

Research on Forest Health Care and Service Design

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ABSTRACT

In the context of a Healthy China and Rural Rejuvenation, the forest health care industry is actively supported by national policies, but the growth of current forest health care bases is still in its early stages, and many problems exist. On the one hand, service products have ambiguous characteristics and obvious homogenization, indicating a lack of consideration for users' diverse needs; on the other hand, the overall service process is immature, affecting user stickiness and evaluation of forest health care bases and recreation service products. This paper explores the characteristics and needs of forest health care user groups from the standpoint of service design, and converts user needs into visible services using a user-centered approach, which not only broadens the application scope of service design, but also improves the return rate of users and the praise rate of forest health care, and provides suggestions and experiences for further forest health care industry improvement to achieve Multi-win has a commercial and social value.

Keywords: Forest health care, Service design.

1. INTRODUCTION

With developing society and the fast pace of life, people are under increasing pressure. According to WHO data, the world's under-health population comprises more than 60% of the population [1], whereas China's healthy population comprises just 15% [2]. In many scientific studies, contact with nature has been found to have positive effects on people's psychology and physiology [3]. "+ Health" has become a key path of format innovation in Chinese several industries the growth of "Healthy China" [4]. Forest health care is based on forest resources, and it ranges from typical sightseeing tourism to promoting human health and raising change caused by rallies. Tourism, health, education, and other new kinds of environmentally friendly industries are all part of the Great Health Project, as are new forms of supply side forestry structural change [4-6]. Forest health care is also extensively promoted by government programs as part of developing "Rural Revitalization". Forest health care bases are constructed in various methods to provide society with multi-level, diverse, and high-quality forest health care services to address people's rising need for a better living [7]. Despite large national policy backing, the development is still in its early stages, and the forest health care service is not yet mature, with several issues.

For many years, China has ranked second in global service commerce, and it is currently undergoing the third

upgrade and transformation of its consumption structure, in which service design will play a vital role [8]. Service design encompasses all areas of a person's daily life, promoting the developing high-quality service sector, as well as a practical planning approach for transformation and industrial upgrading of consumption, such as at restaurants and airports. To utilize of typical service sector instances, such as Haidilao Hot Pot and Starbucks, has become mature, proving the importance of service design in the service business.

In essence, the forest health care is part of the service experience industry, and individuals and experiences are becoming increasingly important. In this study, we based on the theory of service design combined with the Five Senses design, Contact Point design and related design method study on forest health care services. Use service blueprint, user journey chart and other tools to capture user needs, analyze user behaviour, transform invisible needs into visual design, and create a complete experience process for forest health care. It has the potential to increase service quality and consumer happiness while also generating new ideas for expanding forest health care services.

2. RESEARCH STATUS

2.1. Forest health care

Germany, Japan, South Korea, and other countries led the way in utilizing the forest environment for physical and mental health activities. Different concepts such as "forest recreation" and "Forest Health Care" were introduced into China in the 20th century [9]. Forest health care now encompasses most of comparable notions, which is more in line with the global society's current development trend of "returning to nature and seeking health". Domestic and foreign scholars have different expressions on forest health care. Wu Houjian divides forest health care into two concepts, broad and narrow: narrow forest health care, highlighting the leading role of medical theory in forest health care function [10]; Forest health care in the broad sense refers to all beneficial activities and processes that rely on forests and their environment [11-12].

In the worldwide context, the forest health care business is showing signs of diversification. Forest health care business growth in foreign nations has now achieved a high-level, including economic, social, ecological, and other, as well as medical, service, tourist, and other domains [13]. Germany's medical security system included forest health care as a key national policy in the 1980s. Japan has developed a reasonably sophisticated research, management, and base certification system in the globe with the help of government departments.

China forest health care bases are being built at a rapid pace, and their distribution is uneven [14]. China forest health care study has accumulated some findings, primarily from the perspectives of policy development, forestry, medicine, environmental design, landscape planning, and so on, with a focus on industrial development mode, road, trend, healing effect, resource development, and so on. Based on the notion of social symbiosis, Cao Jingzhi et al. elaborated on the meaning of forest well-being [15]. Pan Yangliu et al. examined the creation of a forest health care base in Jiangxi Province's Lushan National Ecological Reserve and proposed development strategies using a SWOT [16]. Liu Sisi et al. examined the flaws in current domestic forest health care science research, offering a reference for forest health care science research and the forest health care science research community [17].

2.2. Service design

Service design first appeared in the field of management. Service design believes that the overall service plan can respond to people's needs more effectively and redefine the interactive experience between people, people and systems. So far, service design has been gradually applied to all walks of life. Hu Hong et al. studied the service mode of Youzhou Miao

Embroidery brand in the transformation of new retail from the perspective of service design [18]. Li Shansi explored the tourism service needs of Confucius Temple tourists from the perspective of user needs and established a demand model to provide reference for the tourism service design of Confucius Temple [19].

2.3. Forest health care service design

Forest health care goods are complex product systems with a high-level of integration and systematicity, needing a greater competence. Zhang Lu and others argue that the present domestic forest recreation base's goods can only provide a sensory experience, and that meeting the individualized and diverse demands of visitors is challenging. As a result, some domestic researchers have conducted extensive research into consumer demand for forest recreation service products [20]. Liu Lijia et al. employed the Kano model and Better-Worse coefficient analysis to classify and prioritize forest recreation user demands, and made recommendations for forest recreation base to enhance services based on consumer wants [21]. The important functions and consumer needs of forest health care were estimated by Liu Zhiming et al., and related remedies were proposed [22]. As mentioned above, although a small number of scholars have found problems in the development of service experience of forest recreation base, there are few researches on methods to solve this problem, and no scholars have studied forest recreation service as an industry. As mentioned above, while a limited number of scholars have identified issues with developing forest health care basis service experience, there are a few study on how to solve this problem, and no scholars have researched forest health care service as an industry.

