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Lappeenranta University of Technology

SCHOOL OF INDUSTRIAL ENGINEERING AND MANAGEMENT
DEPARTMENT OF INDUSTRIAL MANAGEMENT

**DISTRIBUTION CHANNEL PLAN FOR WOUND CARE
PRODUCTS: CASE 3M FINLAND LTD.**

Master's Thesis

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<p>Tämän diplomityön tavoitteena oli tehdä kvalitatiivinen markkinatutkimus ja sen perusteella suunnitella mahdollisimman toimiva jakelukanavasuuunnitelma diplomityön case-yritykselle Suomen 3M Oy:lle.</p> <p>Kirjallisuuskatsaus sisältää kolme tärkeää osaa, joita ovat jakelukanavasuuunnitelma, senioreiden ostokäyttäytyminen ja terveydenhoitotuotteiden markkinointi. Työn empiirinen osuus koostuu kahdesta osasta. Ensimmäisessä osassa tehtiin markkinatutkimus haavanhoitopiirissä olevilla kotitalouksille Espoossa. Markkinatutkimuksessa tutkittiin asiakkaiden ostokäyttäytymistä ja siihen vaikuttavia tekijöitä. Tutkimuksen tavoitteena oli tutkia, mistä jakelukanavista kotihoidon asiakkaat mieluiten hankkisivat haavanhoitotuotteensa sinä ajanjaksona, kun kunta ei vielä tarjoa tuotteita ilmaiseksi. Aineisto kerättiin puhelinhaastatteluina ja tavallisina haastatteluina, joista saadut tulokset käsiteltiin laadullisesti ja anonymisti. Molemmissa haastattelussa käytettiin puolistrukturoitua haastattelulomaketta. Tulosten perusteella haavanhoitoasiakkaan ostokäyttäytymiseen vaikutti eniten kotihoitajan tai lääkärin suositus.</p> <p>Diplomityön toisessa osassa tehtiin saadun aineiston perusteella Suomen 3M Oy:n haavanhoitotuotteiden jakelukanavasuuunnitelma. Tulosten perusteella Suomen 3M Oy:n tulisi käyttää pääjakelukanavinaan apteekkeja, terveyskeskuksia ja online-kauppoja.</p>	

ABSTRACT

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<p>The aim of this master's thesis was to make a qualitative marketing research and on the basis of this to develop a distribution plan for the case company Finnish 3M Ltd.'s wound care products.</p> <p>The literature review includes three important parts: distribution channel planning, the buying behavior of seniors, and special characteristics of health care products' marketing. The empirical part of this thesis comprises two different parts. The first part is a marketing research, in which the buying behavior of wound care products is studied in Espoo. The research aim was to examine, in which distribution channels the wound care patients under home care would most preferably buy wound care products during the time period, when municipalities will not yet provide the products for free. The data was collected through semi-structured phone interviews and regular interviews, and was treated qualitatively and anonymously. The study revealed that the recommendations of nurses and doctors influenced most the buying behavior of wound care customers.</p> <p>In the second part of the thesis a distribution channel plan for wound care products was made for the case company 3M Finland Ltd. based on the results. 3M Finland Ltd. should focus on pharmacies, online-stores and municipal health centers as their main distributors.</p>	

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“It always seems impossible until it's done.”

– Nelson Mandela

Espoo, 18th of September 2014

Ilona Jauho

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1 INTRODUCTION

A better market share and sales growth are priorities for the marketing staff in any large international company. Therefore these companies have to seek different ways to increase the amount of business. Companies should understand the marketing environment, so that they can identify marketing opportunities, and conducting marketing research can help achieve this. One way to try to increase sales is to modify the marketing program elements (Kotler, et al., 2009, p. 500). This research focuses on the distribution element of a case company 3M. Chapter 1 presents an introduction of 3M in Finland. Furthermore, the research objectives, problems and questions, theoretical framework, limitations, methodology and structure of this study will be presented in the first chapter.

1.1 Introduction of 3M

3M is an innovative multinational company operating in more than 70 countries. 3M's global sales are about 30.8 billion euro and it has 88.667 employees worldwide. (3M, 2014) 3M's vision is the following: "3M Technology Advancing Every Company, 3M Products Enhancing Every Home, 3M Innovation Improving Every Life" (3M, 2014). This vision reflects the innovativeness of 3M, and 3M's goal to be part of many different strategic business areas.

3M founded a subsidiary company in Finland in 1969 and currently their office is located in Espoo. In 2012, 3M Finland had 99 employees and the volume of business was about 55 million euro. (Taloussanomat, 2014) 3M has five different business groups. These are consumer, electronics and energy, health care, industrial, and safety and graphics. 3M's most famous brands for consumers are Post-it, Scotch and Nexcare (3M, 2014). 3M is known for innovative products and the company invests yearly a large amount of money in research and development.

This study focuses on the health care business group, which supplies medical and oral care products. 3M have a large selection of wound care products, such as

wound management products, medical tapes and compression bandaging, skin protectants, eye occlusion and wound closures. These products help to ensure optimal skin health in acute, chronic and surgical wounds (3M, 2014). The brands of wound care products in Finland include Micropore, Transpore, Durapore, Microfoam, Kind Removal, Steri-Strip, Tegaderm, Medipore, Reston, Coban, Cavilon and Opticlude (Suomen 3M Oy, 2014). Even though 3M have many known brands, the name of the company might not be very familiar to consumers. 3M tend to promote its various brands, and the company name has not attracted as much attention. When consumers look at a 3M product, they almost have to search for the company name in order to see it.

1.2 Research objectives, problems and questions

The two main research questions for this research are presented in table 1. By identifying the needs of the target market, 3M can allocate its resources efficiently and choose the most effective distribution channel partners.

Table 1. Research questions

	Research question
RQ1	Which factors influence most the buying behavior of households purchasing wound care products under homecare?
RQ2	What kind of distribution channel design would be most useful in order to reach the end customers of wound care products?

The objective of the first research question is to identify the most important factors that influence the buying behavior of households under home care. An additional goal is to receive information and to get a better understanding of the end-users of 3M's wound care products. The objective of the second research question is to evaluate distribution channel alternatives and to develop a distribution channel design that reaches the end customer. In this research, it is assumed that the end customers of 3M's wound care products are mainly elderly people. There have been many studies about the shopping behavior of senior

people, but most of them are in the area of grocery shopping, not in medical product shopping. There is an obvious research gap, which needs to be examined. Also, the way in which older Finnish consumers prefer to buy their medical products, has not been researched before.

1.3 Theoretical framework

The theoretical framework of this research comprises three different concepts. These are distribution channel planning, buying behavior of the elderly people, and special characteristics of marketing in the health care industry. Different sources of literature such as articles and books are used to explain these concepts as accurately as needed for this research. All these concepts are relevant and necessary for the empirical part of this research. Literature about distribution buying behavior gives guidelines for the structure of this thesis. Many studies about the distribution channel planning process have been published and, on the basis of this literature, a framework for this thesis has been developed. Special characteristics of the health care industry are important to recognize in order to make appropriate marketing actions and programs for the case company. The marketing research conducted in this thesis studies the buying behavior of elderly people. It is important to know, what kind of results have come up in previous research. These studies help answering the first research question and give a baseline for comparing the results that have come up in the marketing research conducted in this thesis.

1.4 Limitations

Even though 3M Finland Ltd. operate in various business areas, this marketing research is limited to medical products in the area of metropolitan area. Also, this research only studies the buying behavior of households, who consume wound care products, are under home care and have to pay for the products themselves. A typical person under home care using wound care products is an elderly pensioner. (Seppänen & Hjerppe, 2006) In this study home care refers to a service, where the

customer can spend most of the day at home and receive different kind of services. Home care may include medical treatment, home-help service, home care support services, and rehabilitative activities among other things (Espoo, 2014).

The questions for the interviews were designed to improve the understanding of buying behavior within different distribution channels. The distribution channel is planned only for wound care products, and it has been developed to answer the needs of patients under home care. Even though 3M Finland Ltd. also distribute wound care products to hospitals and nursing homes, these have not been included in this study, because patients using their services are not under home care.

1.5 Methodology

The theoretical part of this research is a literature review dealing with distribution channels, the shopping behavior of elderly people and marketing of health care products. There is also secondary data that has been collected for other purposes, but can be utilized in someone else's research. (Saunders, et al., 2009, p. 256)

The empirical part of this thesis consists of two parts. The first part is a marketing research, using a qualitative customer research approach. Customer research studies the buying behavior of customers. This includes factors that influence the buying decision. (Chisnall, 2005, p. 17). In this part the buying behavior of seniors under home care was studied with the help of telephone interviews. In addition to the telephone interviews, face to face interviews with pharmacists were conducted in order to answer the research questions more reliably. The second part of the thesis is a distribution plan for 3M Finland's wound care products. This part utilizes the data from the first part and from the literature review.

1.6 Structure of the thesis

In figure 1 the structure of the thesis is presented. This figure has three columns: input, chapter and output. The input column describes the input that has been put into the chapter and the output tells what was the output or benefit of the chapter.

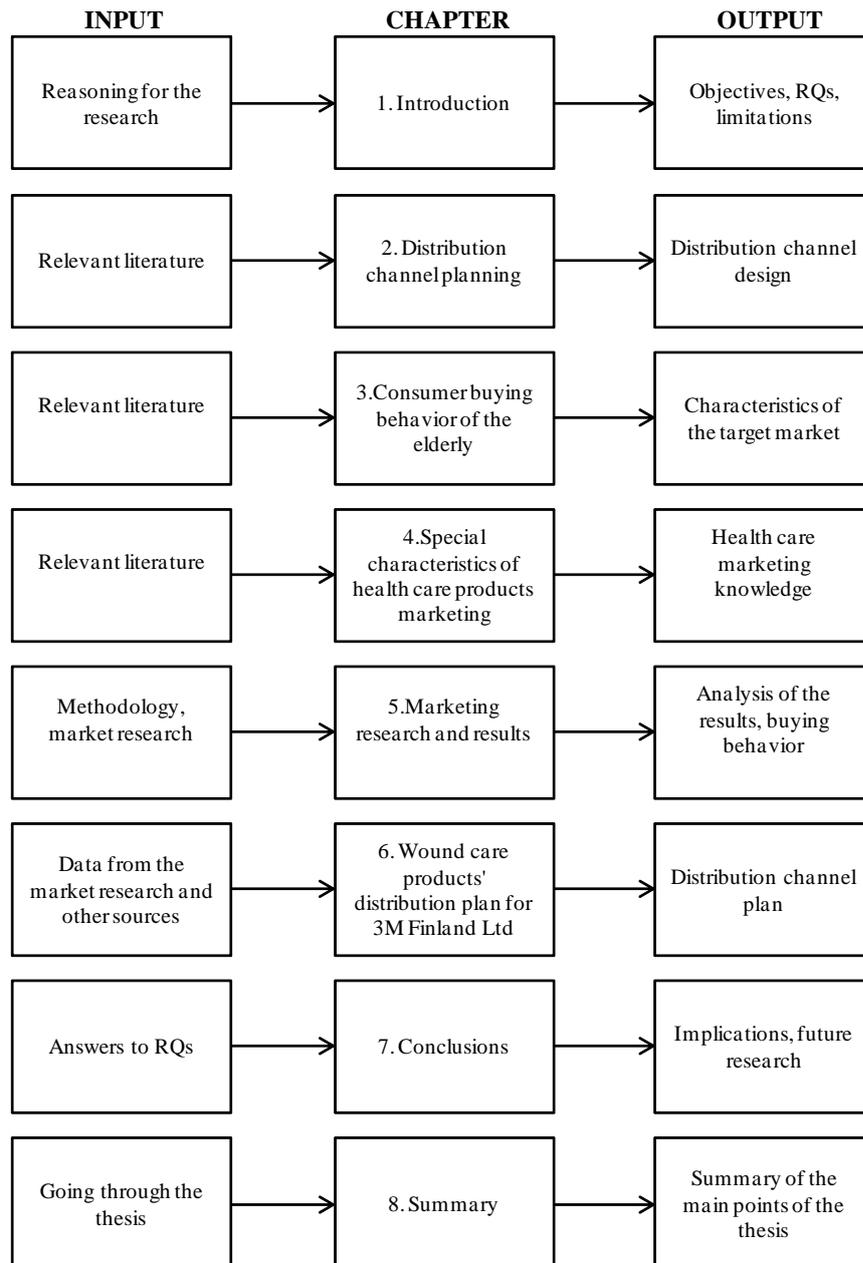


Figure 1. Structure of the thesis

This thesis has altogether eight different chapters in addition to references. The first chapter is an introduction to the research and it depicts the background of this thesis, research objectives and questions, limitations and methodology. Chapter 2, 3 and 4 are theory chapters based on relevant theories and literature. Chapter 2 focuses on distribution channel planning, chapter 3 on consumer behavior, and chapter 4 on the special characteristics of marketing in health care industry.

Chapter 5 Marketing research and results is the first part of the empirical part of this thesis. In this chapter the research methodology, interview form and results of the marketing research are presented. The second empirical part of this study is in chapter 6. Wound care products distribution plan for 3M Finland Ltd. In this chapter the current distribution channel of 3M Finland Ltd. is evaluated and then, based on the marketing research result, a more functional distribution channel plan is presented. The concluding chapter 7 gives answers to the research questions and shows implications to be drawn and makes future research suggestions. The last chapter is a summary of the main points presented in this thesis.

2 DISTRIBUTION CHANNEL PLANNING

Kotler et al. (2009, p. 618) define distribution channels as follows: “Distribution channels are sets of intermediaries that are usually independent organizations involved in the process of making products or service available for use or consumption.” Distribution channels can go directly from the company to the customer or through a variety of intermediaries, who perform a set of tasks. (Kotler, et al., 2009, p. 618)

Marketing managers can try to increase the sales by modifying the distribution element in the marketing program and they should ask the following questions:

- Can the company get more product support or display in existing outlets?
- Can the company use more outlets?
- Can the company introduce their product through new distribution channels? (Kotler, et al., 2009, p. 500)

Distribution channel decisions are the most critical decisions that management has to face. Channel members take margins that usually account for 30-50 percent of the selling price and this percentage can be compared to advertising, which typically has accounted for about 5-7 per cent of the final price. (Kotler, et al., 2009, p. 627) Therefore, the distributor can have a strong impact on the final price and selecting the most suitable partners is an important task. Wren (2007) emphasizes the importance of strategic channel choices with the fact that development of marketing channel relationships takes a lot of time and effort and therefore any decisions that concern these relations have a huge strategic importance. (Wren, 2007)

2.1 Distribution channel levels

A product or service can use different paths in reaching the customers. These paths can include wholesalers, retailers, distributors, intermediaries, transport companies and Internet. Retailers and wholesalers buy and resell the products.

Distributors usually offer also enhancing services such as warehousing and retailing. (Kotler, et al., 2009, p. 618)

The length of the distribution channel can be described by using the number of intermediary levels. Figure 2 represents different channels with various lengths.

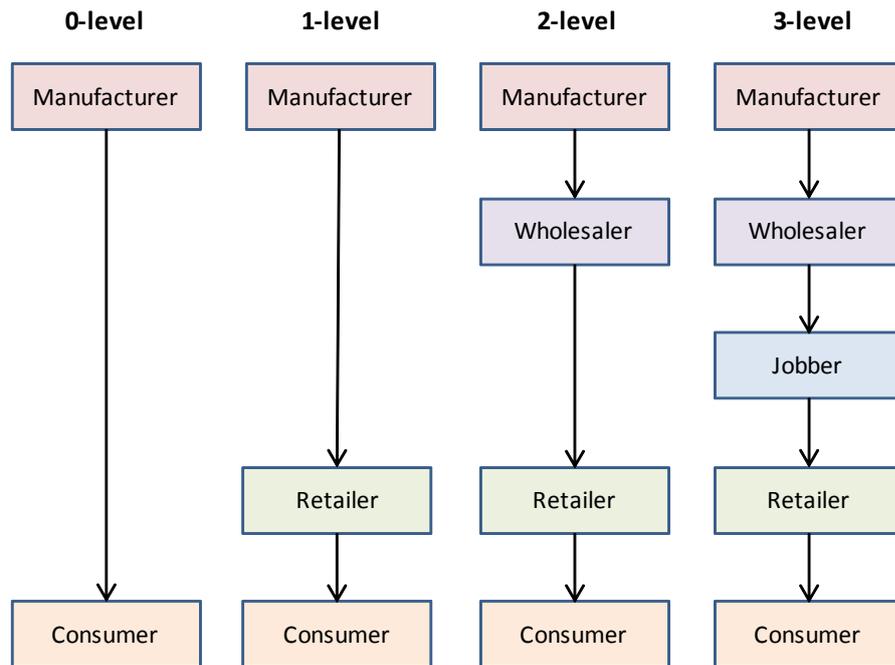


Figure 2. Consumer marketing channel (Kotler, et al., 2009, p. 628)

Each of the channels always has a producer or service provider and the final customer. In a zero-level channel, the manufacturers use their own distribution, sales force or other methods such as Internet to go through directly to the customer. The company has control of all of the aspects of business, when using a zero-level channel. (Kotler, et al., 2009, pp. 627-628) This option can be attractive to the manufacturers, because in a zero-level channel manufacturers can cut out the distributor's profit margin. In addition to Internet, direct marketing can be carried out via direct mail, telephone selling and direct response advertising. (Jobber, 2001, pp. 469-451)

A one-level channel has a retailer involved. (Kotler, et al., 2009, pp. 627-628) The advantage of using retailers as intermediaries is that end-users can view and test the products in a physical retail outlet. Also, if the retailer is big enough it might be more economic for the manufacturers to supply retailers directly rather than through wholesalers. (Jobber, 2001, pp. 469-451) A two-level channel in consumer markets typically involves a wholesaler and a retailer. (Kotler, et al., 2009, pp. 627-628) This choice is convenient for manufacturers if retailers in this industry are small and they order limited quantities. Using a two-level channel allows the resellers to buy smaller quantities from wholesalers, who can buy in bulk from the manufacturer. (Jobber, 2001, pp. 469-451) The most complex three-level channel has three intermediaries. The more intermediaries the channel has the more difficult it is from the manufacturer's point of view to obtain information about the end-users and to control the channel. (Kotler, et al., 2009, pp. 627-628)

Companies have to make decisions about the number of intermediaries at each channel level. The choices available are exclusive distribution, selective distribution and intensive distribution. Exclusive distribution strategy involves limiting the number of intermediaries. This strategy requires that the channel parties have close relationships and it is a suitable strategy when the company wants to maintain high control over the service level and outputs. (Kotler, et al., 2009, p. 636) According to Mallen (1996) an exclusive distribution strategy can minimize costs and it tends to maximize channel goodwill. He also states that in some cases it is better to have a few completely satisfactory relationships with intermediaries than many unsatisfactory. (Mallen, 1996)

Companies using a selective distribution channel strategy carefully select the intermediaries from all of the intermediaries, which would like to carry a particular product or service. This strategy suits both established companies and new companies looking for distributors. The selective distribution strategy brings about fewer costs than the intensive distribution strategy and companies have more control over the outlets. In addition to this, companies do not have to worry about too many distributors. (Kotler, et al., 2009, p. 636)

According to Mallen (1996), an intensive distribution's policy is to distribute to as many outlets as possible. This strategy is commonly used for products that are purchased frequently, such as snack foods. (Kotler, et al., 2009, p. 636) Mallen (1996) argues that using an intensive distribution strategy can maximize sales, because more outlets allow the companies to have more consumer contact.

