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**DRIVERS, INHIBITORS AND IMPLICATIONS OF EFFECTIVE
COMPLAINT MANAGEMENT AMONG HEALTHCARE
INSTITUTION IN AN EMERGING ECONOMY: A CASE OF
THE UNIVERSITY OF GHANA HOSPITAL**

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DRIVERS, INHIBITORS AND IMPLICATIONS OF EFFECTIVE COMPLAINT MANAGEMENT AMONG HEALTHCARE INSTITUTION IN AN EMERGING ECONOMY: A CASE OF THE UNIVERSITY OF GHANA HOSPITAL.

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Abstract

Purpose: Complaint Management (CM) is significant in improving the quality of healthcare service delivery. There is a dearth of knowledge regarding CM in healthcare service in Ghana. This paper aims at exploring the drivers, inhibitors, implications and influence of leadership on effective CM in healthcare service delivery.

Methodology: A qualitative methodology was used. Data were collected through in-depth semi-structured interviews with 20 purposively selected informants. Data were transcribed and analysed thematically.

Findings: The evidence suggests that there are some notable drivers, inhibitors, and implications of CM in healthcare service delivery. The study found that customer complaint, customer satisfaction, customer feedback, customer loyalty, customer retention, quality assurance, competitive advantage, compensation, culture, and speedy recovery are the drivers to effective CM in healthcare service delivery. However, regarding the factors that inhibit effective CM in healthcare service delivery, the study found insufficient skilled personnel, inadequate technology, lack of infrastructure, inadequate resources/funds and lack of oversight responsibility or control, lack of accountability, unresponsiveness, and unacceptance of mistakes/complaint. The study provides insight that effective CM has significant implications on customer satisfaction, customer loyalty, customer retention/commitment, institutional reputation/image, organisational performance, profitability, and good staff attitude. The results of the research corroborate the perception that leadership style influences the effectiveness of CM in healthcare service delivery.

Recommendation: The study strongly recommend the establishment of CM department with the requisite logistics and accessories to promote effective handling of complaint. Additionally, it endorses training programmes on building strategies to enhance effective CM which will go a long way toward allowing service providers to form strong emotional bonds with their patients. The focus of such a program should be on instilling in frontline staff who deal with disgruntled/dissatisfied customers the necessity of adopting the study's findings into their complaint handling process.

Keywords: *Complaint Management, Contingency theory, Healthcare, University of Ghana Hospital*

1.0 INTRODUCTION

1.1 Background of the Study

The wave of globalisation has increased the level of competitiveness among healthcare organisations in various countries (Tronvoll, 2012). To stay in the global competitive markets, healthcare organisations have adopted varied strategies and mechanisms to address the needs and complaint of customers. Istanbuluoglu, Leek, and Szmigin (2017) and Tronvoll (2012) found that customers who fail to experience the desire service satisfaction will immediately complain as a sign of their frustration. Customer dissatisfaction in healthcare delivery influences organisational revenue and reputation. To resolve this customer dissatisfaction, complaint management (CM) is adopted to mitigate these challenges. According to Chi, Wen, and Ouyang (2020) and Johnston (2001), CM is significant in identifying opportunities to build a strong relationship between customers and healthcare institutions. It is significant in fostering effective customer service in healthcare institutions to ensure customer loyalty, satisfaction, and reduction in operational cost (Aziz, 2015; Kellermann, 2013; Stauss & Seidel, 2005). However, studies have shown that ineffective complaint management negatively influences customer satisfaction, organisation's market share and profitability (Gelbrich & Roschk, 2010; Awara, 2010).

Ghana offers a typical context to understand critical issues when it comes to complaint management in healthcare organisations. In Ghana, although various organisations have acknowledged the significance of implementing effective CM, these institutions are still faced with critical challenges of effective CM (Mensah, 2017). Studies on CM in Ghana mainly focus on the banking sector and telecommunication industry (Mensah, 2012; Nimako, Gyamfi & Wandaogou, 2013; Nimako, & Mensah, 2014). Besides, most studies on CM adopted quantitative methodology – leaving a gap for a qualitative approach (Atinga, Abekah-Nkrumah & Domfeh, 2011; Nimako et al., 2013; Nimako & Mensah, 2014; Ofori-Okyere & Kumadey, 2015). There is little or no study exploring how the existence of constructive and positive leadership enhances effective CM process in healthcare institutions (Aziz, 2015; Mensah, 2017). There is a dearth of studies that explores deep issues of CM in healthcare organisations in the context of emerging economies like Ghana. Apart from the above-mentioned studies, there is no empirical study on how leadership influences CM in healthcare institutions. This paper seeks to explore the drivers, inhibitors and implications of CM in Ghana, using a case study of the University of Ghana Hospital. The paper seeks to explore these and interrelated questions such as how leadership style influences the effectiveness of CM and the implications of CM on healthcare service delivery.