2.4. Existing problems

Existing forest health care bases often provide courses or tourism as service items, but their growth is still in its early stages, with several issues:

- 1.The content and shape of activity service goods are determined by the professional backgrounds of forest healer. They pay less attention to the customer experience and do not consider the diverse demands of people.
- 2.The characteristics of service items are ambiguous and homogenized, and the base may not deliver individualized services for consumers by merging current
- 3.The overall service process is not mature, and the coordination degree of the front desk, middle stage and back stage is not well-coordinated.
- 4.Low user stickiness and return rate.

3. FOREST HEALTH CARE SERVICE DESIGN PROCESS AND METHOD

According to the 2020 China Service Design Report, over 80% of respondents think service process is the most important aspect determining service quality, followed by service experience, content, and service staff quality [8]. As a result, the primary research focus of forest health care service design is on new service processes, basic curriculum, and attractive methods. It varies from traditional design in one important way: it stresses process flow and consistency. Using user demand and experience as a starting point for design flows through the whole design process, from the big picture to the finer points, and back to the big picture. Analysis and planning, innovation and design, middle and back stage organization design, iteration and assessment are the four phases in the particular design process. As showed in Figure 1, the whole design process is recyclable.

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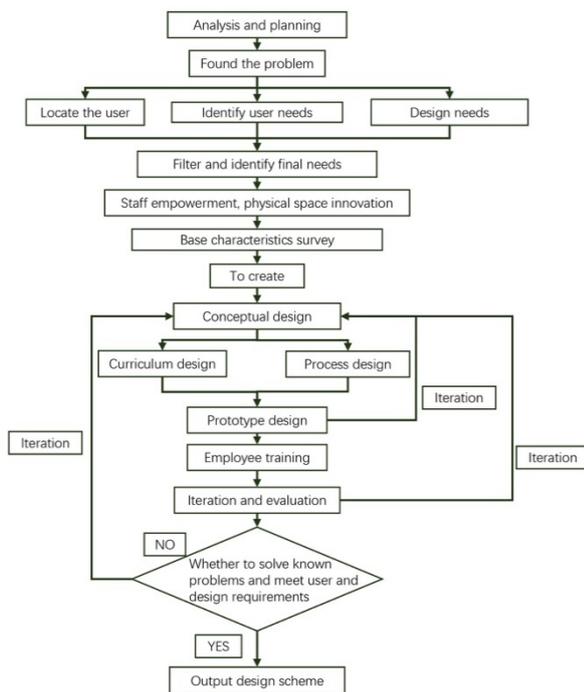


Figure 1 Design process of forest health care service.

3.1. Analysis and planning

Analysis and planning play an important guiding role in the early stage of forest recreation service design, which can help designers master the project in a macro way. This requires designers to clarify the research problems and objectives, clarify the relationship between

things in the service target situation, and form insights conducive to innovation. The main goal of this part is to locate users and needs, and lay the tone of the whole design. The main tools and methods used are: survey, questionnaire, interview, empathy map, experience survey, etc.

3.2. Innovation and design

Innovation and design are the key steps of the whole process. It is not only necessary to do what competitive products base has done, but also to make the base characteristics, and propose innovative design services to attract users while improving weaknesses. The key of this step lies in the conceptual design based on demand analysis. Through service design tools, designers can analyze and express the function, economy and applicability of forest health care and determine the prototype of the design scheme. The main tools are user journey maps, stakeholder analysis, business model canvas, etc.

Service design integrity stresses not just the interaction of objects based on user demands, but also conveying the base's brand culture. Designers must develop solutions to the problems identified during the analysis and planning stages, while also considering the needs, motivations, expectations, and behaviours of users. They must also consider various limits in brand business growth during this process.

3.3. Middle and back stage organization design

The middle and back stage organization design is an important part of service design. The front stage design is the experience design. The front stage plus the middle and back stage design is the service design. The experience design usually focuses on consumers and tries to improve consumers' experience at each contact. The service design focuses on the design from the inside out. The front office service without the support of the middle and back stage organization has no long-term vitality [23]. Service design is not only the design of services in direct contact with users, but also creating services and industry upgrading in collaboration with users, employees, partners and other personnel over the whole service chain.

3.4. Iteration and evaluation

Iteration and evaluation is the process of finding problems in the designed forest health care process. It is a wise choice to reduce risks and losses. The design team needs to find users of different types and backgrounds to constantly test, feedback, analyze and improve. Therefore, this stage is the process of test evaluation and detail optimization cycle. This step always runs through the whole design process, even in the implementation process. According to different test objectives, different

evaluation methods, tools and evaluation emphases need to be used.

4. CONCLUSION

The forest health care business will be an important economic sector in the future. To expand the forest health care business is strongly supported both at home and abroad, and people are increasingly demanding forest health care. Research the forest health care service, combine resources such as users, forest therapists, and nature, examine the user group, and achieve systematic innovation of service content, process, node, environment, and interpersonal interaction based on the service design idea. Build a forest health care service design system, optimize different process, achieve total system innovation from, provide a feeling of user experience and freshness, and increase the overall service quality. The best approach is to combine forest health care with service design.

AUTHORS' CONTRIBUTIONS

Conceptualization, M.W.; methodology, X.C.; software, M.W.; validation, M.W.; formal analysis, M.W.; investigation, M.W.; resources, M.W.; data curation, M.W.; writing—original draft preparation, M.W.; writing—review and editing, M.W. and X.C.; visualization, M.W.; supervision, X.C.; project administration, X.C.; funding acquisition, M.W. and X.C. All authors have read and agreed to the published version of the manuscript.

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