Managing the supply chain is crucial and the channel choices influence all other marketing decisions of the company. Channel choices depend on the company's marketing strategy, which has to take into consideration segmentation, targeting and positioning. (Kotler, et al., 2009, p. 630) The degree of control that a company wants to have in distribution channels affects the company's decision on the distribution channels. (Bello & Gilliland, 1997) When the company uses two or more marketing channels to reach its customers, it is called multichannel marketing. Nowadays many companies have multichannel and global networks. Companies have the choice between a multiple-channels and a multichannel strategy. The multichannel strategy has cross-channel benefits based on the management of the channel. The multiple-channel strategy provides multiple channels for the consumer. (Kotler, et al., 2009, p. 630) According to Thornton and White (2001) the multiple channel strategy can increase revenues, because firms can utilize different distribution channels to sell different products. When a company chooses to use a new distribution channel, it can expect growth in sales through this new channel compared to the channel that it has traditionally relied on. This is because the company frequently attempts to tap into a new market segment with this new channel and therefore the company faces considerable growth opportunities. (Thornton & White, 2001) According to Wright (2002), companies using a multiple-channel strategy can reduce costs and perform better than firms with a single –channel strategy. (Wright, 2002)

2.2 Distribution channel designs

Channel design is a process, where business marketers develop new channels and modify the existing ones. The management on the basis of channel design

develops effective distribution channels. (Hutt & Speh, 2013, pp. 253-254) Distribution channels choices can be a source of competitive advantage, and that is why managers have to make the decisions according to a carefully evaluated plan. Many models have been designed for companies to use in the planning process of distribution channels. However, companies are generally not satisfied with the distribution arrangement of their products and services. (Neves, et al., 2001) In literature a range of different models of distribution channel design can be found and the most suitable ones for this research are presented in table 2.

Table 2. Different models of distribution channel processes found in literature (Banyte, et al., 2011; Kotler, et al., 2009; Neves, et al., 2001)

Kotler et al. 2009	Stern et al. 1996	Banyte et al. 2011	Berman 1996
Analysis of the customer's needs	Examination of existing materials and research on channels	Analysis of consumer needs and definition of the constraints	Defining channel objectives
Establishment of the channel objectives and constraints	Mapping out current distribution system	Formation marketing channel's objectives and tasks	Evaluation of channel width and depth and the requirements of intermediaries
Decisions about the number of intermediaries	Carrying out existing channel workshops/ interviews	Marketing channel alternatives evaluation	Assessing factors that affect channel length (market, product, company, and intermediary)
Terms and responsibilities of the channel members	Analysis of competitor channels	Selection of marketing channels	Allocation of channel tasks for each channel members
Evaluation of the possible channel member alternatives	Evaluating of opportunities in existing channels for near term		Selection of channel re-sellers
Selection of the channel members	Development plan of attack for near-term		Revision of channel arrangements

The models presented are quite similar, but Kotler's et al. (2009) and Banyte's et al. (2011) models start with the analysis of customer needs. Their models have customers in the center and they both aim for the selection of the best marketing channels. The most complicated model is Stern's et al. (1996) with six different steps and it also includes an analysis of competitors' channels. Stern's et al. (1996) model's first step is the examination of existing materials and research on channels. In their model, existing channels should be interviewed in order to plan the process. Berman's (1996) model includes many analyses such as the analysis of market, product, company, and intermediary. (Banyte, et al., 2011; Kotler, et al., 2009; Neves, et al., 2001) Following loosely these frameworks, a distribution channel planning process model is developed and presented in figure 3.

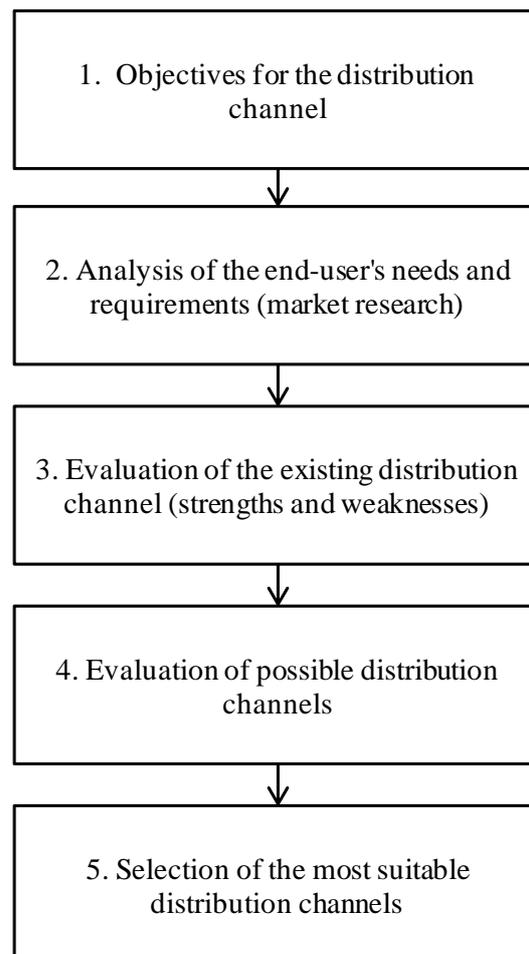


Figure 3. Distribution channel planning process

The first step of the distribution channel planning process is to establish the objectives for the distribution channel. According to Kotler (2009, p. 635) the objectives that the channel has depends on the product characteristics. Perishable products are usually distributed directly to the market, whereas bulky products need to use channels that have minimized the shipping distance and handling. Non-standardized products are sold directly to the sales representatives. Companies typically distribute and maintain themselves products that require add-on services, such as installation or maintenance. Companies sell high-unit-value products directly to their customers rather than through intermediaries. Cheap and fast-moving consumer goods are often sold through distributors. (Kotler, et al., 2009, p. 635)

The second step is the analysis of end-users' needs and requirements. This will be carried out through marketing research, where the buying behavior of end-users is studied. According to Banyte et al. (2011) many scientists suggest a range of models for distribution channel formation, but often too little attention is devoted to the analysis of the factors that influence the channel or definition of consumer needs. (Banyte, et al., 2011) Hutt & Speh (2013, p. 254) state that the primary goal of the distribution channels is to satisfy end-users needs. According to Kotler et al. (2009, p. 635), in the analysis of the customer's needs companies should look at different service levels from the point of view of the customer. These are quantity of purchase, waiting and delivery time, convenience, product and service variety and service pack-up. (Kotler, et al., 2009, p. 635) Neves et al. (2001) state that this step relates to marketing research with final consumers and intermediaries. Marketing research is important in order to gain insights into the distribution system from the point of view of end-users. (Neves, et al., 2001)

The third step includes the evaluation of the existing distribution channels that the company currently uses. In this step, the weaknesses and the strengths of each channel are defined. According to Neves et al. (2001) the object is to describe all the agents that perform functions in the channel of a specific industry. Neves et al. (2001) also state that financial data should be analyzed, so that the importance of

each channel member can be understood. Flow tables can be produced, in order to map out the current distribution channels. (Neves, et al., 2001)

The fourth step is the evaluation of the possible distribution channels. In this step, different alternatives are presented and evaluated. According to Banyte et al. (2011) the different alternatives can be compared based on the marketing channel, consumer needs, the main restrictive factors and opportunities. Also, the marketing channel structure depends on the capacities of the organization and the product factors, for example size, weight of the product, expiration date etc. (Banyte, et al., 2011)

The last step in the process is the selection of the most suitable distribution channels. This will be done with information from all the previous steps. Hutt & Speh (2009, p. 258) argue that the selection of channel members should not be part of channel design, because intermediary selection is an on-going process. Therefore, the selection of channel members should be part of the channel management. (Hutt & Speh, 2013, p. 258) However, many authors of scientific journals place the selection of channel members in channel design (Banyte, et al., 2011; Kotler, et al., 2009; Neves, et al., 2001), so in this model the selection will occur in both parts. According to Kotler (2009, p.632) each member of the distribution channel performs a range of functions. These functions can constitute forward flow or backward flow activities. Forward flow activity is an activity that happens from the company to the customer, for example promotion. Backward flow activity happens from customer to company. Some functions, such as information, negotiation, finance etc., occur both forward and backward. In the selection step of the distribution channel planning process, companies must decide which distributors perform which functions. (Kotler, et al., 2009, p. 632)

2.3 Content of a distribution channel plan

The content of a distribution channel plan can vary within different companies and it also depends on the situation. The distribution channel plan can for example include different steps, such as approaching the wanted distribution channel

partner, agreeing on common goals, and service and reporting requirements, delivering marketing and sales material and inventory for the partner, training the partner and running marketing programs and promotions that help the distribution partner to increase sales. (Marketing MO, 2014) The distribution channel plan can also include measuring the successfulness of the distribution channel strategy and program for different marketing actions.

According to Fernandez (2008, pp. 9-10), the distribution policy includes a physical distribution process and a sale of goods process. Different distribution bodies carry out the two processes. Physical distribution policy contains the whole process, which is needed to transport the product from the manufacturer to the consumer. Delivery policy represents delivery agreements between the manufacturer and customer. Issues that need to be addressed are delivery time, state of delivery, reliability of delivery and flexibility of delivery. Also, all the costs related to logistics, such as the stock, storage, handling and transport costs, are among the most important decisions in distribution channel management. The goal of the sales of goods process is to sell goods and have a good relationship with the customers. (Fernandez, 2008, pp. 9-11)

2.4 Managing distribution channels and conflicts

When the distribution channel system has been developed, marketing managers still have to manage it. Managing distribution channels involves training and motivating channel members, gaining cooperation: channel power, evaluation of channel members and modifying channel design and arrangements. (Kotler, et al., 2009, p. 638) Marketing managers need to understand the intermediaries' perspective, and create ways to motivate them acting in a way that improves the manufacturer's long term success. Motivation starts with the understanding of the nature of the relationship. Channel members and manufacturers are in a partnership. Motivation can include joint annual planning with the distributors or, for example, recognition programs, product training and consultation with representatives. These actions help to build a trusting relationship, which leads to meeting performance goals. (Hutt & Speh, 2013, p. 258)

Many companies see it as a challenge to cooperate with intermediaries or buyers suppliers. Channel power is the manufacturer's ability to influence the behavior of channel members, so that they will behave in a way they would not have behaved otherwise. Companies often choose to use positive motivators, such as high margins, special deals and only occasionally choose to use negative sanctions, like threatening to reduce margins and slow down delivery. Still, companies should work within the network in order to have win-win situations. (Kotler, et al., 2009, p. 638) Sometimes suppliers might see a close relationship with a distributor as a threat instead of an opportunity. (El Akremi, et al., 2011) However, Dong et al. (2014) argue that strong ties and a close relationship with distributors help lessen opportunism among distributors. (Dong, et al., 2014)

After the company has established objectives for its distribution channel, it is extremely important to make sure that all the channel partners have adopted and will pursue the same objectives. (Kotler, et al., 2009, p. 638) However, this step is not always easy to implement and channel conflicts may occur for different reasons. The main reasons causing channel conflicts are different views in objectives and in desired product lines, the usage of multiple distribution channels and failures in performance. (Jobber, 2001)

Jobber (2001) states that there are many different ways to manage a channel conflict. According to McDonald (1999), channel conflicts can be avoided by having a close collaboration and communication between the channel members. (McDonald, 1999) Jobber (2001) argues that different parties in distribution channels have to be trained, so they can deal with channel conflicts and handle tough negotiations better. The problem is that channel partners have no previous experience about conflict management. (Capozzoli, 1999) Managers should have guidelines for conflict management, preferably with written contracts. However, not all conflicts are unavoidable and they might be to some extent even desirable. If the conflict does not influence the channel performance, distributors may compete. In some cases, the distribution channel can be too peaceful; it can even be passive in reality. Passivity can hide issues that are real problems. By going

through channel conflicts, channel members can understand each other better and achieve higher performance. Also, channel conflicts might be necessary for the different parties having to adapt to changes in the market environment. (Webb & Hogan, 2002)

Modifying channel design and arrangements is an on-going process, and marketing should periodically evaluate and modify it. (Kotler, et al., 2009; Hutt & Speh, 2013) Channel design evaluation can be done with the process model presented before. Managers need to monitor the distribution members and check regularly that they all have same objectives as the manufacturing company has. The process of distribution channel planning is iterative.

3 CONSUMER BUYING BEHAVIOR OF THE ELDERLY

A large proportion of the population has statutory health cover in most European countries. Alternatively, some consumers may pay for health care out of their own pocket or through their private healthcare insurance. In 2005, most of the health expenditures were paid out-of-pocket in Finland. (Eurostat, 2009, p. 249) This is important to know, because many insurances provided by employment benefit force customers to use specific health care services. However, if the customers themselves pay the expenditures, they are allowed to choose which services and products to use. The share of healthcare in total expenditure in EU-27 is approximately 3.6 % and in Finland it is a bit higher, approximately 3.7 %. The share of total household consumption expenditure used for healthcare varies in different types of households. Retired people and those aged 60 or over, had the highest shares of health in total household expenditure. Over half of household consumption expenditure on health in the EU-27 is spent on the direct purchase of pharmaceutical products, therapeutic appliances and equipment. (Eurostat, 2009, p. 247) This chapter presents first the importance of older consumers and then it discusses the buying behavior of elderly consumers.

3.1 Consumer segmentation and the importance of older consumers

A market segment is a set of potential or present customers with common characteristics. These characteristics are important and relevant in explaining and predicting customers' response to a supplier's marketing stimuli. The characteristics and the needs of each segment are important to determine in order to give the marketing program correct direction and focus. (Hutt & Speh, 2013, pp. 90-91)

Companies, who operate in the pharmaceutical industry, should focus on targeting senior consumers. These consumers use medical products and services and the use of such products is known to increase within age. (Moschis & Bovell, 2013) For 3M the ageing people -segment is very important as they are typically users of

health care products and are people who are under home care. The population of Finland is aging in the next few years and it has been estimated that the share of the population aged 65 and older will soon exceed that of children under the age of 15. By 2030, the elderly will cover over a quarter of the total population in Finland. So it is obvious that the economic significance of elderly consumers is rising. (Kohijoki, 2011) Also, according to Thomas and Peters (2009) consumers above the age of 65 have high spending power that needs to be addressed. (Thomas & Peters, 2009)

Segmentation has been proved to be a necessary tool in addressing the saturated market for health care services. (Pak & Pol, 1996) Previously the segment of ageing consumers has been treated as a homogenous group, but in the near future 55+ consumers will be the dominant consumer segment in Western societies and therefore companies need to be more aware of their heterogeneous needs and wants. (Kohijoki & Marjanen, 2013; Meneely, et al., 2009) Also, multiple studies show that there are sub-segments in the segment of elderly people. (Kohijoki & Marjanen, 2013) These sub-segments can help to find out, which factors have an influence on their shopping behavior. Different studies show that elderly people are not necessary a homogenous group and there are also other factors in addition to age that influence significantly the buying behavior of elderly people. As Bone (1991) states in his research, four characteristics help in segmentation of seniors: health status, activity level, discretionary time, discretionary income, and response to others. (Pak & Pol, 1996) Also, personality and socio-economical status can impact upon the buying behavior of elderly people.