1.2 Research Objectives

The study seeks to:

1. Explore the influence of leadership on Complaint Management in healthcare institutions.
2. Ascertain the drivers for adopting Complaint Management in healthcare institutions.
3. Identify the inhibitors associated with Complaint Management in a healthcare institution.
4. Examine the implications of Complaint Management in a healthcare institution.

2.0 LITERATURE REVIEW

2.1 The Concept, Process and Practice of Complaint Management

The phenomenon of CM in healthcare delivery is a system put in place to address complaint or disputes from clients about the product or service provided (Filip, 2013; Lacanster, 2016; Ramphal, 2016). This provides a level ground for clients and patrons of services within the health care institutions to provide feedback to service providers on what they are paying for as services. Studies have shown that effective CM ensures operational efficiency and effectiveness, transparency and accountability and reassesses customer information needs (Lacanster, 2016). This goes a long way to improve on service quality from service providers. It is however important for health care institutions to review their feedback mechanisms to ensure they are receiving the right complaint and through the right channel for support. Stone (2011) has indicated fairness as a key approach to solving complaint of customers in healthcare organisations. There are three types of fairness associated with CM including procedural, distributional and interactional (Stone, 2011). Distributional fairness connotes patient comparison of price or complaint procedure of a health facility to the price or complaint procedure offered by other health institutions. The fairness of the complaint procedure that leads to a specific result is referred to as procedural fairness. Interactional fairness captures how the client is handled in terms of respect, politeness, and dignity. During service recovery, distributional and procedural fairness boost scores for service quality, customer satisfaction, loyalty, and trust, whereas interactional fairness merely improves consumer trust perceptions. For instance, an apology can be viewed as interactional fairness.

Despite the lack of a universal framework in dealing with CM, Johnston and Mehra (2002) found that effective CM should focus on four key elements comprising of complaint solicit culture, instant complaint procedure, process simplicity and follow-up. Similarly, according to Marra (2005), CM can be managed effectively through contact process, fulfilment process, validation process, escalation process and management process. Stone (2011) revealed that the CM process should be a focus on effective publicity and accessibility, simplicity and usability, time limit and information dissemination about immediate actions. Lyon and Powers (2001) outlined six compliant management process including encouraging complaint as a quality improvement tool, establish a team of representatives to handle complaint, resolve customer problems quickly and effectively, develop a complaint database, commit to identifying failure points in the service system; and track trends and use the information to improve service processes. Correspondingly, Henneberg Ashnai, Gruber, Naudé, and Reppel (2008) and Johnston and Mehra (2002) postulated that effective CM is centred on leadership or actions taken by management to understand the problem and show empathy and apology. As may have been identified from the discussions so far, providing the right platform for patrons to channel their complaint and for service providers to act and provide support goes a long way to determine the success of the organisation. This saves the image of the organisation aside providing quality service coupled with reduced cost on the negative side of receiving little or no feedback on service delivery within the healthcare system.

2.2 Complaint Management and Leadership

Leadership is a key factor in the growth of healthcare organisations. Organisations are becoming more complex and diverse with rapid changes in processes and procedures, which affects service delivery. It is essential to invest in leadership where more flexible and all-inclusive people are placed in strategic positions to strive to achieve success while delighting customers. Scholars have defined leadership as the process of influencing, guiding and directing a group of people to understand and execute a program of the organisation to achieve a common goal or objective (Yukl, 2008; Nguyen, 2009). Chand (2018) discovered three kinds of leaders that can be found in healthcare institutions comprising of autocratic leaders, democratic or participatory leaders and laissez-faire leaders. Nguyen (2009) observed that leadership motivates, initiates action, builds morale, creates the enabling environment for achieving set goals and assist in conflict resolution problems within the organisation. The best has most of the time been transformational leaders who are open to cohesive decision making to improve systems and processes. Their charisma, enthusiasm and focus determine the extent of quality-of-service delivery as this index is influenced by the type of leadership style (Stone, 2011; Yoon & Suh, 2003). Although it is difficult to predict the attitudes of leaders in compliant management in a healthcare institution, Brouard and Larivet (2010) have stated the need to include customers in the decision-making process to obtain certain vital information to improve service quality in organisations. Studies have shown interaction and communication, especially face to face communication is preferred as significant in handling complaints (Estelami, 2000; Faulkner, 2003). Also, training and development must be conducted for employees who handle complaint and management must integrate complaint into organisational decision making for implementation (Johnston & Mehra, 2002). According to Berson et al. (2006) leaders are front liners who are trained as complaint handling mechanisms. The skill, abilities and knowledge in handling customer complaint create an atmosphere where customers can share their feedback. This goes a long way to build confidence, loyalty and trust in patients or patrons of healthcare systems.

