attempts to serve customers better. Anything that is not subsidized will have not only a higher cost to the customer, but also a lower perceived intrinsic value: any new unsubsidized services, however valuable they may seem to end-customers, are perceived as risky and uncontrollable by managers. This increases both the risk for any new type of healthcare services and adds obstacles to their entry to market.

There is a growing number of services in the healthcare market which all aim to solve the same issue, and the ones that succeed, will be the ones that provide inexpensive service, allow managers to learn and participate in the change, and finally, work well together with the occupational healthcare providers and their offering.

Businesses that focus their efforts on improving employees' mental wellbeing will have not only financial benefits and competitive advantage over their competitors through decreased sick leave numbers, but also benefit greatly from improved employee satisfaction and output.

6. CONCLUSION

This thesis has examined the new service development process of N Health. N Health attempted to create a service for companies which would allow them to take better care of their employees' well-being and mental health by allowing employees to contact and visit therapists either physically at their office or via internet. The project and the development of the service was put on hold indefinitely due to the implications of the COVID19 pandemic which made the new service infeasible in the potential customer group's business situation.

The original research questions "what happens during a new service development process in a mental healthcare company" was partly answered, and the reader was provided a detailed image of the first few weeks of the development process and a chance to critically view the first phases of the development.

The thesis also aimed to show how the NSD process followed the frameworks explained in extant literature and how the process could have been improved. Neither of these questions could be completely answered, as the development process was cut short.

This thesis shows which kind of services are feasible and can survive in the current occupational and mental healthcare environment in Finland. The required characteristics are not necessarily related to the service itself – what's more important is the service development process, collaborating with outside stakeholders and finding ways to incorporate the services in the existing occupational healthcare system.

6.1 Limitations and future research

The limitations of this thesis are evident: as the service development process was cut short, this thesis was not able to completely answer its original research question. Also, the fact that the service was able to reach only a handful of customers, the validity of the findings must be questioned. Finally, the service development process itself was viewed

through a single framework: utilizing other frameworks simultaneously could provide a more objective view into the already highly subjective process.

The occupational healthcare market in Finland and related services remain a highly fruitful topic for future research. The industry is changing rapidly: the growing attention towards mental health issues not only creates new opportunities but forces both businesses and service providers to start finding new and more effective ways of treating the problems. Both the development of these services and their effectiveness in solving the problems should be studied extensively.

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