Moschis and Bovell (2013) argue that the segmenting of elderly people should be done based on gerontographic factors rather than demographic factors. This model assumes that older people who have experienced one set of circumstances most likely behave differently from older people who have experienced a different set of circumstances. According to Nunes and Cespedes (2003) in many markets there are four types of buyers. These are habitual shoppers, high value deal seekers, variety-loving shoppers and high involvement shoppers. Habitual

shoppers are brand loyal, skeptical to change and tend to purchase from the same place. High value deal seekers judge the products by its brand and often seek for the right place to buy the products for a while. Variety loving shoppers choose spontaneously and are willing to try out different products. High involvement shoppers select the time and location thoughtfully and seek for expert advice. (Nunes & Cespedes, 2003)

3.2 Buying behavior of the elderly

The study of consumer behavior examines people's habits of buying or not buying products and it examines how, where, why and when people buy products. The goal of the study of consumer behavior is to understand the processes behind the buying decision making of individuals and groups. A brand connects all the information related to the product and creates associations and expectations that are connected to the product. A brand can be a name, term, sign, symbol etc. that companies create in order to differentiate their product from the competitors. Habitual buying behavior occurs when consumers purchase the product often and usually choose a specific brand out of habit. Habitual buyers do not usually search broadly for information about the products as they make their buying decision based on brand recognition. Marketers can try to influence consumers' habit of buying particular products by using lower prices and sales. (Pandey, et al., 2013)

Pandey et al. (2013) state that the decision making process of buying has five different steps. These are need recognition, information search, evaluation of alternatives, purchase decision, and post-purchase behavior. Each step requires marketers to do different actions in order to have an influence on buying behavior. It is important that marketers provide the latest and most adequate information on the products, study consumer needs and wants related to pricing, product attributes, promotion and placement. (Pandey, et al., 2013)

In the research of Meneely et al. (2009), they discovered that the consumers' retail buying behavior changes as the consumer ages. Increasing age influences

consumers' lifestyle, purchasing behavior and consumer perceptions. Retailers and distributors must know how their customers behave and segment them in order to appropriately custom their products and services to meet specific requirements of the customers. Meneely et al. argues that not only the physical consequences of aging affect the buying behavior, but also lifestyle changes caused by aging have an impact on it. (Meneely, et al., 2009)

Different people age differently physiologically and psychologically. People experience different rates of physical decline, for example they usually experience various changes in body functions, such as hearing and vision, or they might have chronic conditions or diseases. Elderly people have increasing difficulties in reading small print and distinguishing stimuli presented in certain colors. These kinds of changes influence the way they respond to products and services. One part of psychological aging, among various other things, is to consider oneself as a senior. Aging people assume new roles associated with old age and as they assume these roles and responsibilities they also develop new needs for the products and brands they purchase. This means that not all elderly people want to be classified as seniors and because of that they do not want to respond to marketing targeted exclusively to older consumers. (Moschis & Bovell, 2013)

Even though the end customer often is an ageing person and his/her welfare, the customer can, in addition to being an elderly person, be another private person, a relative, a friend or personal care-giver. (Nummelin, 2005) This has to be taken into consideration when the company is choosing the best way to reach the end-customer. Companies cannot just think of elderly people as target customers even though they most likely are the end-users of the product. Elderly people will not necessarily be the ones who actually make the purchasing decision and buy the product.

Elderly consumers are often considered a disadvantaged group, because they may have physical, personal and/or economic barriers of accessibility. They cannot necessarily use the stores they would like to if these are located far from their home, for example. (Kohijoki, 2011) Myers & Lumbers (2008) argue that ageing

consumers have different concerns, needs and desires compared to younger people when they choose shopping places. (Myers & Lumbers, 2008) According to Pittock (1999), seniors rather do business with someone whom they know and who understands their values. (Pittock, 1999)

Previous studies show, that elderly people tend to be rational, price conscious and service oriented and they prefer own-label and branded goods. Elderly people do not shop only for the purpose of purchasing, but also for social interaction, exercise and recreation. (Kohijoki, 2011) Older people have been found to be loyal to specific stores and they also prefer stores that are located near their homes or in town centers. (Kohijoki & Marjanen, 2013) For companies this means that they have to find out the most convenient distribution channels to reach the elderly people as they don't act like other segments. The distribution channels that companies should choose have to be easily accessible for elderly consumers. For example, even though online shopping may sound easy for us, it is not necessarily that easy for elderly people. Also, companies have to keep in mind that 91 % of the Finns use the Internet (Schwab, 2013, p. 185), and because of that, this study takes into consideration the fact that in the future most of the Finnish people will use the Internet.

McCloskey (2006) studied the electronic commerce participation and attitudes of older consumers. The results indicate that age has a direct effect on electronic commerce participation. The older the consumer, the less likely it is that he/she will make online purchases and participate in electronic commerce transactions. Also, older consumers have more negative attitudes concerning ease of use. According to McCloskey, ease of use does not influence significantly the number of times that individuals shop online or the amount of money they spend. In this research, the ease of use measure included ease of placing, paying and rectifying problems. However, convenience and timesavings are important factors in technology adoption by elderly people. Perceived ease of use and perceived usefulness have been found to have a direct dependency. It is important for electronic vendors to design their web sites in a way that makes them easy to use

and navigate, and people can discover the usefulness of the web sites. Trusting the electronic vendor is also an important factor that influences the frequency of use. The more online-shoppers trust that their personal data will be safe, the more they feel that online shopping is easy and useful. When consumers trust the websites, they are more likely to take advantage of those features that make the websites easy to use and will find the products that they are interested in. (McCloskey, 2006)

According to a study by Reisenwitz et al. (2007), elderly consumers are becoming more innovative and they want to shop online. This view challenges previous studies that claim that elderly people have negative perceptions towards technology. The longer seniors use Internet, the more comfortable they feel and are more likely to make an online purchase. However, older consumers, who cherish the “good old times” do not welcome the changes brought by Internet, and are not ready to use it. That is why marketers should aim to satisfy the needs of elderly consumers by promoting nostalgia. This could be done for example by selling on their website nostalgic products which consumers have used in childhood, and which are not available in regular retail stores. (Reisenwitz, et al., 2007)

Table 3 summarizes factors that influence elderly people’s buying behavior. These factors emerged from the literature review.

Table 3. Summary of factors influencing elderly people's buying behavior

Factor category	Factors influencing elderly people's buying behavior
Attitudes	<ul style="list-style-type: none"> - physiological age - trust in the store - loyalty to specific stores and brands - lifestyle changes - comfort - negative perceptions about technology - curiosity to use Internet
Physical situation	<ul style="list-style-type: none"> - physical age, condition and barriers - location of the stores - activity level
Store, service and product characteristics	<ul style="list-style-type: none"> - preference for branded products - price consciousness - service orientation - rationality - social interaction, exercise and recreation - needs, requirements and desires
Other factors	<ul style="list-style-type: none"> - personal and economic barriers - response to others - income

In the table, factors influencing the buying behavior of elderly people have been put into four different categories. These are attitudes, physical situation, store, service and product characteristics and other factors.

4 SPECIAL CHARACTERISTICS OF MARKETING IN HEALTH CARE INDUSTRY

Marketing is done in every company offering products or services. Advertising is only one measure among others that companies do in order to achieve the company's objectives on the market. Marketing comprises all the internal and external decision processes and activities within a company. (Fuchs & Schlegel, 2000) Health care products' marketing has different characteristics compared to the marketing of retail products. Especially in the marketing of medicines there are ethical instructions, which have to be taken into consideration. In this chapter, the most important characteristics of marketing in health care industry have been discussed through the literature review.

4.1 Marketing strategy

Ackerman (1986) argues that health care is above all value driven to the benefit of the patient, stockholders and employees. And because of that, the best marketing efforts take full advantage of the value produced and provided by an organization. Ackerman also states that the need to maintain levels of quality and still make a profit causes special demands on management. According to Ackerman, there are four important objectives that the management has to take into consideration:

1. "Enhancing business strategy to the point that identity and strategy become partner's differentiation.
2. Leveraging marketing and sales efforts so that how the organization creates and delivers value for the marketplace is clearly understood by decision makers as well as employees.
3. Strengthening the organization's reputation, the basis for enhanced credibility among an array of audiences from users and customers to investors.
4. Crystallizing important differences among companies, products, and services, and giving both professionals and patients a clearer picture of

options and opportunities from which to make meaningful decisions that affect their medical and economic welfare.” (Ackerman, 1986)

This basically means that companies have to know exactly what the customer perceived value of each medical product is in order to market them efficiently. By going through each of these objectives, companies can maximize the customer perceived value for the final users and also utilize this in marketing. According to Minkus-McKenna et al. (2006) in the health care business area consumer requirements impact on the message of the product, not on the internal working of the product. Organizations need to understand how messages perform, what drives consumers’ interest, which positives and negatives work, and how to improve the positives. (Minkus-McKenna, et al., 2006)

According to Bystrova et al. (2012) they key drivers for competitiveness are innovations. Innovations can emerge from multiple sources. When companies focus on technology pushing innovations, they do not usually take into consideration customer needs, which cause a risk of mismatching customer needs and the missing target market. Because of this, Bystrova et al. emphasize the importance of an early integration of potential users during a new technology implementation. When the customers are involved in implementing new technology, the risks and opportunities can be identified in the early stages. (Bystrova, et al., 2012) Medical products tend to be highly innovative, and therefore companies operating in the health care business area should keep this in mind. All in all, the needs of the customers are most important, and even though the product would be highly innovative, it might not meet the customers’ expectations.

The health care business changes quickly, because new innovations are introduced into the market constantly. This causes a threat for the companies as their products can be substituted with other companies’ products. According to Wilkie et al. (2012), consumer advertising has many advantages in defending a brand from a new competitor entrant, because it places the brand in the minds of consumers. Consumer advertising also assists in consumer learning and forming of

preferences and reinforces brand loyalties. All these help to form a barrier to entry for competitors. (Wilkie, et al., 2012)

The marketing of medical products has been evolving constantly, but one of the most influential developments in pharmaceutical marketing has occurred in recent years. This is direct-to-consumer advertising. Direct-to-consumer advertising (DTCA) has been evolving rapidly because of the development of technology. People are using more and more Internet, healthcare applications, social networking, etc. (Mackey & Liang, 2012) However, as mentioned before, elderly people may not be familiar with the latest gadgets and technologies, but in the near future the elderly will know how to use Internet efficiently. Also, patients themselves might not be the persons who actually choose and purchase the products. The patient's relatives and family members might use search engines and Internet as a tool to find the best product for the patient. Still, the number of patients that access health-related information on the Internet is at an all-time high. (Latz, 2012)

A method that companies can use with their websites is called search engine optimization, SEO. The idea of SEO is that websites have content which is easily found by different search engines. (Weeks, 2010) Kennedy & Kennedy (2008) argue in their study that the key of SEO is that potential customers have to find it at the right time. There are two different ways in which the customer can find a company's website through search engines: organic or pay-per-click listing. Organic listing is free. Search engines rank the websites on the basis of keywords that are used by the customer. The sites that are most relevant for the customer are shown first on the search page. Ranking depends on many things, but, as a rule, it is based on factors such as site content, links, and current updates. The pay-per-click strategy brings about costs for the company and the price is fixed by auction. These advertisements are shown on the side of the search page and they are usually shaded or differentiated from organic links. (Kennedy & Kennedy, 2008)

Word of mouth (WOM) marketing has proved to be an effective tool in marketing in the area of health care. Internet and different kinds of social media amplify the effectiveness of WOM marketing. Because customers are exposed to traditional marketing in many ways, customers are becoming more skeptical and are turning to family, friends, associates, neighbors, strangers, Internet, etc. for references, advice and recommendations. According to a survey by Nielsen (2013), WOM marketing is the most trusted source of consumer information. There are different WOM strategies that companies can adopt. Companies can recruit brand ambassadors, and ask them to share their experiences in different events and in social media. Companies can send samples to customers and ask them to review their products. It is important to ensure that the ambassadors have easy access to the latest research, information and tools. However, WOM marketing can have positive, negative or neutral consequences. (Weiss, 2014) Before making any WOM strategies, companies need to be sure of the quality of their products and have a solid WOM strategy in order to avoid the negative effects of WOM marketing.

According to Lukkari & Parvinen (2008), physicians or pharmacists may influence customer opinion and because of that, it is not enough to allocate market resources only to end-users. Also, professionals selling the products or recommending them have to be addressed. (Lukkari & Parviainen, 2008) Marketing efforts cannot just focus on the end-users, but a part of the promotional expenditure should be used in educating pharmacists and sales representatives, because many of the end-users value their opinion and assistance in the purchasing process (Moschis & Bovell, 2013) This can be done for example in different types of trade shows, education events etc. Chu & Chiu (2013) argue that trade shows are one of the most effective marketing strategies in business marketing. Also, the average cost of meeting face-to-face potential and current customers is lower than the cost of a personal sales visit. (Chu & Chiu, 2013)

In the research of Moschis and Bovell (2013) they found out that pharmaceutical manufacturers and retailers should focus mainly on the segment of mature

consumers. Their study suggests that product positioning should include ease of product use and it should also include ease of reading the information on labels and brochures. They argue that the marketing mix should be designed in such a way that it contains elements consumers find attractive. Product selection should be wide and pricing should have a variety of price-saving incentives, such as coupons. Elderly consumers also value convenient access to stores. Pharmacies need to be located in an area providing convenient access. Companies deciding to market their products directly to consumers should emphasize on time product delivery, convenience and savings from direct ordering and they should also try to reduce risks related to purchasing by offering reasonable order-cancellation and return policies. (Moschis & Bovell, 2013)

4.2 Restrictions and ethics

There are also regulatory challenges that have to be considered and in many countries there are restrictions on marketing practices that promote products, the purchase decision of which is controlled by physicians. Governments usually do not allow companies to market prescription drugs directly to the end-user. (Mackert & Harrison, 2009) This is the case also in Finland.

Lääketeollisuus Ry (2014) has given ethical instructions for the marketing of medical products in Finland. Companies can market only non-prescription drugs and tacit advertising is forbidden. Medicine advertisements must contain a certain amount of information such as name of medical substance and all the information that is required in order to use the medicine in question correctly and safely. Medicine marketing cannot include any lotteries and giving samples is forbidden. (Lääketeollisuus ry, 2014) Even though all the mentioned things must be borne in mind, they do not apply to most of the wound care products, as customers don't need a prescription to buy them. But all in all, as Mackert and Harrison (2009) have stated, straightforward and honest marketing is the best strategy to meet the customers' requirements and needs. (Mackert & Harrison, 2009)

5 MARKETING RESEARCH AND RESULTS

Through the information, marketing research links together the marketer and the consumer. With the help of this information, the marketer aims to discover issues and opportunities related to marketing; produce, refine and assess marketing activities; keep track of the efficiency of the marketing; and improve the comprehension of the marketing process. Marketing research determined the information needed for the questions, the planning of data sampling methods, the carrying out of the data sampling and communicating the results. (Green, et al., 1988, p. 3) This chapter presents the research methods used in this thesis in more detail. Issues that are discussed are background, research methodology, sampling method and sample size, research process, data analysis method, interview form, research ethic, results and reliability and validity.

5.1 Background

In previous research conducted by 3M Finland Ltd., it came up that there is market potential for wound care products for a specific segment. This segment is people who are under home care (out of the hospital-segment). In this research two questions were asked: 1) which municipalities offer patients under home care wound care products for free, and 2) do these municipalities have a qualifying period of time before offering the products. The study was a small marketing research, and the biggest municipal health centers' professionals were telephoned and asked a few questions. As expected, most of the municipalities offered products for free after three months of qualifying time. Some of the municipalities always offered the products for free and in other municipalities patients always had to pay for the products themselves. In some cases, even the health care professionals were not sure about the guidelines.

The topic of availability of wound care products in Finland has also been studied by Seppänen & Hjerpe in 2006. They used students from 14 different universities of applied sciences to help with their study. The report included 162

different municipalities and thus the study covers the whole of Finland. Data was collected through interviews and surveys. (Seppänen & Hjerppe, 2006) The results of Seppänen & Hjerppe's study are presented in table 4.

Table 4. How patients under home care get wound care products (Seppänen & Hjerppe, 2006, p. 18)

How patients get wound care products	f	%
Municipal health centers give the patients some wound care products	75	44
Municipal health centers give the patients wound care products by nurse's order	36	21,1
Patients have to pay for all the wound care products themselves	27	15,6
Municipal health centers give the wound care products to patients by doctor's order	13	7,6
Home care gives the patients wound care products	3	1,8
Home care gives the patients wound care products for 3 days	17	9,9
Total	171	100

According to their study in 21.1 % of municipalities, patients have to purchase the wound care products they need themselves. Also, in 9.9 % of the cases, patients get the products for free for the first three days, and after that they need to purchase the products themselves. According to the study, the guidelines are not that clear in every municipality and getting the products for free depended on the situation. (Seppänen & Hjerppe, 2006) The situation varies in different cities, and it is difficult to make any generalizations about how the patients get their wound care products. For that reason, this topic needs further study. Also in the study of Seppänen & Hjerppe, they didn't interview patients directly, but asked questions from health care professionals. The topic of buying behavior of patients under home care has not been studied in Finland before.

By law (1335/2010) every permanent resident of Finland has the right to receive such medical care as his or her state of health requires. (Finlex, 2010) According to health care law (1326/2010), it is the municipalities' responsibility to organize

the medical care of their inhabitants and medical supplies should be included into the treatment for free. The need for medical products has always to be determined by a health care professional. (Sosiaali- ja terveystieteiden ministeri, 2013). In 1999, The Finnish Ministry of Social Affairs and Health gave instructions to municipalities regarding the distribution of wound care products. (Seppänen & Hjerpe, 2006, p. 7) According to these instructions, municipalities should distribute the products for free after a three months qualifying period for sickness benefit. The distribution of medical products is based on medical grounds requiring a long-term condition that has lasted at least three months. The distribution of medical products should not only include giving out the products, but a total assessment of the treatment should be part of it. Medical product distribution is part of the total treatment and includes individual medical care guidance. Municipalities can plan their own instructions for distribution. Medical products have to be distributed without charge and are distributed from municipal health care centers or other health care service points. Products can be also delivered directly to home. (Sosiaali- ja terveystieteiden ministeri, 2013).