2.3 The influence of Leadership on Complaint Management in Healthcare Institutions

Humaidi and Blakrishnan (2015) examined the influence of leadership on CM in local hospitals in Malaysia. The findings of the study revealed that transformational leadership increases the user's awareness, clarified rewards of performance and express satisfaction towards compliance with information security in an organisation. Similarly, Hao and Yazdanifard (2015) also conducted a study on the role of leadership in CM within an organisation in Malaysia. The study found that effective leadership builds trust, encourages employees to communicate and collaborate to create and discover new ways in handling complaint within an organisation. Likewise, Bell, Chan and Nel (2014) researched the impact of leadership on compliant management in South Africa. The study revealed that participative and directive leadership builds trust among employees and engage workers in decision-making to improve the effectiveness of CM. Correspondingly, Nwagbara (2011) conducted a study on leading by interaction in educational institutions with on leadership communication and CM imperatives. It is evident from the findings of the study that leadership is significant in fostering effective CM in educational institutions. Furthermore, Homburg and Fürst (2005) researched how organisational complaint handling drives customer loyalty using an analysis of the mechanical and the organic approach. The findings of the study revealed that leadership and organisational culture

significantly influences CM and customer loyalty or retention. Effective leadership can make a quantifiable difference in patients' lives within all areas of a healthcare facility. Proper handling of complaint by management also improves the status of the institution, where employees are more relevant towards providing support.

2.4 Drivers of Effective Complaint Management in Healthcare Institutions

Studies have shown that CM is the mechanism adopted by organisations to resolve work-related issues arising between customers and the organisation. Tan, Mohd Suradi and Saludin (2013) investigated the critical success factors of complaint management towards service quality, customer satisfaction, customer loyalty and the impact to organisational image at Malaysian academic library. They adopted the justice theory to investigate customers' perception of CM in terms of outcomes they receive, procedures used by the organisation, and interpersonal treatment and found five factors that drive CM including speed of recovery, management system, empowerment, culture and psychology, and tangible compensation. The use of quantitative methodology is limited in its ability to analyse and observe the behaviour of customers. Correspondingly, Mensah (2016) conducted a study exploring the factors influencing the adoption of CM among organisations in Ghana. The study's findings revealed that customer dissatisfaction, culture, and speedy recovery are the factors that influence CM in institutions. The findings may not be the true reflection of the reality due to the convenience sampling adopted. That notwithstanding, the organisation's culture as posited by these authors cannot be overemphasised as it affects how employees are able to receive complaint from customers and respond to them appropriately.

Furthermore, Tan and Trang (2017) also examined the factors influencing the adoption of CM among organisations in Vietnam. Using the library research approach, the study's findings revealed that customer complaint and loyalty are drivers of the CM process in firms. Additionally, Simon, Kafel, Nowicki and Casadesus (2015) studied the factors influencing the adoption of CM among firms in Spain. Using a mix-method approach, the study found that sending feedback, identifying the trends and causes of complaint, engaging staff with new customer service training opportunities and monitoring and improving the CM process as the facilitators of CM. The objective of the four key factors was to ensure customer satisfaction. Similarly, Filip (2013) examined the determinants of CM in Romania. Using an online data source, the study found that customer satisfaction, customer feedback, customer retention, customer loyalty, customer complaining behaviour and designing service recovery strategy are the drivers of effective CM. However, the sample size and technique were excluded from the study, making it difficult for any comparative analysis. McDermott (2016) examined the factors influencing the adoption of CM among organisations in the United States. The findings show that customer loyalty, competitive advantage and ability to control and respond to complaint are key drivers of CM. Inevitably, service users (patients) will be so dissatisfied with the quality of service such that they will complain to provide healthcare institutions with relevant feedback information about their service or product. Such feedback information will help inform and improve quality healthcare service delivery in general and/or the particular matter complained about.

Ramphal (2016) conducted a study in South Africa using an online data source; the findings of the study revealed that protecting the reputation and reducing organisational cost were the factors

influencing CM among firms. Also, Taleghani, Largani, Gilaninia and Mousavian (2011) explored the factors influencing the adoption of customer CM among organisations in Iran. They found that customer loyalty, customer retention, and enhancing teamwork contribute to complaint management. Nilashi, Ahmadi and Ahani (2016) studied the factors influencing Malaysia's adoption of CM and observed that competitive advantage, employee technological knowledge, customers and management support are the factors that influence CM. In another study by Rizwan, Hassan Ali, Akhter, Abbas, Kanwal, Iqbal and Aziz (2016) on the determinants of CM in Pakistan, it was discovered that experience, ability to control and respond to complaint, customer loyalty and competition were the determinants of CM.

