

**COMPLAINT MANAGEMENT, PERCEIVED JUSTICE AND PATIENTS'
BEHAVIOURAL INTENTIONS IN TERTIARY HEALTHCARE
INSTITUTIONS IN SOUTHWESTERN NIGERIA**

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ABSTRACT

The study assessed the complaint management process adopted by Tertiary Healthcare Institutions; examined the influence of complaint management on patients' behavioural intentions and evaluated the effects of perceived justice on patients' behavioural intentions. Lastly, it determined the effect of satisfaction with the recovery efforts on patients' behavioural intentions. These were with a view to providing information on patients' perceived justice from complaint management and the possible effects on patients' behavioural intentions in Tertiary Healthcare Institutions in Southwestern Nigeria.

The research design adopted was descriptive and cross-sectional in nature. The study used both primary and secondary data. The population of the study comprised 10000 registered patients in selected Tertiary Healthcare Institutions in Southwestern Nigeria. A sample of 400 patients were purposively selected from five Tertiary Healthcare Institutions in Southwestern Nigeria. Sample selection was based on patients with medical history of regular visit for a period of not less than one year. Data on complaint management system, perceived justice, patients' satisfaction, and patients' behavioural intentions, were obtained through the administration of questionnaire and interview. Information on complaint management procedure and policies were sourced from the annual report and publications of Healthcare Institutions. The data were analyzed through the use of percentages, mean, ordinary test square regression analysis, and Pearson correlation coefficient technique.

The results showed that the complaint management process such as facilitation ($\bar{X} = 1.90$), attentiveness ($\bar{X} = 1.97$), effort ($\bar{X} = 2.08$), timeliness ($\bar{X} = 3.74$), explanation ($\bar{X} = 2.51$), apology ($\bar{X} = 2.51$) and atonement ($\bar{X} = 2.12$) of Healthcare Institutions in the Southwest was low. The

results also showed that facilitation ($t = 11.241, p < 0.05$), attentiveness ($t = 5.149, p < 0.05$), effort ($t = 5.304, p < 0.05$), timeliness ($t = 7.394, p < 0.05$), explanation ($t = 2.151, p < 0.05$), apology ($t = 4.207, p < 0.05$), and acknowledgment ($t = 7.409, p < 0.05$) had positive and significant influence on patients' behavioural intentions in tertiary healthcare institutions. In addition, the study revealed that perceived justice in terms of interactive justice ($t = 7.409, p < 0.05$) and distributive justice ($t = 7.409, p < 0.05$) had significant effect on patients' behavioural intentions in the institutions. Furthermore, the results showed that the relationship between satisfaction with the recovery efforts and patients' behavioural intentions was strong and positive ($r = 0.668, p < 0.05$).

The study concluded that complaint management and service recovery though ineffective had a positive effect on patients' behavioural intentions.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In management studies, research has shown that service failure and complaints about quality of delivery have been a major issue. Awa, Ogwo and Ukoha (2016) posited that despite precautionary measure and effort by service providers to provide error-free service, failure still occurs because of the basics of service delivery; intangibility, inseparability, perishability and heterogeneity. Agu and Okpara (2015) posited that the differences in service quality could cause customer dissatisfaction, an outcome of service failure. The fact that services are simultaneously produced and consumed also makes it impossible to guarantee 100% error free service, (Berry, Parasuraman & Zeithmal, 1994). When there is service failure the onus remains with the service provider to provide reasons why the failure occurred and find a solution to it.

In the public healthcare sector, patients complaints are increasing these might be due to lack of competition in the healthcare sector, limited range of options for patient, bureaucracy, corruption, and substandard service delivery in the healthcare facilities. Other causes of complaints relate to professional misconduct, deplorable infrastructure, incessant strike action, deteriorating and outdated equipment, insufficient professionals, over-capacitation, poor staff attitude, misdiagnosis and increased mortality rate. Primarily patients' complaints range from not listened to, to some form of loss or even death. The factors listed have led to the poor perception of patients' about services provided by public healthcare facilities. The extent of the failure and the underlying relationship between patient and provider will determine the behaviour that the patients' will come up with. While some may complain to the organization, others will complain to friends and relatives, to regulatory bodies, or exit the organization.

Information from patients' complaints can contribute toward patients' improved engagement in health services, improved quality of health services, improved accountability and improved overall health system performance. Complaints benefit the provider if well handled, and presents a second opportunity, to rectify failure points, reestablish trust, confidentiality, strengthen and loyalty.

After having experienced service failure, it is expected that patients should be restored to their original level of trust, through effective and efficient complaint management process. Michel and Meuter (2008), stated that complaint management and service recovery is the effort put in by service providers to amend errors after service failure. Organizations aiming to survive in the market place, are expected to adopt a complaint management system which not only encourages complaints, but will also involve the receipt, investigation, resolution of complaints and recovery of dissatisfied patients. Complaint management system is a strategic way of receiving recording, processing responding to and reporting on complaint as well as using them to improve service and decision making. Applying this strategy helps the service organization have an overview of what the patients' value and how to achieve it. Recent reviews have emphasized the importance of responding to patients' complaints' satisfactorily. The importance cannot be overemphasized considering the fact that in some places like China (The Lancet, 2014), India (Baskar, 2014) and Nigeria (Abodunrin & Adeoye, 2014), people who received no response or inadequate response to their complaints can feel distraught and disengage from the facility, or even worse resort to violence.

The success of the attendant recovery process of patients lies on whether they are satisfied with the process or not. In Nigeria tertiary healthcare institutions, are perceived to offer low quality services. Despite these backgrounds, research carried out by Idoko and Nkamebe

(2007), posited that most service providers including the health sector in Nigeria do not have a formal complaint management system that encourages complaint. Complaints are assumed to be an indictment of inefficiency; an anathema, that should not be encouraged. Healthcare providers who owe a duty of care patients assume paternalism premised on the notion that patients do not have knowledge of healthcare. Patients' who want to complain, suffer the ineptness of not being aware of their rights and protective measures, put in place by government, like Health Act (2014); NHS; Service Compact for all Nigeria. Even the upsurge in patient consumerism in the health sector, advent of new technology and access to information from the internet that should have emboldened the patient to complain, have not been quite effective (Agbonifeh & Edoren, 1986). Therefore, a need for an effective and efficient complaint management process that would encourage lodging of complaints is strongly advocated.

Central to patients' assessment of the recovery process is having the knowledge that the recovery process was fair. Perceived fairness or justness of the recovery evaluated from the dimensions of justice theory has impacted very much in determining patients' level of satisfaction. Qiva, Qiver and Macmillan (1992), stated that equity theory in service encounter is when customers weigh if there is a balance between the input invested and the outcome recorded. In the case of service failure, customers will perceive inequity and will attempt to restore equity through post purchase behaviour, that might include complaining, word of mouth communication, loyalty and re-visitation. Though a service failure leads to disconfirmation, recovery efforts might make it equitable.

Disconfirmation paradigm succinctly explains patients satisfaction with the recovery process. Patients re-visit, are more loyal and engage in positive, if satisfied with the recovery process that exceed their expectation. Loyal patients tend to re-visit the same service provider

even for very minor ailment. Some become emotionally and physically contented with services because of their cognitive recognition of quality attributes of the facility (Nwike & Ake, 2016).

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