In figure 4 the population's pyramid of Finland is presented. The estimated population in Finland is 5.3 million.

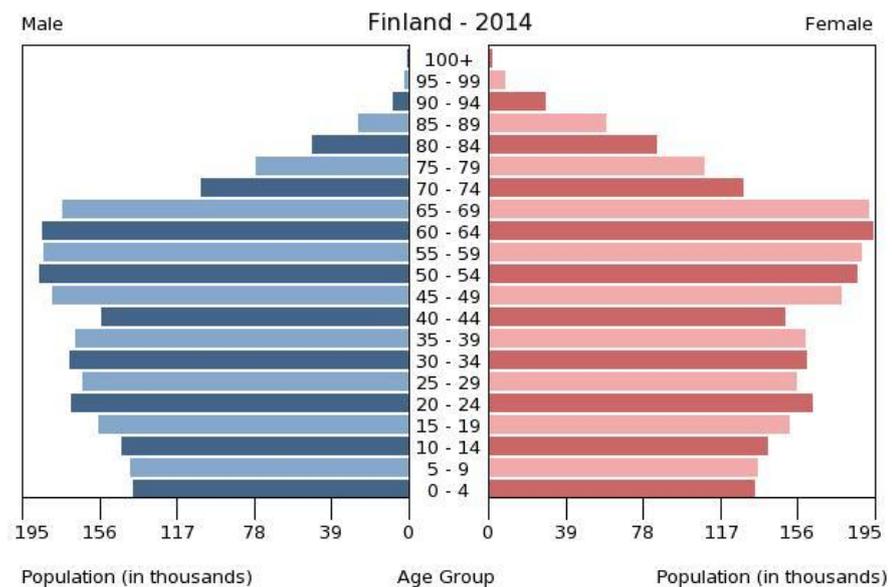


Figure 4. Population pyramid (CIA, 2014)

Approximately 19.2 % of the Finnish population are 65 years and over. (CIA, 2014) This percentage is very high and indicates the huge potential customer base that 3M have, as the ageing people are an important target segment for wound care products. The population pyramid also shows that post war baby-boomers are approaching the top of the pyramid. The Finnish population is ageing quickly and in the near future elderly people will make up a great part of the whole population. According to Euromonitor International (2013), demographic changes will have an impact on consumption habits and trends in health care, and manufacturers should take these changes into consideration. These changes will affect positively the consumer health market. (Euromonitor International, 2013, pp. 3-4)

Total sales of wound care in 2013 were about 13 million €. (Euromonitor International, 2014) Figure 5 depicts the shares of wound care which different companies held in 2013.

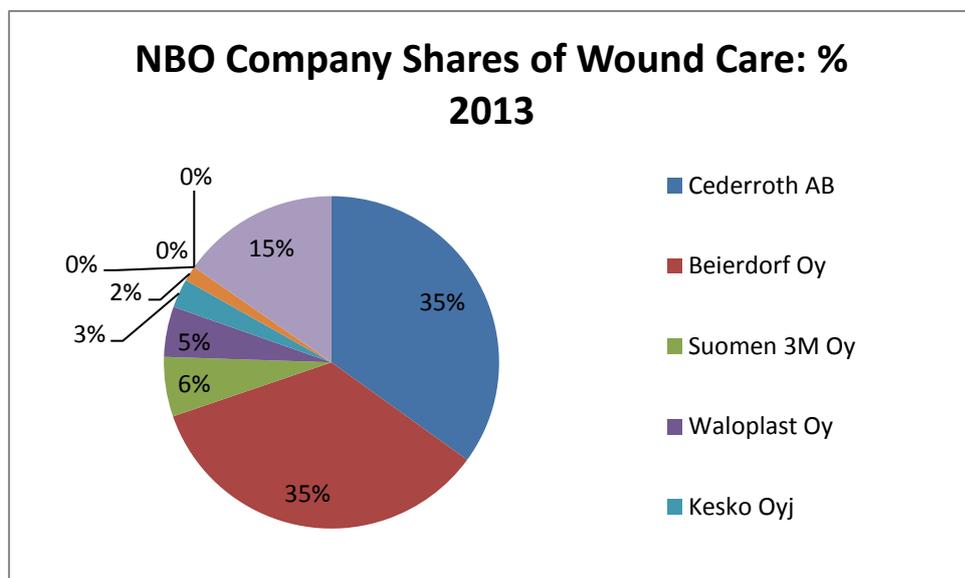


Figure 5. NBO Company Shares of Wound Care in 2013 (Euromonitor International, 2014, p. 3)

3M Finland Ltd., also known as Suomen 3M Oy, had in 2013 5.8 % share of value sales in wound care. Cederroth AB is the market leader with 35 % share of sales. Cederroth AB owns the very popular brand Salvequick, and has an extremely wide product range. Cederroth AB has launched new products regularly and has

strong advertising, which has reinforced its position. The second strongest company operating in wound care is Beierdorf with 34.8 % share of value sales. Beierdorf owns the well-known brand Hansaplast. (Euromonitor International, 2014, pp. 1-2)

In 2013 value sales of wound care grew by 3 %, because of new product launches and customers' growing interest in premium positioned products. In the next 5 years, wound care is predicted to grow by 2 % in sales. This estimated growth is flat, because the penetration level is high in Finland and cheaper private label offerings compete on the same market. Leading companies in wound care are constantly launching premium products, so they can fight against the older and cheaper products (Euromonitor International, 2014, pp. 2-3). Figure 6 presents the sales of wound care products by different categories from 2008 to 2013.

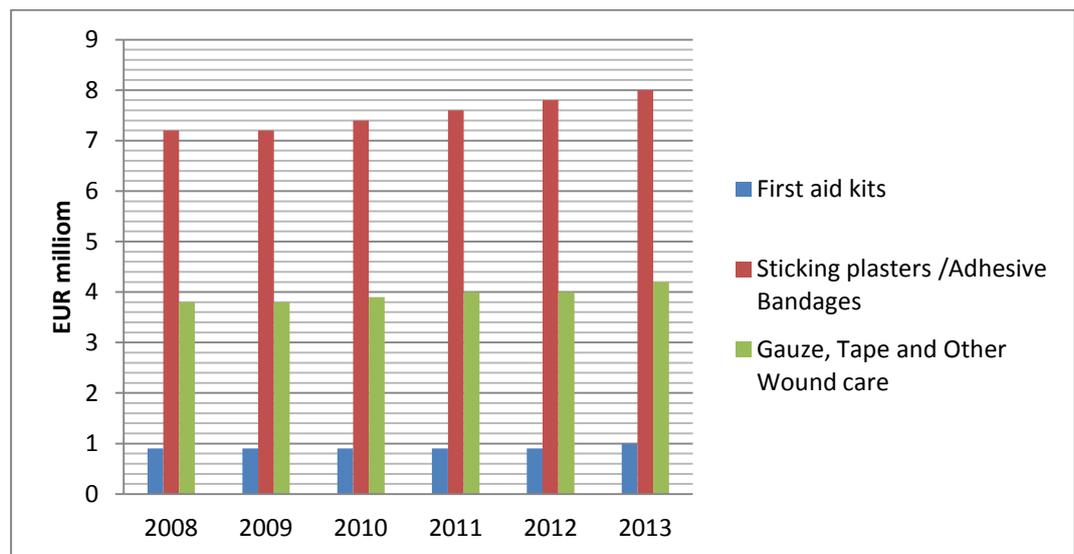


Figure 6. Sales of wound care by category 2008-2013 (Euromonitor International, 2014, p. 3)

Sales of wound care have grown steadily from 2008 to 2013. In 2013, sticking plasters and adhesive bandages covered 61 % of the total sales with 8 million euro. Gauze, tape and other wound care products' sales were 4.2 million euro and they covered 32 % of the total sales. First aid kits sales were about 1 million euro and they covered only 8 % of the total sales (Euromonitor International, 2014, p. 3).

For 3M it is important to understand the buying behavior of this segment in order to reach them efficiently. By studying the end customers, 3M will have valuable insight into the buying habits of customers and the company can develop a more effective distribution channel design for their products. All in all, understanding the customers' requirements and expectations is the key to reaching them.

The research with the patients was carried out in Espoo. Espoo is the second biggest city in Finland with nearly 261 000 inhabitants. The surface area of Espoo covers 528 km². Espoo is part of the metropolitan area of Finland. (Espoo, 2014) In 2014, Espoo had 13.2 % of inhabitants that were 65 years old or over. (Espoo, 2014)

5.2 Research methodology

A successful research demands that you choose the most suitable method for sampling. With this method, one should be able to provide information conveniently, reliably and economically. Field researches can be either qualitative or quantitative. (Lahtinen & Isoviita, 1998, p. 62) This research is a qualitative research. The research is chosen to be qualitative, because the population is not big enough to carry out a quantitative research. Also, qualitative research may reveal important factors influencing the buying behavior of the consumers that the researcher has not thought about before.

In the interview the interviewer asks orally a set of questions face to face or via phone, and writes down the answers. (Uusitalo, 1991, p. 91) Interviews can be categorized as structured, semi-structured and unstructured interviews. Structured interviews have standard form questions. Questions should be read out loud in every interview in exactly the same way. Semi-structured interviews allow the researcher to speak more freely, but there should be a list of themes and questions that must be covered. However, the questions asked in different interviews can vary. Unstructured interviews have no specific questions to be covered and they are informal. This type of interview is used, when the researcher wants to explore

in-depth a general area that he or she is interested in. (Saunders, et al., 2009, p. 320)

In this marketing research, data was collected through telephone interviews and face-to-face interviews. The semi-structured telephone interview was chosen, because it allows the researcher to make a large number of interviews to different people from different on different topics. Also, the response rate is higher with telephone interviews than with mail questionnaires. Using telephone interviews saves time compared to face-to-face interviews and the researcher is able to clarify the questions, if the respondents have not understood the questions correctly. A pilot test was carried out in order to find out problems or confusions in the interview form.

5.3 Sampling method and sample size

There are two types of sampling methods; probability and non-probability sampling. (Saunders, et al., 2009, p. 213) The population in this research is strictly limited. They are people, who live in Espoo, are under home-care and use wound care products. In this marketing study, the samplings were all used from a list of contact information, so the sampling technique used in this research is non-probability sampling.

Chisnall (2005, p. 85) states that by increasing the sample size, the standard error is reduced. The sample size depends on the characteristics of the population, the type of the needed information required from the survey, and cost. If the population is homogeneous, a smaller sample size is needed and if the population is heterogeneous, a larger sample is needed in order to access the population's attributes accurately. (Chisnall, 2005, pp. 85-86) Usually qualitative data collecting should be continued until data saturation is reached. Data saturation means a situation, where more interviews conducted will not give any additional value to the research. (Saunders, et al., 2009, p. 235) According to Guest et al. (2006), data saturation generally occurs after analyzing twelve interviews.

However, they mentioned in their study that they are not sure if their findings are generalizable, even though many other researchers indicate the same results. (Guest, et al., 2006)

The population of home care patients in this study is relatively small. The customer base's circulation time is relatively quick, which means that contact information was extremely difficult to get. Table 5 shows the number of responses compared to total contact information received from Espoo.

Table 5. Responses from Espoo

City	Responses	Total contact information	Response rate
Espoo	9	18	50 %

Espoo gave in total the contact information of 18 different patients, of whom nine could and wanted to participate in this study. Some of the contacts were in such bad physical condition that they were hospitalized and could not participate in the research. Also, ten pharmacists were interviewed from three pharmacies in the metropolitan area.

5.4 Research process

The research process started with the evaluation of the research questions. After the research questions were determined, the research methodology had to be decided. After discussion with the supervisor of this study, the research method chosen was a semi-structured interview that was carried through via telephone for reasons given in chapter 5.1 Research methodology. The next step was to develop a draft of the questions for the telephone interview. This was needed for the research permit application with the plan of the project. Home care customers are patients, and that is why researchers need many permits from different authorities. Home care managers and nurses cannot just hand out the needed contact information, because they are restricted by law. First a research permit application had to be sent to the local social welfare and health office. The Espoo office had

quite long processing times and it took more than a month to get the research permit. Appendix 3 shows the research permit from the City of Espoo.

After receiving the research permit, home care managers and persons in charge were informed about the research and asked to deliver the contact information. The process of receiving contact information for the interviews took a lot of time and many problems had to be solved along the way. All in all, waiting for the contact information took approximately 2-3 months. First the idea was to make a quantitative research in three different cities, but because Espoo gave less contact information than expected and the other two cities never gave any contact information, this research had to be changed into qualitative research.

The telephone interviews were conducted in summer time. Each of the interviews took approximately 10 to 15 minutes. In the beginning of each interview, the purpose of the research was explained and interviewees were asked whether they wanted to participate in the research. After each interview, the responses were stored as a word-document. Even though this thesis is written in English, all the interviews were held in Finnish, because that was the respondents' mother tongue. The results were quite meagre, and for that reason additional interviews with pharmacists were conducted. The author phoned several pharmacies and asked for permission to come and interview the pharmacists about the buying behavior of elderly people. Pharmacies were willing to help, so the interviews went extremely smoothly. Each of the interviews lasted about 10-15 minutes. The last step of the marketing research was the analysis of the data.

5.5 Data analysis method

Analyzing the data can be categorized into three types of processes. These are summarizing of meanings, categorization of meanings and structuring of meanings using narrative. These processes can be used on their own, or in combination. (Saunders, et al., 2009, p. 490) In this research, the data is analyzed by summarizing the responses. Interview questions were designed in a way that

they could be categorized into different themes. These themes are background information, buying experience, future trends and other. Notes about the interviews were taken on paper in Finnish and later translated into English. Also, the responses were put into an excel-file, which allowed the comparison of different answers.

5.6 Introduction of the interviews

The nature of buying behavior can be evaluated with a set of questions. Chisnall (2005, p. 135) catalogues classes of information which generally are useful in marketing research. These are facts and knowledge, opinions, motives, past behavior and future behavior. Facts and knowledge tell about present beliefs, perceptions. Opinions give information on the examinees' existing attitudes. Motives describe the reasoning behind specific types of market behavior. Past behavior tells the patterns of consumption over a specified time period and future behavior can be predicted with, for example, questions of satisfaction level and the nature of expectations. (Chisnall, 2005, p. 135)

Saunders et al. (2007) state that the use of open ended questions lets the participants describe the situation, and encourages the interviewees to give extensive and developmental answers. Probing questions can be structured like open-ended questions, but request a particular focus. These kinds of questions are used to explore responses. (Saunders, et al., 2009, pp. 338-339) Both open-ended and probing questions are used in this interview. The interview frameworks can be found in appendix 1 and 3. Questions in the interview are all in Finnish, because also the interviews were held in Finnish.

The telephone interview has four different themes. The first theme is background information and it has relevant questions about the respondents' background, such as age, sex and questions related to their wounds. The second theme is buying behavior and it has questions about the respondents past buying behavior and motives. The third theme buying experience has questions about opinions, and

experiences related to buying wound care products. The last theme is other, and this part allows the respondent to give any information related to the buying of wound care products. In the beginning of the interview, there are easier questions and the whole interview doesn't take too much time. The necessity of every question's has been thought through, so there would not be any questions that give irrelevant information. Because the interview was semi-structured not all questions were put to every participant. Asking a question depended on the situation and the answers that the respondent gave.

The pharmacists' interview form can be found in appendix 3. This interview form was planned so that it would complement the telephone interviews. The first question is about the respondent's work experience and background. With this question, the reliability of the respondent can be evaluated. The rest of the questions study the buying behavior of wound care customers in pharmacies.

5.7 Research ethics

There are some ethical issues related to both conducting the interview and analyzing and reporting the data. All the participants have to give their approval to be interviewed. No one is forced to answer the questions. Also, all the participants are told what the study is about, and how the data will be used. Saunders et al. (2007) argue that among others the following ethical issues need to be considered when conducting a research:

- actual and intended participants rights and privacy have to be respected;
- researchers have to avoid deceiving participants;
- researchers need to be objective during the research;
- researchers need to keep their promises to organizations and individuals about the confidentiality of data;
- researchers need keep their promises to organizations and individuals about their anonymity. (Saunders, et al., 2009, p. 208)

All these presented issues have been taken into consideration during and after this research.

5.8 Results of the marketing research

In this chapter, the results of the marketing research are presented. Respondents' answers are categorized in the same way as the questions on the interview form were, so it would be easier to see different trends in the responses.

5.8.1 Background information

The first question of the telephone interview with patients was how old the respondent was. Ages of the patients are presented in figure 7.