A study in Thailand by Kamthornphiphatthanakul and Somthong (2017) also concluded that customer dissatisfaction, culture and speedy recovery are the key determinants of CM. Earlier in 2009, a study had been conducted in Hong Kong and Northern Cyprus, which showed that customer commitment is the main determinant of CM (Ekiz, 2009). When a robust culture is nurtured and diligently enforced, employees will thrive and process customer complaint in an effective and efficient way to benefit both the organization and other stakeholders. This, in the end, builds customer confidence and satisfaction with rippling effects on institutional brand and loyalty. Regularly reviewing the complaint management system is a sure way to improve the process and ensure innovation in a dynamic competitive environment. After all, the satisfaction of the customer is paramount towards achieving a competitive advantage, especially in the healthcare sector.

2.5 Inhibitors of Effective Complaint Management in Healthcare Institutions

Using a mixed-method approach in a study by Aziz (2015) in Brunei Darussalam, it was observed that financial constraints, insufficient skill in handling new technology, staff workload and the authoritative nature of top management were the main inhibitors of CM. Indeed, arguments can be raised that the authoritative nature of top management is not necessarily the problem, but their commitment to CM could be the determinant factor. In their study, Tan and Trang (2017) in Vietnam they also revealed that lack of manpower, inadequate infrastructure system, lack of funds, and lack of control and evaluation of CM systems limit CM effectiveness. Other inhibitors identified in the literature include lack of resources/funds, staff attitude to customers, customer inconveniences to CM processes, lack of technology, ineffective communication, and stress and confusion among workers (Simon et al. 2015; Kavosh, Abu Bakar, Melati, Siti Zaleha, 2011). The others are outdated technologies, insufficient information, weak reporting and complaint mechanism, and change in the business environment (Schrank, 2011).

Using a qualitative approach, Cowan and Anthony (2008) examined challenges inhibiting the implementation of CM in the United Kingdom. It became evident that customer attitude, CM process, lack of infrastructure and poor interpersonal skills among employees negatively influenced CM systems among the firms. Ramphal (2016) also examined the challenges impeding the effectiveness of CM among the hospitality industry in South Africa and confirmed that insufficient funds, lack of infrastructure, weak government regulations, political instability, inadequate technology, lack of top management commitment and unskilled personnel as the barriers to effective CM systems among organisations. The different perspectives and approaches in the various studies have shown the significance of the need for organisational culture and

leadership that is more marketised and outward-looking than an authoritarian and inward-facing working environment. Among the multi-faceted factors inhibiting CM, insufficient budget and human resources, inadequate infrastructure and unskilled personnel have surfaced as the most significant setbacks to effective CM.

2.6 Implications of Effective Complaint Management in Healthcare Institutions

Studies have found that complaint can have either positive implications on organisational improvement, quality services and products (Bennett & Savani, 2011; Holland, 2000; Phau & Baird, 2008; Stone, 2011; Trappey, Lee, Chen, & Trappey, 2010) or negative implications on customers behaviour and attitudes and healthcare organisation image and profitability (Breitsohl, Khammash & Griffiths, 2014; Grainer, Noble, Bitner & Broetzmann, 2013; Shortland & Stone, 2011). Tan et al. (2013) conducted a study on the relationship between CM and organisational performance in Malaysia. They concluded that effective CM increases customer loyalty, build strong commitment and trust between organisations and customers as well as enhance the organisational image and integrity. In addition to loyalty as in the case of Tan et al. (2013), Mayombo's research (2016) in Uganda observed CM's implications in fostering effective community among firms. Other scholars who found its influence on loyalty (customers and employees) include but not limited to the following: Aziz (2015), Filip (2013), Ramphal (2016), Supriaddin, Palilatin, Bua and Jusuf (2015), and Tag-Eldeen (2018).

CM also has implications on organizational performance and operations (Filip 2013; Ateke and Kalu 2016; Simons 2016; Ramphal 2016; Tag-Eldeen 2018); sustainability (Filip, 2013; Liu and Yen 2016); customer satisfaction and profitability (Ateke and Kalu 2016); improved service delivery (Ramphal 2016); policy formulation (Ateke and Kalu 2016; Simons 2016); organisational alignment to vision (Supriaddin, Palilatin, Bua and Jusuf 2015; Tag-Eldeen 2018); and others. However, it should be emphasised that in addition to CM, there are others factors that influence patient satisfaction, loyalty, retention, organizational reputation and profitability such as socio-cultural, economic, political and environmental factors in healthcare service delivery.

