AN EMPIRICAL STUDY OF DISCREPANCIES BETWEEN PATIENTS' EXPECTATIONS AND THEIR EXPERIENCES AS A DETERMINANT OF COMPLAINTS HANDLING IN HOSPITALS

Bhuvaneswari Gowthaman[1], Rau .S.S[2]
[1]Research Scholar, Sathyabama University, Chennai, INDIA
[2]Registrar, Sathyabama University, Chennai, INDIA
Email : [1]Bhuvana_jk20@yahoo.com

Abstract

Many patients are dissatisfied with the way in which their complaints about health care are dealt with. This study tested the assumption that this dissatisfaction consists – in part at least – of unmet expectations. This article endeavors to explain patient (dis)satisfaction by comparing patients' expectations at the time they filed a complaint, with the outcome of the complaints handling process and Patient dissatisfaction with complaints handling. Complainant dissatisfaction is a common finding in many studies . In business research, little is also known about people's behavioral and emotional responses to complaints handling .

Key Words: Patient expectations, Complaints handling, Experiences, Perception

I. BACKGROUND

Many patients are dissatisfied with the way in which their complaints about health care are handled, a phenomenon that exists in a number of countries and is not well understood .The assumption tested in this study is that patient dissatisfaction with complaints handling consists of unmet expectations; if patients' expectations are not met or not met in full, they may feel disappointed or even frustrated. Fair complaints handling is highly significant in restoring patients' trust in health care and in renewing patients' commitment to the health care provider or organization. Any effort to restore patient satisfaction with complaints handling is not only an ethical issue, therefore, it also provides practical advantages, while knowing the main components of dissatisfaction may lead to successful approaches to preventing dissatisfaction.

II. METHODOLOGY

Subjects were 279 patients who lodged a complaint with the complaints committees of hospitals in Chennai. They completed two questionnaires; one on their expectations at the start of the complaints handling process, and one on their experiences after the complaints procedure (pre-post design; response 50%). Dependent variables are patients' satisfaction and their feeling that justice was done; independent variables are the association between patients' expectations and their experiences.

Patients' motives for complaining

An important motive for patients to lodge a complaint is to prevent the same incident from happening to others .Complainants experienced strong feelings of having been wronged and many felt it was their duty to complain, because they experienced a sense of moral duty or justice having been violated. They reacted out of a basic feeling that something had gone wrong in how things should be arranged that had to be set right

Hypothesis and research questions

The study is based on the underlying hypothesis that patient satisfaction with complaints handling is based on the extent to which their expectations regarding the conduct of the committee, the hospital and the professional are met. This hypothesis will be tested by answering the following research questions in succession.

1. What is the association between patients' initial expectations of the complaints handling process and their final experiences of the complaints committee, the medical professional, and the hospital management?

2. What factors in the conduct of the committee, the professional, and the hospital management predict patients' satisfaction with the complaints handling process?

3. Does satisfaction with complaints handling contribute to the feeling that justice was done through the complaints handling procedure?

The hypothesis on fair complaints handling stems from the core concepts in both Fairness and Justice Theories . According to these theories, patient satisfaction depends

on the perceived fairness of a) the complaint procedures, b) the interpersonal communication, and c) the outcome.

The fairness of the complaints procedures is related to procedural justice, which is mainly expected of the complaints committee. The fairness of the communication is related to interpersonal behaviour, treating people with dignity and respect for example, i.e. interactional justice, which is expected of the members of the committee and the medical professional as well. The fairness of the outcome relates to the final decision, or what the patient "gets out of" the complaints handling process, i.e. distributive justice. Three types of outcome can be distinguished, viz. the committee's decision on the complaint, the doctor's explanation or apology, and the hospital's corrective measures or changes.

Fair outcomes alone do not determine patient satisfaction. It is often how (in terms of process and interpersonal style) the outcome is communicated, rather than what is communicated that seems to matter, which means that interpersonal communication plays a dominant role in a person's decision to remain loyal or to discontinue the relationship. Satisfaction will also depend on the remedial options available, which are naturally restricted in health care, where it usually is not possible to undo what has happened to the patient. Patients will judge fairness against the efforts of the hospital to make amends for the incident. If people feel that feasible remedial options exist (changes at the hospital, for example), but the provider does not use any of these options, the provider will be perceived as not caring and not caring is likely to evoke negative emotions and to result in anger and dissatisfaction.

III. RESULTS

The complainants

Of the 279 responding complainants 65% were female and the mean age was 52 years (range 19 – 83). The respondents represented a relatively high educational level: 43% had higher professional or university education. The event that gave cause to the complaint usually had several medical and interpersonal aspects. Two thirds of the complaints (66%) concerned medical treatment, often in combination with shortcomings in interpersonal or informational conduct (57% and 41% respectively). These characteristics are similar to those of the population at t = 0 (n = 424). Nearly all complainants considered the incident to be serious and many reported physical and/or mental suffering (82% and 85% respectively), or financial consequences (64%). A minority of the complainants (8%) had made a claim for financial compensation.

Table 1. shows patients' experiences with the conduct of the complaints committee compared with the issues that patients considered to be very or most important at the start of the complaints process. The items are ranged under two themes, viz. the committee's procedures and the interpersonal communication.