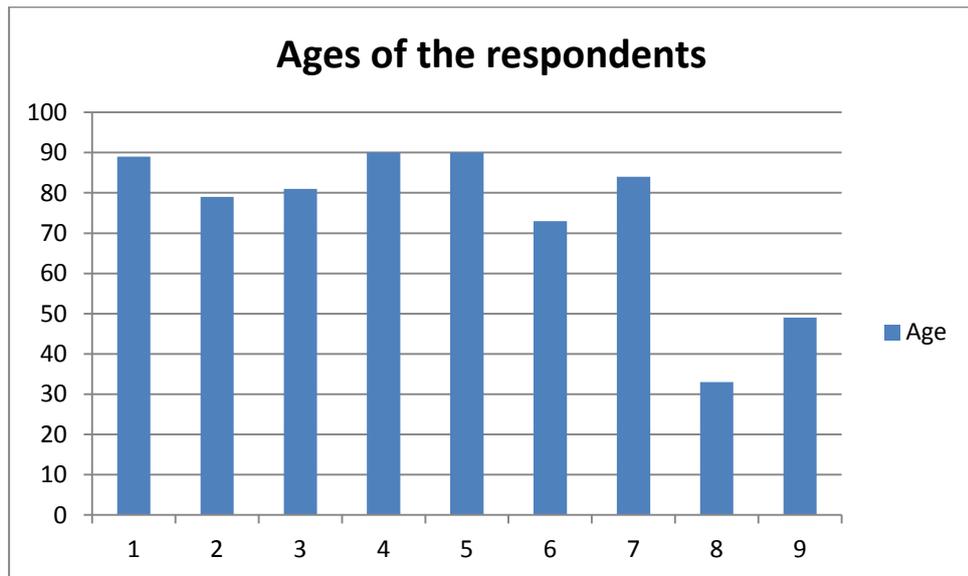


Figure 7. Respondents' ages

Patients' Ages varied from 34 years to 90 years. The average age of the respondents was 74 years, mode 90 years and median 81 years. As expected most of the respondents were elderly people, however there were also two persons who cannot be categorized as elderly people with their ages of 34 and 49 years.

Respondents had one or two wounds and they used dressings, bandages, surgical tapes, medical creams, absorbing pads, soft plasters, and strings on their wounds.

None of the respondents treated their wounds themselves, but a home care nurse came multiple times a week to treat their wounds. For that reason, almost every one of the respondents said that they did not need instruction in the usage of wound care products.

10 different pharmacists in different pharmacies with various work experience were interviewed with face-to-face interviews. Pharmacists' work experience varied from 2 years to 35 years. All the pharmacists identified that there are two types of wound care customers purchasing products. These are acute and chronic patients. Acute patients' wounds don't require long-term treatment, and they usually have short term surgical wounds, combustions and scratches. Patients, who have acute wounds, are heterogeneous. Customers, who have chronic wounds, are usually these elderly patients that are under home care. Pharmacists identified as most sold products multipurpose products such as absorbing dressings and skin tapes.

5.8.2 Buying behavior

Most of the patients bought the products themselves from the pharmacy. However, in some cases the respondents were in such a poor state of health, that they could not go to the pharmacy. Instead, a relative or the home care nurse purchased the wound care products for them. For example, one of the respondents said that her daughter buys her wound care products. She said that she is too old (89 years old) to go the pharmacy by herself. Sometimes her nurse also brought her products. Also, one of the pharmacists said, that customers buying chronic wound care products are not necessary elderly people. She stated that patient's family member might be the person, who actually purchases the products.

Most of the patients stated that they got some wound care products from the hospital. These lasted for a while and after that they had to purchase the products themselves. It came up in the interview that some respondents went to take care of

their wounds in the municipal health center so they would not have to pay for the products.

Almost everyone said that they or their relatives bought the products on the basis of a nurse's or doctor's recommendation. Usually their home care nurse had given them a name and in some cases a sample of the product that they should buy. They did not make the buying decision in the pharmacy, but had made it already before. For example, one of the respondents said that she chose exactly the products that her home care nurse said she needed. This respondent always called the pharmacy in advance, to make sure they had the products she needed and picked them up later. This answer shows she had made up her mind before even seeing any alternative products. Still, some respondents expected that the pharmacist recommended a cheaper alternative product to them. One of the respondents said her nurse's recommendation did not play any role. She only listened to the pharmacist recommendations and wanted to buy the best product available.

All the pharmacists also identified doctor's and/or nurse's recommendations the most important factor influencing the buying behavior of the wound care customers. Many of the pharmacists said that chronic wound customers come to the pharmacy with a specific product that they got from hospital or a list of products that their nurse or doctor had written down. Some of the pharmacist said that their recommendation influence a lot the buying behavior of the customers. However, there were some differences in opinions if pharmacists' recommendations were taken into account by the customer. Three of the pharmacies said, when she gives instructions about the wound care products and tells, for example, this products would help to heal the wound quicker, customers listen to her and usually buy the product she recommends. Pharmacists' opinions about the price differed a little bit. In some of pharmacists' opinion price didn't have a role to the buying decision, but in others opinion, it had a big role. One of the pharmacies said that in acute situations usually the customers don't care about

the price of the product. But customers, with chronic wounds, were more price conscious

Generally, patients could not say how often they bought wound care products. Most of the respondents said that they bought different amounts at a time, and it was difficult to estimate or remember how often they purchased the products. Only very few respondents could say exactly how often they bought wound care products.

5.8.3 Buying experience

Most of the patients found that the products were too expensive, when they bought them from the pharmacy, but still they preferred to go to a pharmacy. Many of the respondents were habitual shoppers and always liked to use the same pharmacy close to their home.

It varied a lot how different patients found the buying process of wound care products. Respondents, who got the products directly from the home care nurse, were pleased about the way they got the products, because they didn't have to go to pick up the products by themselves. Surprisingly many respondents were not satisfied with the service they were offered by the pharmacy. They claimed that the pharmacist did not know enough about the wound care products and could not, for instance, recommend an alternative product if the pharmacy did not have the specific product they needed. Also, respondents using a wheelchair or with moving disability found it difficult to go the pharmacy, but still wanted to use it as their primary shopping place.

Many of the pharmacists said that wound care patients nearly always ask for help and are glad when they receive service with the wound care products. Also, one of the pharmacists said, that they offer service always to the customers, and for that reason, customers don't need to ask for help.

According to many of the pharmacists customers need instructions of the products, how often the dressing should be changed, how to use the product and what other products should be used to take care of the wound. Also, customers were interested if the product they were using was the right one for their wounds and if there is alternative cheaper products available. Some of the pharmacists said, chronic patients are more difficult, and usually just want to get the products their nurse recommended to them. But they also stated the customers are very happy when they give them instructions about the products

Many of the pharmacists were quite unsure about their skills regarding to wound care products. They said, in universities wound care products weren't part of their studies. However, in one pharmacy, there was a wound care specialist, who had given regularly trainings for the personnel. In this specific pharmacy, many of the pharmacists said that they know a lot about wound care treatment and their own selection of wound care products. Also, one of the pharmacists pointed out the fact that one their wholesalers' also organizes them trainings, were they have the possibility to learn about the wholesaler's product selection

5.8.4 Future trends

Some of the respondents would most preferably have the products directly delivered to their home, but many also valued the social interaction in the pharmacy and wanted to have their weekly exercise at the same time when they went to the pharmacy. The youngest of the respondents also said that she would prefer to buy the products online in addition to getting them at the pharmacy.

Yet, most of the respondents were not ready to purchase the products from online-stores, because they said that they did not know how to use the Internet, and did not need the Internet for anything. These results might be due to the relatively old age of the respondents. On the other hand, some of the respondents said that they used some kind of tablet or devices for other needs or were planning to learn how to use the Internet. This fact indicates the future trend of elderly people using

more and more electronic devices with Internet connections. Younger respondents said they had already bought or thought about buying wound care products online, because the prices of the products were cheaper in online-stores than in traditional pharmacies.

All of the respondents expected professional service when purchasing wound care products. Some of the respondents wished that pharmacists would know more about their wound care products, and have skills to make recommendations about cheaper or other alternative products. Also, one of the respondents wished that the wound care products would be placed in a way, they would be easy to find and compare. This respondent also pointed out that he wished this to happen in both traditional pharmacies and online-stores.

5.8.5 Factors influencing buying behavior

Table 6 summarizes factors influencing the buying behavior of households under home care that came up in the marketing research.

Table 6. Factors influencing the buying behavior of households under home care

Factors influencing the buying behavior of households under home care
- physiological age
- curiosity towards Internet
- disregard towards Internet
- physical age
- physical condition
- preference for products that they know
- exercise
- service orientation
- price
- social interaction
- need for a specific product
- availability of wound care products
- nurses' or/and doctors' recommendations
- convenience
- pharmacists' recommendations

The most important factor was nurses' or/and doctors' recommendations. Almost every respondent valued the opinions and recommendations of health care professionals and they had made the buying decision before entering the pharmacy.

5.9 Reliability and validity

When the researcher uses a semi-structured interview, there are also some data quality issues. These issues are related to reliability, forms of bias, validity and generalization. (Saunders, et al., 2009, p. 326) A reliable study can be repeated by a different researcher with the same methodology and this researcher would get similar results. But because this study is qualitative, it is very difficult to repeat the study and then get exactly the same results. People change their minds constantly and, consequently, also their responses will change. Most of the interviewed people were elderly people, and they had some difficulties to remember some answers. If they did not remember their previous buying behavior very accurately, this could be a threat to reliability.

According to Eskola and Suoranta (2003), in qualitative research a criteria for reliability is the researcher self and the evaluation of the study's reliability is related to the entire research process. The difference is significant compared to quantitative research, where the reliability is based on measurements not on the researchers' actions. (Eskola & Suoranta, 2003, p. 552) According to Golafshani (2003), reliability and validity can be defined as trustworthiness, rigor and quality in a qualitative paradigm. He states that validity and reliability can be achieved by eliminating bias and by increasing the researcher's truthfulness. Reliable and valid research is not affected by researchers' own perspectives. (Golafshani, 2003)

In this research, there is a threat to reliability, because only one interviewer was used. Also, only one person will draw conclusions from the data and this person's own opinions and perceptions might influence them. This is called response bias. (Saunders, et al., 2009, p. 327) Silverman (1997) states that recorded material,

technical quality of recorded material and adequacy of transcripts are important in order to carry out a reliable research. (Silverman, 1997, p. 206) However, in this study, not all the interviews were recorded, because not every respondent wanted to give their permission to record the phone call. Still, notes were written during and immediately after every telephone interview. The reliability of this research was strengthened by additional interviews with pharmacists. These interviews were recorded. Pharmacists have a lot of experience in selling wound care products, and with the information provided by them the results of the telephone interviews were finalized.

In qualitative research it is challenging to name specific criteria for validity, because the scientific process includes creativity, subjectivity and rigor. (Whittemore, et al., 2001) Some qualitative researchers have criticized the use of the term validity in qualitative research, but they have also understood that there is a need for a qualifying measure for research. (Golafshani, 2003)

6 WOUND CARE PRODUCTS' DISTRIBUTION PLAN FOR 3M FINLAND LTD

This chapter presents possible distribution channel choices for 3M Finland Ltd.'s wound care products. First in this chapter there is an executive summary and objectives for the desired distribution channel are reported. After that the existing distribution channels are evaluated and suggestions for channel design are presented.

6.1 Executive summary

Based on the literature review and this research, the marketing resources should be directed towards professionals such as pharmacists, nurses and physicians. Most of the respondents valued most the opinion of such people. This result indicates, however, that even though patients under home care value professionals' opinions and recommendations, they also feel that pharmacists should know more about their product portfolio in wound care. Many of the respondents stated that pharmacists did not know the products they were looking for, and did not know which product to recommend instead. Also, the pharmacists themselves felt quite unsure about their knowledge about wound care products. For that reason 3M Finland Ltd. should be more active in training professionals and introducing its products. For example, an excellent way to make wound care products more known among the professionals is to be present in many trade shows. In addition, a sales representative should go around Finland in different pharmacies and present 3M Finland Ltd.'s products.

It is very important that nurses recognize and know 3M's products, because they usually give the decision making recommendation to the patients. 3M could give free samples to health centers, so nurses could forward the samples to the patients. And when patients run out of the samples, they will most likely buy the products already familiar to them. It is, however, unnecessary to allocate the marketing

resources directly to end-users, because they will get the wound care products free after three months and the customer base's circulation period changes quickly.

For the distribution channel 3M Finland Ltd. could use the same dealers and resellers as they have done before. 3M Finland Ltd. should focus more on pharmacies and health centers. Most of the respondents purchase the products they need from the pharmacy, but the problem is that many of the pharmacies do not offer 3M products. Pharmacists require more information about the wound care products and especially about the product range of 3M. After the training organized for pharmacists, a campaign could be organized in pharmacies. Pharmacies could offer, for instance, a free sample product when the end-users purchased 3M's wound care products. This would make the relationship with pharmacies closer. Also, it would be very convenient for the end-users if they could somehow buy the products they need directly from the health center or nurses. One of the other possibilities is to purchase the products from the Internet with the assistance of home care nurses, social nurses or other members of staff. This should be examined more from the legal aspect. Even though the interviewed end-users currently do not use online stores, according to the literature review they will in the near future.

Some of the respondents used some kind of tablets or other electronic devices despite their old age. For that reason, 3M should examine the possibilities to design a smart phone application, which they could use to purchase the products from different resellers. Also, Internet sites should be more user friendly, and especially the where to buy -part of Internet sites should be easier to use for elderly people. The where to buy -section at 3M Finland Ltd.'s website should have as many resellers as possible visible on the page. Not only the wholesalers that 3M Finland Ltd. use, but also the resellers that sell 3M's products directly to the end-users. On the where to buy -site, search engine optimization (SEO) could be used. When the end-users search for wound care products, they would land on 3M's website and could easily locate the nearest reseller, whether it would be online or not. In the next years 2017-2019 3M Finland should approach some

medical online-stores and make sure that they have 3M's products in their selection.

6.2 Objectives for the distribution channel

The end-customers and 3M Finland Ltd. do not necessarily have the same objectives for the distribution channel. The objective of 3M Finland Ltd. is to achieve a bigger market share and an increase in sales by reaching the end-customer as effectively as possible. It is important for distributors to understand the results of marketing research concerning customers' buying behavior, so that they can try to meet the customer's needs. Distributors have different strategies in reaching end-customers, but not all are equally effective.

The results of the marketing research show that the end-users' objectives are to get the products directly from the home care nurse or from pharmacies. They want to get the products as easily as possible, but most of the respondents do not currently have the required IT-skills to purchase them from online-stores. Also, many of the respondents were habitual shoppers and wanted to buy the same products from the same place as before. As the literature review showed, many elderly people valued the service in pharmacies and their trip to the pharmacy was part of their weekly exercise and social interaction.

6.3 Evaluation of existing distribution channels of 3M Finland Ltd.

Currently 3M Finland Ltd.'s distribution channel is quite simple. 3M Finland Ltd. use an intensive distribution channel strategy aiming to deliver goods to as many outlets as possible. As discussed before in the literature review, this strategy is commonly used for products that are purchased frequently. 3M Finland Ltd. try to maximize the sales by having as many consumer contacts as possible.

3M sell their wound care products to wholesalers, who sell the products to resellers. 3M use basically three different wholesalers. Wholesaler 1 and 2 sell

wound care products to different pharmacies. Wholesaler 3 sells products mainly to facilities, such as municipal health centers, nursing homes and hospitals, but also to online-stores and other resellers. Figure 8 shows 3M Finland's current channel design with 2-level length. Arrows in the figure indicate the relationship between the parties. Wholesaler 3 does not sell a lot of wound care products to other resellers and online stores, so the relationship between wholesaler 3 and these resellers is weaker than the other relationships.

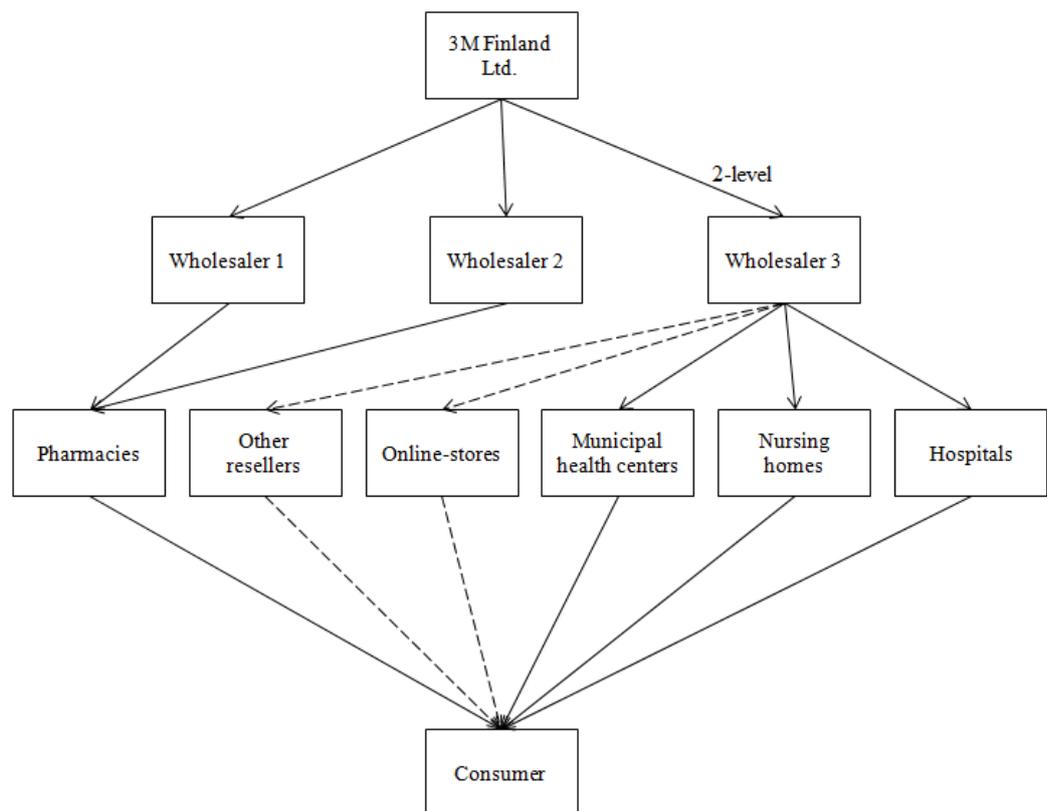


Figure 8. 3M Finland Ltd.'s channel design of wound care products

All products are sold to consumers through a wholesaler and a reseller. Even though most of 3M's wound care products are distributed through some kind of treatment facility, this study focuses on reaching the end-users, who have to purchase the products themselves, and for that reason hospitals and nursing homes have been left outside of this study.