2.7 Contingency Theory

This study relies on the contingency theory which was developed by Fred Fiedler (1958) to explain the role management and leaders play in enhancing the performance and growth of organisations. The theory asserts that leadership style plays a significant role in determining organisational flaws and providing lasting solutions to these problems. Besides, contingency factors have been proposed to influence how firms conduct business (Ponsinon, Smart & Maull, 2011; Voss, Perks, Sousa, Witell, & Wunderlich, 2016). Bett (2017) posited that leaders perform better when they are familiar with the situation and exhibit their leadership style. The theory argues that when leaders do not adopt the requisite leadership style, it influences their ability to gain a competitive advantage in the market (Badara, 2017). The theory further asserts that leadership effectiveness can be measured by using Least Preferred Coworkers Scale (LPC) to ascertain feedback from employees regarding the performance of leaders. The least-preferred coworker scale (LPC) is a management heuristic that allocates an individual's leadership style as either task-oriented or relationship-oriented. The study employed the three types of contingency indicated by Smith, Jayaram, Ponsignon and Wolter (2019), including environmental contingency, strategic contingency and recovery orientation contingency. The contingency

theory is significant to this study because it explores how leadership style influences the effectiveness of CM, how leadership drives and inhibits CM and its implications on healthcare service delivery. The theory was also adopted to explore the specific recovery strategies and the challenges associated with the recovery process to foster effective CM.

3.0 METHODOLOGY

3.1 Research Design

This section provides a brief discussion of the research methodology and methods adopted by the study. A case study design of qualitative research approach was employed to answer the question: the drivers, inhibitors and implications of CM among healthcare institutions in Ghana? A case study design is appropriate because it provides better insight into the subtleties and dynamics of adopting CM among healthcare institutions in Ghana (Johnston & Mehra, 2002). Case study design is also useful for developing and extending theories as they investigate variables for statistical testing in the future (Walker & Brammer, 2012; Yin, 2003).

3.2 Data Collection

The study adopted a qualitative research approach to explore the views and opinions of hospital staff and patients (students) regarding the drivers, inhibitors, implication of CM and the influence of leadership on CM in healthcare service delivery. The data collection lasted for two months, beginning May 2021 and ends June 2021.

3.3 Respondents and Interviews

The study purposively sampled twenty (20) respondents from the hospital administrators, pharmacists, and patients. The study purposively selected hospital administrators and pharmacists because they are the main recipients and supervisors of complaint within the hospital. The study purposively selected ten (10) students based on convenience and availability to explore their views regarding student patients who access the services of the hospital and inclined to lodging complaint. Besides, the usage of convenience sampling was due to unavailability or difficulty in accessing students with complaint and its cost-effective approach, while purposive sampling was adopted to recruit students who provided rich information cases for in-depth study. The selection of interviewees was purposively done to ensure varying responses that complement each other and promote a holistic picture that addresses the research objective.

Face-to-face interviews were conducted with the help of a semi-structured interview guide to enable interviewees to freely express their views without intimidation or criticism and for further probing. Each interview lasted for about thirty (30) minutes. The socio-demographic characteristics of the respondents are presented in **Table 1**.

Table 1. Socio-Demographic Characteristics of Respondents

Background characteristics	Frequency (n=20)	Percent (%)
Age		
20-30	15	75
31-40	4	20
41-50	1	5
Above 50	0	0
Gender		
Male	11	55
Female	9	45
Marital Status		
Married	4	20
Single	16	80
Level of Education		
Bachelors	16	80
Masters	3	15
PhD	1	5
Job Position		
Senior Assistant Registrar	1	5
Pharmacist	3	15
Students	10	50
Assistant Administrator	5	25
Senior Assistant Administrator	1	5
Number of Working Years		
1-5	11	55
6-10	7	35
11-15	1	5
16-20	1	5

Source: Field Data, 2021

3.4 Data Analysis and Codification

For the purposes of data analysis, interviews conducted were transcribed verbatim into a word file. After carefully reading through the data, codes were assigned to the issues to identify convergence and divergent views. Further, similar codes were grouped to generate themes, sub-themes and broad themes that reflect the research questions (Braun & Clarke, 2006).

4.0 RESULTS

CM is a system put in place to address complaints from workers and clients about the product or service provided. This study, therefore, asked interviewees about their understanding of CM healthcare service delivery. The general opinion that emerged from this study was that interviewees perceived CM as receiving/identifying and resolving complaints of workers and clients to improve the quality of healthcare service delivery.