Using two intermediaries in the distribution channel, wholesalers and resellers, has both advantages and disadvantages. Using a wholesaler as an intermediary can reduce the cost of selling the products. Pharmacies can purchase all of their products from one or two wholesalers. This way 3M do not need to sell separately to all pharmacies. Logistical costs will be smaller for the reseller and this would allow them to sell the manufacturers' products cheaper. Using a wholesaler might be easier for 3M, but it would incur added costs. For 3M, it would probably be cheaper to sell the products directly to resellers without any other intermediary. However, this requires a lot of work and more shipping to different customers.

Currently 3M Finland Ltd. have on their websites a where to buy –section, where customers can locate the resellers that sell 3M's wound care products. However, it is extremely difficult to navigate on 3M's websites and you cannot locate a specific product's reseller, because all the wound care products have been put under one heading. Figure 9 is a screen shot from 3M Finland Ltd.'s website.

The screenshot shows the 3M website interface for Finland. At the top, there is a search bar with the text 'Haku: Keywords, part numbers, etc' and a search icon. Below the search bar, the navigation menu includes 'Tuotteet & Palvelut', 'Tuotemerkit', 'Teknologiat', 'Yrityksemme', and 'Yhteistyökumppanit'. The current page is 'Suomi' with a language selector 'Vaihda'. The breadcrumb trail is 'Suomi > Tuotteet & Palvelut > Terveystuotteet > Yhteydenotto'. The main content area is titled 'Jälleenmyynti' and 'Haavanhoitotuotteet > Osta myyntipisteestä'. It features a search bar with 'Tuotehaku' and a 'Haku' button. Below the search bar, there are three buttons: 'Osta myyntipisteestä', 'Ota yhteyttä 3M:ään.', and 'Ei yhtään jälleenmyyjää alueellasi?'. There are also dropdown menus for 'Järjestä' (set to 'Aakkosjärjestys'), 'Jälleenmyyjä' (set to 'Kaikki jälleenmyyjät'), and 'Paikkakunta' (set to 'Koko Suomi'). The main content area shows a list of local resellers under the heading 'Koko Suomi', with three entries, each with a red arrow pointing right and a link to 'Paikallista jälleenmyyjä'. At the bottom, there is a footer with links for '3M: Ajankohtaista', 'Ura 3M:llä', 'Sijoittajat', 'Tarkennettu haku', 'KTT-haku', 'SVHC-haku', 'Yhteydenotto', 'Käyttöehdot', 'Tietosuojat', and 'Evästevalinnat'. The copyright notice is '© 3M 2014. Kaikki oikeudet pidätetään.'

Figure 9. Where to buy –section from 3M's website (Suomen 3M Oy, 2014)

Dealers' names have been censored, even though the information can be found directly from 3M's website. In this picture you can see that there are only three different resellers visible on the page. These resellers are basically the dealers that 3M Finland Ltd. use and they do not sell products directly to end-users, only to resellers. Consumers could use this site to get the contact information about each dealer.

6.4 Evaluation of all possible resellers

All the possible resellers for the distribution of wound care products are presented in this chapter. The possible resellers are pharmacies, online-stores, companies doing mail order business, other resellers and municipal health centers. This chapter will evaluate all the possible reseller alternatives for 3M Finland Ltd. and the results will be summarized at the end of this chapter.

6.4.1 Pharmacies

At the end of 2013, Finland had altogether 816 pharmacies, of which 617 were main pharmacies and 199 were subsidiary pharmacies. In addition to that, there were 70 service points in remote areas. There was one pharmacy per 6 670 people. The density of pharmacies is slightly higher in Finland than in other Nordic countries. (Apteekkariliitto, 2014) Nowadays pharmacies offer various options for delivery. There are online pharmacies, mobile pharmacies and telephone services. Pharmacies are strictly regulated by law in Finland, and only one person can be the owner of a pharmacy. All pharmaceutical delivery concepts have to be approved by law. (Finlex, 2014)

Each of the pharmacies can set their prices and margins for non-prescription products. Therefore, different pharmacies have various pricing strategies for non-prescription products. It is challenging for the distributors to have control over the prices. Of course, distributors can control the purchase price of the non-prescription products, but not the margin each of the pharmacies has. Pharmacies

can be found all over Finland, but people living in remote areas might have to travel a longer distance to the nearest pharmacy. Ease of access is extremely important for the customers, so the locations of the pharmacies may cause a problem in remote areas. To help customers, pharmacies have developed different concepts of delivery.

Online pharmacies offer services via Internet and customers can order products with a computer or smart phone. Customers need to sign up for the service and they can use their online banking account or credit card to pay for the products. Products will be delivered to the nearest parcel machine or home, depending on the nature of the products. There is a list of legal online pharmacies on the Fimea's web site and currently their number amounts to less than a hundred. (Fimea, 2014) The amount of online pharmacies is small compared to traditional pharmacies, but the number will probably increase in the future. Pharmacies do not offer telephonic services presently but it could be one possibility for improving customer value in rural areas. The distribution concept of a mobile pharmacy is not yet very common in Finland. (Ahonen, 2014)

Varila (2012) has studied interest groups' perceptions about new service concepts of pharmacies. She found out that the most important services in the view of interest groups provided by the pharmacies are verification of the pharmacotherapy, overall assessment of pharmacotherapy and dose distribution. (Varila, 2012) Customers value the service they receive in pharmacies, therefore online pharmacies cannot replace traditional pharmacies, but rather complement their services. Ahonen (2014) also emphasized the importance of service in the concept of a mobile pharmacy, which was integrated into a mobile library. According to him, this service improves seniors' quality of life, because they only experience human interaction, when they purchase their products from the mobile pharmacy. (Ahonen, 2014) According to most of the interviewed pharmacists customers value pharmacists' opinions, and usually choose the products which pharmacists have recommended.

For companies choosing pharmacies as their main distribution channel without a wholesaler in the middle may be problematic, because all the agreements with different pharmacies have to be made separately. The laws of owning a pharmacy are strict, and there cannot be a bigger organization behind it. There are also requirements for the owner. She or he has to have a higher university degree in pharmacy and a pharmacist's license. The proprietary pharmacist can own a maximum three subsidiary pharmacies. (Sosiaali- ja terveystieteiden ministeri, 2014)

In the study of Seppänen and Hjerpe (2006) they interviewed home care nurses and asked which distribution channels they recommended to their patients and what they thought of the availability of wound care product for their customers. According to this study, 76.6 % of respondents recommended the pharmacy as a purchasing place to their patients. The most important problems that came up with purchasing the products in a pharmacy were that the price was too expensive and the pharmacy did not have the product the customer needed. Open ended questions also revealed that the respondents thought that the pharmacy's employees' knowledge about wound care products was insufficient, and they could not give any guidance in choosing alternative products. (Seppänen & Hjerpe, 2006) The results of the marketing research conducted in this thesis are very similar to Seppänen & Hjerpe's (2006) results.

6.4.2 Online-stores

There are many online-stores, which sell health care products, but not prescription drugs. This is the difference between health care online stores and online pharmacies. The cost structure of online stores is much smaller compared to traditional stores, because online-stores do not require fixed facilities. Also, the human resources needed to maintain an online-store are much smaller than in a traditional store. For these reasons, online-stores can offer products with cheaper prices. However, dispatching costs have to be paid separately.

The obvious advantage of online-stores in the point of view of the end-user is ease of access. People in rural areas can order the products via Internet directly from home. But as discussed before, not everyone knows how to use the Internet, or is willing to purchase products via Internet, because people do not want to reveal their personal data to electronic vendors. Still, the future trend is that also elderly people will use fluently Internet and that is why online-stores are potentially a very effective distribution channel. However, online-stores cannot offer the services that pharmacies or other resellers can. Elderly people value service, and that can be a reason for them not to purchase the products. Many of the online-stores have some kind of return policy, which can decrease the customer's uncertainty. Delivery time depends on the online-store, so this can be an advantage or disadvantage from the customer's point of view.

From the supplier company's perspective, online-stores can be challenging, because they might not have their own warehouses. For companies such as 3M, this is a challenge, because Finnish 3M's warehouse is located in Central Europe. If the online-stores do not have a warehouse, time for delivery can increase significantly, and the end-users might choose competitors' products instead of 3M's. That is why a wholesaler between online-stores and 3M is good to have.

6.4.3 Mail order companies

Some companies send leaflets and product catalogs directly to customers. Customers can order the products with phone and they receive the products and invoice by mail. This distribution concept is very similar to online-stores. Customers have easy access to the product and the prices are cheaper than in traditional stores. The disadvantages are also the same as in online stores. Customers will not receive the service needed, and they might not trust the service of delivery. However, in this concept, customers do not need to give out their personal data and they can pay for the products in the way they want. Marketing directly by mail can also be more effective, if the consumers are older. With this concept, the elderly do not need to know how to use the Internet.

According to Seppänen and Hjerppe (2006), 13.8 % of respondents in their study recommended companies that market products by mail as a purchasing place for their patients. The basis for this recommendation was the inexpensive price. Problems that came up with this concept were that patients had to purchase large amounts of products at the same time. (Seppänen & Hjerppe, 2006)

6.4.4 Other resellers who sell wound care products

There are also other stores in addition to pharmacies that are specialized in health care products, and sell wound care products. These stores give customers an alternative to traditional pharmacies in big cities. There are not that many specialty stores in Finland, so these stores do not cover all areas, especially in rural regions. The advantage of these stores is that because they are specialty stores, their employees know their products and can give sufficient service for their customers. The cost structure is similar to pharmacies. These stores cannot offer the products as cheap as for example online stores. However, some of these other resellers have their own online-stores, which make the cost structure more flexible.

6.4.5 Municipal health centers

Municipalities can design their own plan for distribution. Medical products have to be distributed without charge and are distributed from municipal health care centers or other health care service points. Products can also be distributed directly to the patient's home. (Sosiaali- ja terveystieteiden ministeri, 2013) Based on the marketing research, respondents with moving disability wanted to have the products distributed directly to their home.

The advantage of the supply centers in the end-users point of view is that they offer the products for free and give instruction for the usage. There are many municipal supply centers in Finland, but usually only one per municipality. Therefore, these centers do not cover the whole of Finland. Sometimes the

products are given in connection with the treatment. Of course, for the end-user this is the most convenient way to get the products. The disadvantage of municipal distribution centers is that many of the end-users are not allowed to use them, because of the three months qualifying period for benefit.

In the case of 3M, municipal health centers are difficult distribution partners, because they make all their deals on the basis of competitive bidding. In an economic recession, price plays an important role. 3M's wound care products are high-end products and that is why their prices are also a little bit higher than those of the competitors.

6.4.6 Summary of the existing distribution channel choices

Table 7 summarizes the strengths and weaknesses of each possible distribution channel. The strengths and weaknesses of each channel have been evaluated both from the end-user's and the supplying company's point of view.

Table 7. Strengths and weaknesses for each possible reseller

Distributor	Strengths	Weaknesses
Pharmacies	<ul style="list-style-type: none"> - amount of pharmacies - service - various delivery concepts 	<ul style="list-style-type: none"> - restrictions - pricing - lack of knowledge of wound care products - product range - location
Online-stores	<ul style="list-style-type: none"> - pricing - ease of access in rural areas - future trends of buying behavior 	<ul style="list-style-type: none"> - target market's Internet usage - delivery times - shipping costs - warehousing
Mail order companies	<ul style="list-style-type: none"> - ease of access - no need for Internet usage - pricing 	<ul style="list-style-type: none"> - delivery times - shipping costs - amount of products in purchasing - warehousing
Other resellers	<ul style="list-style-type: none"> - service of specialty stores - alternative to traditional pharmacies 	<ul style="list-style-type: none"> - amount of these stores → do not cover rural areas
Municipal health centers	<ul style="list-style-type: none"> - professionals distributing the products 	<ul style="list-style-type: none"> - limited product range - centers do not cover all areas - deals based on competitive bidding

From the customers' point of view, the advantage of pharmacies is that there are plenty of pharmacies all around Finland, they have various delivery concepts and usually provide quality service. However, they might not have sufficient knowledge of the products and all the products cannot be found in all the pharmacies. Also, prices tend to be high in pharmacies, because of the cost structure. Online stores and mail order companies are quite similar and their main advantages are cheap prices and ease of access. Other stores are quite similar to pharmacies, but they are fewer and therefore they do not cover all the areas in Finland. In the supplying company's perspective, the problem with pharmacies is that all the supply agreements have to be made separately or the supplying company has to use a wholesaler in the middle. Issues associated with online stores and mail order companies, are that they might not have their own

warehouses, so the supplying company has warehouse the products for them. Other wound care stores usually specialize in certain product groups and can therefore offer professional knowledge about their products. These stores give customers an alternative to traditional pharmacies in metropolitan areas, but do not normally cover rural areas. For the supplying company, other stores selling quite a small portion of the wholesales are perhaps of minor significance.

6.5 Distribution channel design for 3M Finland Ltd.

Based on the literature review and marketing research, 3M Finland Ltd. should use a selective distribution strategy instead of an intensive distribution strategy. 3M Finland should very carefully select the most useful intermediaries from all the possible resellers. According to the literature, the advantage of this strategy is that it has fewer costs and gives more control compared to an intensive distribution strategy. Figure 10 shows the distribution channel design planned for 3M Finland Ltd.'s wound care products based on the literature review and marketing research. The requirements of each member of the distribution channel are included in the figure.

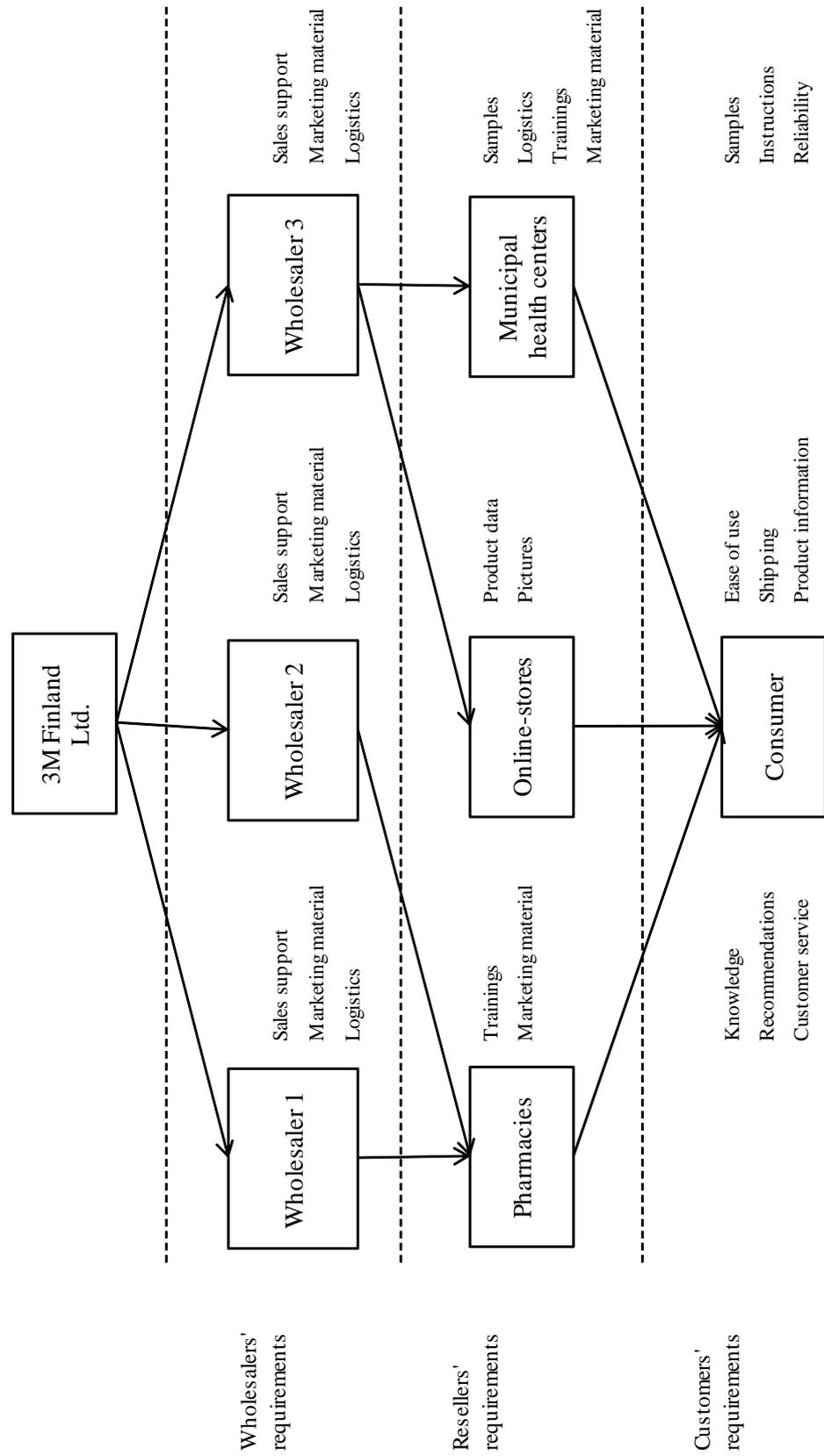


Figure 10. Distribution channel design for 3M Finland Ltd.