The analysis provided exciting findings regarding the drivers, inhibitors, implications and the influence of leadership style on CM in healthcare service delivery at the University of Ghana hospital. In some cases, the results corroborate the points raised in the extant literature, while in other cases, the uniqueness of the Ghanaian context is brought to bear. We present the results in detail based on the four research objectives.

4.1 Drivers of Effective Complaint Management in Healthcare Institutions

CM is one of the mechanisms to ensure operational efficiency and effectiveness, transparency and accountability and customer satisfaction and feedback in the delivery of quality healthcare

service. This study, therefore, enquired about the drivers of CM in healthcare service delivery. The dominant views that emerged from the interviews were that customer complaint, customer satisfaction, customer feedback, customer loyalty, customer retention, quality assurance, competitive advantage, compensation, culture and psychology, and speedy recovery were the drivers of effective CM. An interviewee corroborated and said that:

We can reassess clients' needs to promote the satisfaction of healthcare service delivery. It enables patients to be loyal and retained while providing a competitive advantage over other healthcare facilities (Interview with Senior Administrative Assistant, 2021).

Answering the question of the influence of CM on the recovery speed of patients, interviewees observed a significant increase in the recovery speed of patients. Some participants opined that:

The launch of the CM framework provides us with high-quality healthcare service delivery that would increase the recovery speed for patients especially those with chronic diseases and those at the emergency (Interview with Geography Student, 2021).

It serves as a way of identifying the challenges that slow down the transition from inpatient to the outpatient system or post-acute care like rehabilitation centres (Interview with Pharmacist, 2021).

Service recovery is an important and effective customer retention tool. It helps provide responsive action to "recover" lost or dissatisfied customers and convert them into satisfied customers. Also, service recovery has proven to be cost-effective in healthcare services (Interview with Assistant Administrator, 2021).

On the question of customer feedback, the dominant opinion that emerged was that CM serves as a mechanism/framework to improve the quality of healthcare service delivered to patients to enhance the speed at which clients recover. A public administration student summarised it in the following statement:

It helps us redesign a framework that ensures the compensation of patients by addressing grievances or disputes of clients about our product or service provided to them (Interview with Public Administration student, 2021).

When interviewees were asked the question of the relationship between CM and quality assurance, they observed that CM is part of quality management centred on providing confidence that quality requirement will be fulfilled. An interviewee unequivocally said:

It helps create opportunities for optimising standards and profitability in healthcare service delivery and processes and also provide quality service and products following ISO 1900 standards (Interview with Senior Assistant Administrator, 2021).

Inhibitors of Effective Complaint Management in Healthcare Institutions

Numerous challenges associated with CM influence the quality of healthcare service. This study, therefore, asked interviewees about the factors that inhibit effective CM in healthcare service delivery. An overwhelming majority of interviewees observed that insufficient skilled personnel, inadequate technology, lack of infrastructure, inadequate resources/funds, lack of accountability, unresponsiveness, unacceptance of mistakes/complaint and lack of oversight responsibility or control. This was highlighted in a statement by an interviewee that:

The prevalence of inexperienced staff and inadequate organisational infrastructure such as complaint department, furniture and accessories hinders the thrive of effective CM in healthcare service provision (Interview with Pharmacist, 2021).

On the question of insufficient skilful personnel, the dominant view that emerged was that inexperienced and/or insufficient skilful staff affect customer satisfaction and the quality management of complaint and grievances emanating from patients/clients in accessing products and service. Also, inexperienced staff influence the implementation of CM recommendation. Some interviewees confirmed and explained thus:

The unavailability of skilful workers makes it difficult to manage complaint and grievances originating from clients. Inexperienced staff lack the capacity and skill to deal with customer dissatisfaction (Interview with Senior Assistant Registrar, 2021).

When healthcare workers are incapacitated, it affects not only the health institution by colleagues and clients. It results in low productivity in healthcare provision and customer disloyalty because their grievances and complaint are not well managed or ignored (Interview with Administrative Assistant, 2021).

Responding to the question of lack of management support for CM, the central view that emerged was that insufficient managerial support affects the effective and sustainable implementation of CM. An interviewee summarised this in these words:

When new personnel assume management position, they tend to alter the existing managerial systems which disrupt and make it difficult to manage complaint and grievances. Also, when new staff are appointed or promoted without the requisite experience and capacity, it places a strain on their capacity to implement recommendations from the administration concerning CM (Interview with Senior Assistant Registrar, 2021).

Regarding the question of lack of infrastructure, interviewees observed that the lack of CM department in terms of office space and equipment and staff with the relevant capacity has challenged the effectiveness of managing complaint/grievances in healthcare service provision. The reason has been that, in addition to its overall responsibility of managing the entire hospital, the General Administration is solely responsible for the management of all complaint. It, indeed, sometimes gets overwhelmed by the scope and breadth of its functions and roles. An interviewee said:

We lack a CM department which is an implementation challenge to effectively manage grievances and criticisms from clients regarding the provision of service and products (Interview with Pharmacist, 2021).

In answering the question of lack of technology, the dominant opinion that emerged was that unavailability of technology negatively affects the overall client satisfaction and how complaint are kept and managed. An interviewee confirmed and said that:

We do not have cloud solution software such as drop box and google drive that can store up big data and keep all the complaint of clients relating to service and product provision. The lack of big data software makes it difficult to categorised complaint of clients (Interview with Senior Administrative Assistant, 2021).

4.2 Implications of Effective Complaint Management in Healthcare Institutions

The implementation of complaint management has a positive implication for the healthcare institution, staff and clients. This study, therefore, enquired from interviewees about the implication of CM on the healthcare institution, staff and clients. The dominant view that emerged from the interviews was that complaint management has a positive implication on customer satisfaction, customer loyalty, customer retention/commitment, institutional reputation/image, organisational performance, profitability and staff attitude. An interviewee corroborated and said that:

Our clients feel at home when their complaint/grievances are solved through the feedback provided. This helps them to be satisfied, loyal, retained and even refer our product and service provision to other clients (Interview with Pharmacist, 2021).

It brings a learning experience to the organisation to provide better services and products to clients (Interview with Senior Assistant Registrar, 2021).

On the question of improving healthcare service provision, performance and profitability, interviewees observed that CM enables hospital management to redesign a framework to ensure quality healthcare service providers which reflect on the profitability of the health institution. An interviewee observed that:

When processes of managing complaint are both customer-friendly and staff-friendly, they help increase the performance quality of healthcare services and products because the experienced workers will be motivated to retain, besides attract more experts into the institution. It also increased the institutional profitability due to customer loyalty, retainment and attracting new clients (Interview with Administrative Assistant, 2021).

Regarding the negative implication of CM in healthcare service delivery, a senior assistant registrar had this to say:

It increases issues that prompt customer criticism and dissatisfaction with the services provided. This prevents the hospital from taking decisions and implementing relevant policies and programs beneficial to ensure that we provide quality healthcare service to clients (Interview with Senior Assistant Registrar, 2021).

4.3 The influence of Leadership on Complaint Management in Healthcare Institutions

Leadership plays a significant role in influencing the effectiveness of CM in healthcare service institution. This study, therefore, investigated from interviewees whether leadership influences the effectiveness of CM. The central view that emerged from the interviews was that leadership style, specifically democratic leadership had a positive toll on CM. The study found that leaders of the hospital combined environmental contingency, strategic contingency and recovery orientation contingency as a recovery strategy for patients. The view of a Senior Assistant Registrar was expressed through the following statement:

Agile or appreciative leadership style influences the effectiveness of CM in a much better way in that they place the grievance/complaint of clients and workers first in decision making (Interview with Senior Assistant Registrar, 2021).

Another interviewee and a senior administrative assistant observed that:

The processes involved in decision-making are democratic here. This is done through staff involvement or engagement in decision making where they can voice their grievances and complaint to be aggregated in the policy decision making. This helps staff to give their best because they feel part of the institution, thereby, providing quality service and products necessary for organisational profitability (Interview with Senior Administrative Assistant, 2021).

On answering the question of decision making, interviewees observed that the democratic style of leadership practice by the hospital enabled them to inculcate clients' complaint in their policy decision making through the hospital complaint form at the administration or website. An interviewee corroborated and said that:

I can say that the management of the hospital considers our views because whenever we have any form of complaint, we either write it and drop it in the complaint/suggestion box or go to the website to lodge our complaint through the email system (Interview with Economic Student, 2021).

5.0 DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion

This study attempted to contribute to the extant literature on CM in healthcare service delivery. It highlights the multifaceted nature of CM involving hospitals and patients/clients. CM in healthcare service delivery has multiple drivers, evokes an argumentative understanding of the implication of the quality of healthcare delivery, and raises critical concerns about both the institutional and administrative viability measures put in place to manage complaint from health workers and clients/patients. The study has demonstrated that CM is well instituted at University of Ghana hospital. It has been a ubiquitous reportage system of logging grievances among actors in the facility. The findings from the case study illuminate the drivers, inhibitors, implications, and influence of leadership on CM. It was revealed that University of Ghana Hospital receives a lot of grievances from patients which of significance necessitate the establishment of a CM department. Given the variability of service delivery of healthcare institutions, the assumption is that some level of complaint/grievances is inevitable. The study received mixed comments regarding CM in service delivery in the hospital, as complaint are seen as part of the daily work of health institutions.