For the distribution channel, 3M Finland Ltd. could use the same three wholesalers and resellers as they have done before, but they should focus more on pharmacies and municipal health centers. It is extremely important to try to make deals with municipal health centers, because patients under home care get some sample products from health centers and then usually go to pharmacies with the names of these specific brands. 3M could take care of the logistics by shipping the samples directly from 3M's warehouse from Central Europe. Brochures and other marketing material could be offered with the samples.

Another issue that came up in the research was that because of the physical barriers experienced by elderly people, it would be very convenient for the end-users if they could somehow buy the products they need directly from the health center or nurses. Some respondents said that they got their wound care products directly from home care nurses. Where or how home care nurses purchase the products has not been studied in this research. Municipal health centers as distributors require trainings from 3M, so the nurses can make the most of 3M's products.

The usage of other stores that sell health care products is not necessary for 3M Finland Ltd., because most of the respondents purchase the products they need from the pharmacy. Many pharmacies do not have 3M's wound care products in their selection. If 3M Finland used fewer resellers, the management could focus more on these existing relationships and make sure that most of the pharmacies have 3M's products on their shelves and employees know enough about these products. Many pharmacists could be reached if 3M organized trainings of wound care products in different parts of Finland. Currently wound care association organize regularly trainings for pharmacists, but they don't use or present 3M's products in any way. Because of this, pharmacists don't know 3M's products any better. Organizing trainings for pharmacy personnel would be relatively cheap and an easy way to make 3M's products known among medical professionals. 3M should organize trainings four times per year in different parts of Finland. Trainings could be combined to a marketing campaign. Trainings for pharmacy

personnel could take place for example next summer (2015) in all parts of Finland. This way a marketing campaign could be organized in autumn 2015 and the personnel of the pharmacies would know how to sell 3M's products. This kind of collaboration would also make the relationship with resellers closer. The success of this campaign combined with training could be measured with sales. The growth of sales in wound care products is estimated very accurately in 3M, so changes in normal growth can be calculated and compared to the costs resulting from the campaigns.

3M Finland Ltd. should not ignore the potential of online stores but rather prepare itself for the future. The suggestion based on the results of this study is that 3M Finland Ltd. should make a two year plan for the future in creating new websites for 3M's wound care products. It is extremely important that the pages are in Finnish. Also, Internet sites have to be user friendly also for elderly people. Especially the where to buy -part of the Internet sites have to have more information about resellers. Currently 3M use a separate web construction team, so updating or even making completely new pages should not be that costly. However, the marketer needs to have a clear vision of the content that he or she desires to have on the webpage. The where to buy -section on 3M Finland Ltd.'s website should have as many resellers as possible visible on the page. Not only the dealers that 3M Finland Ltd. uses, but also the resellers that sell 3M's products directly to the end-users. On this where to buy -site SEO should be used, in order to direct search engine users to 3M's pages. Updating the where to buy -page could be started immediately. Updating these sections does not need the help of the web construction team and is relatively easy to make.

Also, one of the important actions that 3M Finland Ltd. should make is to look for good partners that sell wound care products online and promote their products to these resellers. Mapping out the alternatives can be started for example in spring 2016, because it is not too urgent an action. Even though the importance of online-stores is increasing, and it would cut the cost of middlemen, 3M still should use a wholesaler in the middle. 3M basically cannot have 1-level

relationships with online-stores, because 3M's warehouses are located in Central Europe. Also, 3M cannot have their own online store because competing with resellers would create conflicts among distribution channel members. 3M Finland could start approaching the most suitable online-stores in spring 2017 and tell the possibilities of using a wholesaler. Online-stores as resellers require specific product data and pictures, so that the end-users can examine the products online.

3M Finland Ltd. should also evaluate all the relationships with the different members in the distribution channel. 3M Finland Ltd. need to make sure that all the members have the same objectives, so channel conflicts can be avoided. Communication and close collaboration are the keys of distribution channel management. Wholesalers and resellers sell 3M's wound care products among thousands of other products from different companies, and for that reason, 3M's products may get lost in the crowd. By motivating the wholesalers, 3M Finland can try to make them sell 3M's products more efficiently. 3M Finland Ltd. can make different kinds of deals with wholesalers. For example, 3M can give the wholesalers certain sales targets for each quarter of the year and when the distributors achieve the targets, they would get some kind of discount. Setting up these sales targets could be started immediately. Product executive would be in charge of communicating of the sales targets to the wholesalers. Also, it is easier for the distributors to sell known products. To make 3M's products more known among the resellers 3M should make marketing campaigns targeted to pharmacies. This would allow pharmacies to know which products to ask for. In addition to supporting wholesalers with logistics, wholesalers require sales support and marketing material from 3M.

7 CONCLUSIONS

This chapter presents answers to the two research questions introduced in the beginning, an evaluation of the results and possible future research directions. The answers to the research questions are combined from the literature review, the interviews' responses and the conclusions made by the researcher. Evaluation of the results describes the successfulness of this research and reliability of the results. Possible future research directions point out those aspects that could be studied more.

7.1 Answers to the research questions

The first research question was the following: *Which factors influence most the buying behavior of households purchasing wound care products under homecare?*

Table 8 summarizes the factors influencing the buying behavior of elderly people that came up from the literature review and the factors influencing the buying behavior of households under home care that came up from the marketing research conducted in this thesis. Factors have been classified into four different categories. These categories are attitudes, physical situation, store, service and product characteristics and other factors.

Table 8. Answer to the first research question

Category	Factors from literature	Factors from marketing research
Attitudes	<ul style="list-style-type: none"> - physiological age - trust in the store - loyalty to specific stores and brands - lifestyle changes - comfort - negative perceptions about technology - curiosity towards Internet 	<ul style="list-style-type: none"> - physiological age - curiosity towards Internet - disregard towards Internet
Physical situation	<ul style="list-style-type: none"> - physical age - physical condition and barriers - location of the stores - activity level 	<ul style="list-style-type: none"> - physical age - physical condition
Store, service and product characteristics	<ul style="list-style-type: none"> - preference for branded products - price consciousness - service orientation - rationality - social interaction, exercise and recreation - needs, requirements and desires 	<ul style="list-style-type: none"> - preference for products that they know - exercise - service orientation - price - social interaction - need for a specific product - availability of wound care products - convenience - pharmacists' recommendation
Other factors	<ul style="list-style-type: none"> - personal and economic barriers - response to others - income 	<ul style="list-style-type: none"> - nurses' or/and doctors' recommendations

Factors influencing the buying behavior of elderly people that came up from the literature and factors influencing the buying behavior of households under home care are very similar. Existing literature supports the results of this market research, but even though respondents mentioned that wound care products are expensive, it didn't play as big a role as the literature suggested.

The marketing research revealed that most of the respondents valued most their home care nurse's or doctor's recommendations. Respondents also got some

sample products from hospital or home care nurses and they wanted to use the same products as they had before. Even though many of the respondents found that wound care products were expensive, it did not affect their buying behavior too much. Yet, some respondents said that they looked for an alternative to the pharmacy, because the prices in pharmacies were usually higher than in other stores. Some respondents also valued the pharmacist's opinion, and they wished that the pharmacist knew more about wound care products, so they could recommend a less expensive or alternative product.

However, as different studies revealed, elderly people cannot be thought of as a homogenous group, because also other factors in addition to age influence significantly the buying behavior of elderly people. These factors can be, for example, health status, activity level, discretionary time, discretionary income, and response to others.

The second research question was the following: *What kind of distribution channel design would be most useful in order to reach the end customers of wound care products?*

According to literature the planning process of a distribution channel comprises five different steps:

1. deciding objectives for the distribution channel,
2. analyzing the needs and requirements of the end-users,
3. evaluating the existing distribution channel,
4. evaluating possible distribution channels, and
5. selecting the most suitable distribution channels.

These five steps have been utilized in the planning process of a distribution channel for wound care products. Figure 10 presented in the previous chapter, depicts the distribution channel design and the requirements of each distribution channel member. 3M Finland Ltd. should use the same dealers and resellers as

they have done before, but they should focus more on pharmacies, health centers and online-stores.

Table 9 presents a step by step plan for improving 3M's wound care products distribution channel. This step-by-step activity plan has timelines for the next five years. Activities are presented rather in chronological order. Each activity has a named person to be in charge of it.

Table 9. Activity plan for 3M Finland Ltd.

Activities & Tactics		Objective	Owner	Timeline
1	Website improvements, SEO, smart phone application	Visibility for end-users, ease of use	Web construction team	2014-2016
2	Sales targets for wholesalers	Increase sales, motivating wholesalers	Product executive	Quarterly, start now
3	Trade shows	Visibility for health care professionals	Sales representatives	Start now, 3-4 times per year
4	Samples for health care centers	Encouraging nurses to recommend 3M's products	Sales representatives	Spring 2015
5	Trainings for pharmacy personnel	Improving pharmacists' knowledge of 3M's products	Sales representatives	Start in summer 2015
6	Wound care campaigns for pharmacies	Increase sales, improve collaboration with pharmacies	Product executive, marketer	Autumn 2015
7	Find suitable online-stores for resellers	Mapping out alternatives	Product executive	Start in spring 2016
8	Approach the wanted online-stores	Make 3M's products available on Internet for customers	Product executive	2017-2019

Some of the respondents used some kind of mobile devices such as tablets in spite of their old age. This indicates that in the following years also elderly people could have the required skills to buy their wound care products from the Internet. For 3M Finland this means, that they should make a solid plan about improving their websites and conducting SEO on their websites. The next step in the activity plan is to give the wholesalers sales targets and give them discounts when they reach the targets. This action would help to increase sales.

Participating in tradeshows would increase 3M's visibility among the health care professionals, who have a big impact on the buying behavior of the end-users. There many different trade shows in Finland, where 3M could participate. Sales responsible would be the ones presenting 3M's wound care products, but products executive would be in charge of planning. This action could be started immediately, and it would be great if 3M could participate at least three times per year a medical trade show. Giving samples to health care centers would also encourage the nurses to recommend 3M's products to the end-users. As it came up in the marketing research the most important factor influencing the buying behavior of the chronic wound care customers was nurse's and/or doctor's recommendation. Giving out the samples of wound care products could be started in the spring 2015, and sales representatives would be in charge of it.

The personnel of pharmacies lack knowledge of wound care products and by organizing training for them the company could improve their knowledge of 3M's products. Many of the respondents in the telephone interview wished that pharmacists knew more about the products. Also, pharmacists themselves admitted their knowledge about wound care products to be insufficient. After these trainings, a campaign of wound care products could be organized in different pharmacies. This would increase sales and improve collaboration with pharmacies. Trainings could be organized in summer 2015 and in autumn 2015 a campaign could be done.

3M Finland Ltd. should also look for good partners selling wound care products online and promote their products to these online-stores. 3M cannot have 1-level relationships with online-stores, because 3M's warehouses are located in Central Europe, so it is better to have a wholesaler in the middle. These activities could take place in 2016-2019.

In some cases, the patients' physical condition does not allow them to go the pharmacy and the most convenient way to get the products would be to buy them from the home care nurses. However, this possibility should be studied more from the legal aspect and for that reason it isn't included yet in the activity plan.

7.2 Assessment of the results

In the beginning, this study was supposed to be a quantitative research, but as it came up later in the research process, the sample size was not large enough to execute a quantitative research. Because of this, the research method had to be changed into qualitative research. Luckily the decision was made early in the research process and it did not effect on the success of this study.

This study can be considered to be successful, because both of the research questions were answered and the marketing research was conducted successfully. Also, this study gave valuable insight into the end-users buying behavior to 3M Finland Ltd. and they were satisfied of this study. However, the original results of the marketing research were quite meagre, because the sample size wasn't large enough. For that reason, the results of the telephone interviews with home care patients were completed with additional interviews with pharmacists. The results of this study cannot be generalized to other companies operating in different industries. Also, the reliability of this study has to be assessed for the reasons presented in chapter 5.8 Reliability and validity. The results could be more reliable if the sample size had been bigger and the time scale for research had been longer.

7.3 Possible future research directions

This study was carried out in the metropolitan area of Finland. To get any generalizations done, the study could be extended to cover the whole country. Because of the time, resource and other restrictions of this study, not that many interviews were possible to conduct, therefore in future research end-users should be studied for a longer period and then also more people could be interviewed as well. Also, this study's focus is quite narrow, because it only discusses the wound care products in a specific situation, and therefore a study that would include all the wholesalers and resellers would be valuable. From 3M's point of view, it would also be interesting to make a comprehensive competitor analysis. This way 3M could get valuable information about competitors' prices, channels and product features. Also, a study that would discuss how resellers choose the products that they sell from the wholesalers' selection would be very interesting. Another interesting topic would be to study on what basis pharmacists decide to make the recommendations for their customers.

8 SUMMARY

This thesis was made to find out, which distributors 3M Finland Ltd. should use to reach the end-users of wound care products and to find out, which factors influence the buying behavior households under home care purchasing wound care products. Home care services comprise medical treatment, home-help service, home care support services, and rehabilitative activities among other things. 3M Finland Ltd. have noticed from previous studies that there is potential to increase their wound care products' sales significantly. 3M Finland Ltd.'s share of total sales in wound care in 2013 was about 5.8 %. The aim of this study was to make a qualitative marketing research, where the buying behavior of this specific segment is studied and on the basis of that to develop a distribution plan for the case company Finnish 3M Ltd.'s wound care products.

The literature review of this thesis consists of journals, articles and books about distribution channel planning, consumer buying behavior of the elderly, and special characteristics of marketing in health care industry. With the literature of distribution channel planning a process was developed. This process included five different steps. First companies need to decide the objectives for the distribution channel. The second step is to conduct a marketing research, where end-users's needs and requirements are analyzed. In the third step, an evaluation of the existing distribution channel is made. The fourth step is the evaluation of possible distribution channels. The last step is the selection of the most suitable distribution channel. This process offers a critical way to examine a company's current distribution channel and helps to develop a more effective channel design. Companies also have to make decisions about the number of intermediaries on each channel level. The choices available are exclusive distribution, selective distribution and intensive distribution. When the distribution channel design has been developed managers need to manage the relationships between different parties and make sure that all members in the distribution channel have the same objectives, so that conflicts within the channel can be avoided.

Customers using the wound care products under home care are usually pensioners. The importance of older consumers is increasing year by year, because by the year 2030 the elderly cover over a quarter of the total population in Finland. Previously the segment of ageing consumers has been treated as a homogenous group, but companies must be more aware of their heterogeneous needs and wants and start treating them as a heterogeneous segment. Older consumers behave differently than younger consumers. However, different people age differently physiologically and psychologically and their buying behavior depends on these factors. Studies reveal that generally older people value service when they are purchasing something and they combine social interaction, exercise and recreation with the purchasing event. Older consumers prefer doing business with a person they know and who understands their values. Studies shows that elderly people tend to be rational, price conscious and service oriented and that they prefer own-label and branded goods. According to McCloskey's (2006) study, the older the consumers are, the less likely they are to make online purchases and participate in electronic commerce transactions. Even though elderly people may not actively use Internet in purchasing products, they probably will in the near future as Reisenwitz et al. (2007) state in their study. According to this study, elderly consumers are becoming more innovative and they want to learn how to shop online.

Health care products' marketing has some of the characteristics of retail product marketing, but also special characteristics that need to be addressed by companies. Especially in the marketing of medicines there are ethical instructions, which have to be taken into consideration. Lääketeollisuus ry (2014) has given ethical instructions for the marketing of medical products in Finland. The marketing of medical products has been evolving constantly, but one of the most influential developments is direct-to-consumer advertising. People are using more and more Internet, healthcare applications, social networking and etc. Also, word-of-mouth marketing has been proved to be an effective tool in marketing in the health care industry. Internet and different kinds of social media amplify the effectiveness of WOM marketing.

The marketing research conducted in this thesis was carried out with the help of telephone interviews and regular interviews. In the telephone interviews patients under home care were asked a set of questions. Most of the respondents in the telephone interviews bought the products by themselves. Usually if the respondent did not buy the products by her/himself it was because of the bad physical condition of the respondent. In such cases, a relative or home care nurse purchased the products for them. The results show that customers would like to purchase the products from the pharmacy and they would also like to get the products directly from the home care nurses. The most important factor that influenced the buying behavior of households under home care that came up from the marketing research was nurses' and/or doctors' recommendations. In the regular interviews pharmacists were interviewed face-to-face. These results supported the results from patients' interviews. Most important issue, which came up from the interviews, was that the pharmacists need more training about the wound care products.

Currently 3M Finland Ltd. use an intensive distribution channel strategy, but based on this research the company should focus more on specific resellers and distributors and it should rather use a selective distribution channel strategy. Distributors that 3M Finland Ltd. should focus on are pharmacies, online stores and municipal health centers. 3M Finland need to have close relationships with the distributors and motivate them with different kinds of campaigns and sales targets, so that 3M's products would distinguish themselves from competitors' products in the eyes of resellers.

9 REFERENCES

3M, 2014. *About us - Who We are.* [Online] Available at: http://solutions.3m.com/wps/portal/3M/en_US/3M-Company/Information/AboutUs/WhoWeAre/

[Accessed 9 May 2014].

3M, 2014. *Giving is Global at 3M.* [Online] Available at: http://solutions.3m.com/wps/portal/3M/en_US/Community-Giving/US-Home/about-us/

[Accessed 3 June 2014].

3M, 2014. *Skin & Wound Care.* [Online] Available at: http://solutions.3m.com/wps/portal/3M/en_EU/Healthcare-Europe/EU-Home/Products/SkinWoundCare/

[Accessed 13 May 2014].

Ackerman, L. D., 1986. Optimizing identity: A marketing imperative for health care management. *Journal of Health Care Marketing*, 6(2), pp. 49-56.

Ahonen, R., 2014. Sodankylän apteekki palvelee kirjastoautossa. *Tampuriini*, Volume 2, pp. 5-7.

Apteekkariliitto, 2014. *Apteekit numeroina.* [Online] Available at: <http://www.apteekkariliitto.fi/fi/apteekkitieto/apteekit-numeroina.html>

[Accessed 14 May 2014].

Banyte, J., Gudonaviciene, R. & Grubys, D., 2011. Changes in Marketing Channels Formation. *Engineering Economics*, 22(3), pp. 319-329.

Bello, D. C. & Gilliland, D. I., 1997. The Effect of Output Controls, Process Controls, and Flexibility on Export Channel Performance. *Journal of Marketing*, 61(1), pp. 22-38.

Bystrova, O. et al., 2012. Bringing technologies to market: A first step approach of fold-in structures and its possible application in medical engineering. *Review of Business Research*, 12(5), p. 4.

Capozzoli, T. K., 1999. Conflict resolution- a key ingredient in successful teams. *Supervision*, 60(11), pp. 14-16.

Chisnall, P., 2005. *Marketing research*. 7th ed. Berkshire: McGraw-Hill Education.

Chu, M. & Chiu, S., 2013. Effectice Marketing Strategies to Attract Business Visitors at Trade Shows. *International Journal of Business and Management*, 8(24).

CIA, 2014. *The World Factbook: Finland*. [Online] Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/fi.html>
[Accessed 29 March 2014].

Dong, C. M., Liu, Z., Yu, Y. & Zheng, J.-H., 2014. Opportunism in Distribution Networks: The Role of Network Embeddedness and Dependence. *Production and Operations Management*, 0(0), pp. 1-14.

El Akremi, A., Mignonac, K. & Perrigot, R., 2011. Opportunistic behaviors in franchise chain: The role of cohesion among franchisees. *Strategic Management Journal*, 32(9), pp. 930-948.

Eskola, J. & Suoranta, J., 2003. *Johdatus laadulliseen tutkimukseen*. 6th ed. Jyväskylä: Gummerus Kirjapaino Oy.

Espoo, 2014. *Kotihoito*. [Online]
Available at: http://www.espoo.fi/fi-FI/Sosiaali_ ja_ terveyspalvelut/Senioripalvelut/Tukea_ ja_ apua_ kotiin/Kotihoito
[Accessed 22 May 2014].

Espoo, 2014. *Tietoa Espoosta*. [Online]
Available at: http://www.espoo.fi/fi-FI/Espoon_ kaupunki/Tietoa_ Espoosta
[Accessed 2 July 2014].

Espoo, 2014. *Väestörakenne*. [Online]
Available at: http://www.espoo.fi/fi-FI/Espoon_ kaupunki/Tietoa_ Espoosta/Tilastot_ ja_ tutkimukset/Vaesto_ ja_ vaeston_ muutokset/Vaestorakenne%28340%29
[Accessed 1 August 2014].

Euromonitor International, 2013. *Consumer Health in Finland*, s.l.: Passport.

Euromonitor International, 2014. *Wound care in Finland*, s.l.: Passport.

Eurostat, 2009. *Consumers in Europe*, s.l.: Directory-General for Health & Consumers.

Fernandez, M. J., 2008. *Analysis of selected aspects of the multi-channel management and the international distribution system*. 1 ed. Hamburg: Diplomatica Verlag.

Fimea, 2014. *Luettelo laillisista apteekin verkkopalveluista*. [Online] Available at: http://www.fimea.fi/apteekit/verkkopalvelutoiminta/lailliset_apteekin_verkkopalvelut [Accessed 22 May 2014].

Finlex, 2010. *1335/2010*. [Online] Available at: <http://www.finlex.fi/fi/laki/alkup/2010/20101335> [Accessed 30 March 2014].

Finlex, 2014. *Lääkelaki 10.4.1987/395*. [Online] Available at: <http://www.finlex.fi/fi/laki/ajantasa/1987/19870395#L6P54> [Accessed 14 May 2014].

Fuchs, H. & Schlegel, H., 2000. Marketing of Pharmaceutical Products. In: *Dermato-pharmacology of Topical Preparations*. Berlin Heidelberg: Springer-Verlag, pp. 443-454.

Golafshani, N., 2003. Understanding Reliability and Validity in Qualitative Research. *The Qualitative Report*, 8(4), pp. 597-607.

Green, P. E., Tull, D. S. & Albaum, G., 1988. *Research for marketing decisions*. 5th ed. Englewood Cliffs: Prentice Hall, Inc.

Guest, G., Bunce, A. & Johnson, L., 2006. How many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods*, 18(1), pp. 59-82.

Hutt, M. D. & Speh, T. W., 2013. *Business Marketing Management: B2B*. 11th ed. Australia: South-Western Cengage Learning.

Jobber, D., 2001. *Principles and Practice of Marketing*. 3rd ed. London: McGraw-Hill.

Kennedy, K. & Kennedy, B. B., 2008. A small company's dilemma: using search engines effectively for corporate sales. *Management research news*, 31(10), pp. 737-745.

Kohijoki, A., 2011. The effect of aging on consumer disadvantage in grocery retail services among the Finnish elderly. *Journal of Retailing & Consumer Services*, 18(4), pp. 370-377.

Kohijoki, A. & Marjanen, H., 2013. The effect of age on shopping orientation-choice orientation types of the ageing shoppers. *Journal of Retailing & Consumer Services*, 20(2), pp. 165-172.

Kotler, P. et al., 2009. *Marketing management*. 1st European Edition ed. Harlow: Person Prentice Hall.

Lahtinen, J. & Isoviita, A., 1998. *Markkinointitutkimus*. Tampere: Avaintulos.

Latz, C., 2012. Docs, patients and pharma. *Medical marketing & media*, Issue February, p. 58.

Lukkari, P. & Parviainen, P., 2008. Pharmaceutical marketing through the customer portfolio: institutional influence and adaptation. *Industrial Marketing Management*, 37(8), pp. 965-976.

Lääketeollisuus ry, 2014. *Lääketeollisuuden eettiset ohjeet*, Helsinki: Lääketeollisuus ry.

Mackert, M. & Harrison, T., 2009. Marketing medical implants: new challenges and concerns. *Journal of Consumer Marketing*, 16(1), pp. 4-5.

Mackey, T. K. & Liang, B. A., 2012. Globalization, evolution and emergence of direct-to-consumer advertising: Are emerging markets the next pharmaceutical marketing frontier. *Journal of Commercial Biotechnology*, 18(4), pp. 58-64.

Mallen, B., 1996. Selecting channels of distribution: a multistage process. *Journal of Physical Distribution & Logistics Management*, 26(5), pp. 5-21.

Marketing MO, 2014. *Distribution Channels*. [Online] Available at: <http://www.marketingmo.com/strategic-planning/how-to-develop-your-distribution-channels/> [Accessed 26 August 2014].

McCloskey, D. W., 2006. The Importance of Ease of Use, Usefulness, and Trust to Online Consumers: An Examination of the Technology Acceptance Model with Older Consumers. *Journal of Organizational and End User Computing*, 18(3), pp. 47-65.

McDonald, L., 1999. Managing channel conflict. *Mortgage Banking*, Volume 60, pp. 88-99.

Meneely, L., Burns, A. & Strugnell, C., 2009. Age associated changes in older consumers retail behaviour. *International Journal of Retail & Distribution Management*, 37(12), pp. 1041-1056.

Minkus-McKenna, D., Beckley, J. & Moskowitz, H., 2006. Evaluation of in-market communications of selected OTC products targeted to older consumers. *Journal of Medical Marketing*, 6(3), pp. 222-232.

Moschis, G. P. & Bovell, L., 2013. Marketing pharmaceutical and cosmetic products to the mature market. *International Journal of Pharmaceutical and Healthcare Marketing*, 7(4), pp. 357-373.

Myers, H. & Lumbers, M., 2008. Understanding older shoppers: a phenomenological investigation. *Journal of Consumer Marketing*, 25(5), pp. 294-301.

Neves, M. F., Zuurbier, P. & Campomar, M. C., 2001. A model for the distribution channels planning process. *The Journal of Business & Industrial Marketing*, 16(7), pp. 518-539.

Nummelin, J., 2005. Business potential in senior services. *International Journal of Strategic Property Management.*, 9(3), pp. 191-200.

Nunes, P. F. & Cespedes, F. V., 2003. The customer has escaped. *Harvard Business Review*, 81(11), pp. 96-105.

Pak, S. & Pol, L., 1996. Segmenting the senior health care market. *Health marketing quarterly*, 13(4), pp. 63-77.

Pandey, B. B., Pandey, S. & Bahl, P., 2013. A study on influence of brand on habitual buying behaviour of consumers: With special reference to Raipur. *International Journal of Marketing and Technology*, 3(4), pp. 8-24.

Pittock, E. J., 1999. Reaching the senior market. *Life Association News*, 94(9), pp. 112-115.

Reisenwitz, T., Iyer, R., Kuhlmeier, D. B. & Eastman, J. K., 2007. The elderly's Internet usage: an updated look. *Journal of Consumer Marketing*. *Journal of Consumer Marketing*, 24(7), pp. 406-418.

Saunders, M., Lewis, P. & Thornhill, A., 2009. *Research Methods for Business Students*. Harlow: Prentice Hall.

Schwab, K., 2013. *The Global Competitiveness Report 2013-2014*, Geneva: World Economic Forum.

Seppänen, S. & Hjerppe, A., 2006. *Haavanhoitotuotteiden saatavuus Suomessa*, Oulainen: Painoykkönen Ky.

Silverman, D., 1997. *Qualitative Research: Theory, Method and Practice*. London: Sage.

Sosiaali- ja terveysministeri, 2013. *Terveyskeskusten hoitotarvikejalu*. [Online] Available at: <http://www.stm.fi/tiedotteet/kuntainfot/kuntainfo/-/view/1859363> [Accessed 22 May 2014].

Sosiaali- ja terveysministeri, 2014. *Aptekeilla on yksinoikeus myydä lääkkeitä*. [Online] Available at: http://www.stm.fi/sosiaali_ja_terveyspalvelut/laakehuolto/apteekit [Accessed 23 May 2014].

Suomen 3M Oy, 2014. *Haavanhoitotuotteet tuoteluettelo*, Espoo: Suomen 3M.

Suomen 3M Oy, 2014. *Jälleenmyynti*. [Online] Available at: http://jalleenmyynti.3msuomi.fi/fi_FI/Haavanhoitotuotteet/offline.html [Accessed 24 July 2014].

Taloussanomat, 2014. *Suomen 3M Oy*. [Online] Available at: <http://yritys.taloussanomat.fi/y/suomen-3m-oy/espoo/0200814-5/> [Accessed 12 May 2014].

Thomas, J. B. & Peters, O. C. L., 2009. Silver seniors: Exploring the self-concept, lifestyles, and apparel consumption of women over age 65. *International Journal of Retail & Distribution Management*, 37(2), pp. 1018-1040.

Thornton, J. & White, L., 2001. Customer orientations and usage of financial distribution channels. *Journal of Services Marketing*, 15(3), pp. 168-185.

Uusitalo, H., 1991. *Tiede, tutkimus ja tutkielma*. Juva: WSOY.

Varila, K., 2012. *Sidosryhmien näkemyksiä apteekin uusista palveluista*, Helsinki: Palmenia.

Webb, K. L. & Hogan, J. E., 2002. Hybrid channel conflict: Causes and effects on channel performance. *Journal of Business & Industrial Marketing*, 17(5), pp. 338-356.

Weeks, W., 2010. More Business in Site. *HomeCare Magazine*, 33(4), p. 50.

Weiss, R., 2014. Influencer Marketing - How word-of-mouth marketing can strengthen your organization's brand. *Marketing health services*, pp. 16-17.

Whittemore, R., Chase, S. K. & Mandle, C. L., 2001. Validity in Qualitative Research. *Qualitative Health Research*, 11(4), pp. 522-537.

Wilkie, D., Johnson, L. & White, L., 2012. Strategies used to defend pharmaceutical brands from generics. *European Journal of Marketing*, 45(9), p. 1195 – 1214.

Wren, B. M., 2007. Channel Structure and Strategic Choice in Distribution Channels. *Journal of Management Research*, 7(2), pp. 78-86.

Wright, A., 2002. Technology as an enabler of the global branding of retail financial services. *Journal of International Marketing*, 10(2), pp. 83-98.

Appendix 1. Telephone interview form

Taustatiedot/Background Information

1. Kuinka vanha olette?
2. Keitä kuuluu kotitalouteenne?
3. Mikä on hoidettavan haavanne alkuperä?
4. Kuinka monta hoidettavaa haavaa Teillä on?
5. Mitä haavanhoitotuotteita käytätte?
6. Miten haavanne hoidetaan?

Ostokäyttäytyminen/Buying behavior

7. Ostatteko haavanhoitotuotteenne itse, vai ostaako ne Teille joku muu?
8. Mistä hankitte tällä hetkellä tarvittavat haavanhoitotuotteet?
9. Kuinka usein hankitte/ Teille hankitaan haavanhoitotuotteita?
10. Millä perusteella valitsette haavanhoitotuotteenne?
11. Minkälainen rooli hoitajan tai farmaseutin suosituksella on haavanhoitotuotteiden valinnassa?

Käyttökokemus/Buying experience

12. Saitteko hankintahetkellä mielestänne riittävät käyttöohjeet?
13. Minkälaiseksi koette haavanhoitotuotteiden hinnan?
14. Millaiseksi koette haavanhoitotuotteiden hankkimisen?

Tulevaisuuden näkymät/Future trends

15. Mistä ja miten hankkisitte haavanhoitotuotteenne kaikista mieluiten?
16. Oletteko käyttäneet tai harkinneet Internetin käyttämistä haavanhoitotuotteiden hankkimiseen?
17. Millaista palvelua haluaisitte haavanhoitotuotteiden ostamisen yhteydessä?

Muut/Other

18. Mitä muuta haluaisitte tuoda esiin haavanhoitotuotteiden hankintaan liittyen?

Appendix 2. Research permit decision



TUTKIMUSLUPA

1 (1)

**TUTKIMUSLUVAN MYÖNTÄMINEN**

Espoon kaupungin sosiaali- ja terveystoimen esikunta / Kehittämisen tulosalue Ketterä myöntää tutkimusluvan 28.4.2014 saapuneen tutkimuslupahakemuksen ja alla olevien ehtojen mukaisesti.

Hakija / yhteyshenkilö: Ilona Jauho

Tutkimuksen aihe / nimi: Distribution channel planning for wound care products: Case 3m

Edellytyksenä on, että tutkimuksen suorittaja tai suorittajat eivät käytä saamiaan tietoja asiakkaan tai potilaan tai hänen läheistensä vahingoksi eivätkä luovuta saamiaan henkilötietoja ulkopuolisille, vaan pitävät ne salassa.

Tutkimustulokset tulee esittää niin, ettei niistä voida tunnistaa yksittäistä henkilöä tai perhettä. Lisäksi on noudatettava henkilötietolaissa ja muualla lainsäädännössä olevia tutkimusrekistereitä koskevia säännöksiä.

Tutkimusluvan myöntäminen ei velvoita tutkimuksen kohteita osallistumaan tutkimukseen. Tutkijan on neuvoteltava aina erikseen tutkimuskohteena olevien organisaatioiden kanssa tutkimukseen osallistumisesta. Tutkimuksen teko ei saa häiritä tutkimuskohteen toimintaa.

Edellytämme, että tutkija / yhteyshenkilö lähettää sosiaali- ja terveystoimen kehittämissyksikön sähköpostiosoitteeseen sotet_tutkimusluvut@espoo.fi lopullisen tutkimusraportin.

Espoossa 8.5.2014

Tuula Heinänen
kehittämisjohtaja
Sosiaali- ja terveystoimi
Espoon kaupunki

Appendix 3. Interview form for pharmacists

Taustatiedot/Background information

1. Voisitko kertoa apteekkityökokemuksestanne ja taustastanne?
2. Minkälainen on tyypillinen haavanhoitotuotteiden asiakas?
3. Mitä haavanhoitotuotteita myydään eniten?

Ostokäyttäytyminen/Buying behavior

4. Millä perusteella arvioisitte asiakkaan valitsevan haavanhoitotuotteensa?
5. Kuinka usein haavanhoitotuotteiden asiakkaat pyytävät apua tuotteiden valinnassa?

Future trends

6. Millaisia ohjeita haavanhoitotuotteisiin liittyen asiakkaat kaipaavat?
7. Koetteko, että olette saaneet riittävästi koulutusta haavanhoitotuotteista?

Muut/Other

8. Mitä muuta haluaisitte tuoda esiin haavanhoitotuotteiden myymiseen liittyen?