The findings show that the drivers of effective CM in healthcare institutions vary and include customer complaint, customer satisfaction, customer feedback, customer loyalty, customer retention, quality assurance, competitive advantage, compensation, culture, and speedy recovery. These findings corroborate previous studies by Atinga et al., (2011); Filip (2013); McDermott, (2016); Mensah (2016); Nilashi et al., (2016); Ramphal (2016); Rizwan et al., (2016); Simon et al., (2015); Taleghani et al., (2011); Tan et al., (2013); and Tan & Trang (2017). Hospitals being institutions that deal with life and death issues, it is imperative to ensure that measures are taken to promote these CM drivers. The enhancement of these drivers could naturally push the hospital's competitive advantage to a higher level.

Regarding the second research question, we explored the factors that inhibit effective CM in healthcare service delivery in the facility. Insufficient skilled personnel, inadequate technology,

lack of infrastructure, inadequate resources/funds and lack of oversight responsibility or control, lack of accountability, unresponsiveness, and non-acceptance of mistakes were identified as the main factors that limit effective CM in quality healthcare service delivery. Other studies that support these findings include Aziz (2015); Cowan & Anthony (2008); Kavosh et al., (2011); Ramphal (2016); Simon et al., (2015); and Tan & Trang (2017). The absence of a department solely responsible for CM issues emerged as a crucial factor that literally taints the quality of CM in the facility. The over-reliance of the General Administration may in the long run be counterproductive. As in the cases of Cowan and Anthony (2008) and Ramphal (2016) respectively, this research unearthed an institutional arrangement that offered the patients and workers a high level of freedom and tolerance in reporting complaint and grievances without any form of intimidation.

Perception regarding the implication of CM on healthcare service delivery varies. The study revealed positive implications of CM on the services rendered by the hospital, including customer satisfaction, customer loyalty, customer retention/commitment, institutional reputation/image, organisational performance, profitability, and staff attitude. Again, the findings corroborate studies conducted by Ateke & Kalu (2016); Aziz (2015); Filip (2013); Liu & Yen (2016); Mayombo (2016); Ramphal (2016); Simons (2016); Supriaddin et al., (2015); Tag-Eldeen (2018); and Tan et al., (2013).

The findings of the research reflect the perception that leadership style influences the effectiveness of CM in healthcare service delivery. It was observed that democratic leadership style has a positive implication on effective management of complaint in the health facility by involving both the staff and patients in direct decision making through the filling of complaint forms (hardcopy and on-line) and the use of suggestion box. Significantly, the leadership and managers of the hospital combined environmental contingency, strategic contingency and recovery orientation contingency as a recovery strategy for patients. The use of democratic leadership style impacted positively on health workers' job performance and productivity, which corroborates the work of Bell et al. (2014) that democratic/participatory leadership style builds trust among hospital staff and patients.

5.2 Conclusion

This paper sought to explore the drivers, inhibitors, implication and influence of leadership on effective compliant management in healthcare service delivery. Customer complaint, customer satisfaction, customer feedback, customer loyalty, customer retention, quality assurance, competitive advantage, compensation, culture, and speedy recovery were observed as the main drivers to effective CM in the study. However, regarding the factors that inhibit effective CM in healthcare service delivery, the study found insufficient skilled personnel, inadequate technology, lack of infrastructure, inadequate resources/funds and lack of oversight responsibility or control, lack of accountability, unresponsiveness, and unacceptance of mistakes/complaint. The uniqueness of this study is the jurisdiction in which it was undertaken – an emerging sub-Saharan African country as well as the findings which seem to suggest that there are no significant differences between this case and studies conducted in other geo-political jurisdictions. Indeed, this “African situation” is at par with the others, which deviates from the general perception about events and activities on the continent of Africa.

5.3 Recommendations

The study strongly recommends the establishment of CM department with the requisite logistics and accessories to promote effective handling of complaint. Additionally, it endorses training programmes on building strategies to enhance effective CM which will go a long way toward allowing service providers to form strong emotional bonds with their patients. The focus of such a program should be on instilling in frontline staff who deal with disgruntled/dissatisfied customers the necessity of adopting the study's findings into their complaint handling process. Further, service providers should invest in skills development of their frontline staff, empower them to decide and offer fair pay for any difficulties that arise in order to ensure that complaints are handled quickly. Finally, providing sufficient budgetary allocations for complaint management efforts should not be overlooked by hospitals and other service-oriented firms. Such allocations should be considered as investments that will ensure service enhancements, which will ultimately result in higher financial returns and increased productivity.

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