Table 1. Population characteristics

Demographic characteristics	
Females	65%
With higher professional or university education	43%
Age, mean	52 yrs
Age, range	19 – 83 yrs
Complaint characteristics	
Concerned medical treatment	66%
Concerned nursing care	22%
Concerned lack of information	41%
Concerned interpersonal conduct	57%
Concerned organisation of care	38%
Reported impact of event giving rise to complaint	
Gave rise to physical discomfort, pain or handicap	82%
Gave rise to mental suffering	85%
Had financial consequences	64%
Made a claim for financial compensation	
Made a claim for financial compensation	8%

The issue considered to be most important by 94% of the patients at the start of the complaints procedure was a recommendation from the committee to the hospital to change things in response to the complaint. More than half (53%) of those patients who found this issue important, reported that the committees had not made such a recommendation. Making recommendations showed the greatest discrepancy between patients' expectations and the outcomes. Furthermore, 42% of the patients who found it important to receive a rationale for the committees' decision said they were not provided with such an explanation. One issue in the interpersonal conduct of the committee gave rise to disappointment for patients. The committee's impartial attitude was considered most important by nearly all patients (92%), but one third of the patients that considered this issue important did not feel that the committee demonstrated this impartial attitude. Respectful treatment by the members of the committee and listening to the patient's account of what had happened are more in line with patients' expectations.

Table 2. Comparison between patients' initial expectations and patients' final experiences of the complaints committee, expressed as percentages of patients

***Procedural* conduct**	**Expectations** very/most important %	**Experiences** % of patients who considered the item very/most important and reported that their expectations were not met
- recommendations to the hospital to make changes	94	53
- decision on the validity of the complaint	83	16
- rationale for the decision	82	42
- investigation into the incident	80	35
- clear information about the complaints procedures	61	31
- opportunity to give a personal account of what happened	57	30
- swift response	45	43
Interpersonal conduct		
- impartial attitude and position	92	36
- respectful treatment	84	21
- patient's account of what had happened was listened to	75	23
- understanding shown for the patient's experiences	74	37
- sympathy shown for what the patient had been through	47	49

Table 3 Comparison between patients' initial expectations and patients' final experiences of the responses of the hospital management and the medical professional expressed as percentages of patients

Hospital management	Expectations **very and most important %**	Experiences **% of patients who considered the item very/most important reporting that their expectations were not met**
- ensure the complaint is discussed with the employees or department involved	86	61
- inform me **that** corrective measures have been taken	84	77
- inform me **which** corrective measures have been taken	73	88
Medical professional(s)		
- admit an error if an error was made	89	79
- explain how the incident could have happened	75	79
- offer an apology	45	81
- show sympathy for what I went through	44	80
- make an effort to restore our relationship	19	88

Patients' experiences with the hospital and professionals:

There are major discrepancies between patients' initial expectations and their experiences of the hospital management and the medical professional. Many patients expected the hospital management to take corrective measures in response to the complaint and/or to discuss the incident with the employees or department involved, but many patients stated this had not happened. A majority (77%) of patients who considered it important, said they were not informed by the hospital management about changes or measures within the hospital, whereas 84% of the patients considered such changes most important.

Where the medical professional who gave cause for the complaint was concerned, many patients (89%) expected to hear an admission of the error if an error had been made (as was literally stated in the questionnaire). This subject produces the greatest discrepancy between patients' expectations and their experiences. The incident was disclosed to 21% of the patients who considered this important, and about the same proportion of patients who found this important received an explanation and/or apology for the incident.

Patients' satisfaction and the feeling that justice was done:

Patients were asked (in the questionnaire) if they were satisfied with the way in which their complaint had been handled by the complaints committee, the hospital and the medical professional. The majority of patients (63%) were satisfied with the way in which their complaint had been handled by the complaints committee. Fewer were satisfied with the responses of the hospital and the doctor; 71% (60% + 11%) of the patients were dissatisfied with the response of the hospital management and 82% (71% + 11%) with the reactions of the professional who gave cause for the complaint (Table 4).

Table 4. Patients' satisfaction with the conduct of the complaints committee, the hospital management and the medical professional

satisfaction	Complaints committee	hospital management	medical professional
Definitely satisfied	39	14	8
Moderately satisfied	24	15	10
Moderately dissatisfied	11	11	11
Definitely dissatisfied	26	60	71

Finally, only 31% felt that justice had been done, a feeling that is related to the judgment of the committee. Of the patients with a well-founded complaint, 60% felt that justice had been done, whereas only 18% of the patients with a complaint that was not considered well-founded or partially founded felt that justice had been done .

Unmet expectations and patient satisfaction

The degree to which expectations were met was based on the association between a patient's initial expectations and final experiences and was calculated per item (see methods). Multiple linear regression analyses were used to relate association scores to patients' satisfaction with the complaints committee, the hospital and the medical professional respectively. The correlation of the association scores ranged from -0.02 to 0.66. Two items with a correlation of over 0.6 were dropped from the analyses to avoid problems of co-linearity. The impact of the complaint and the patient's demographic characteristics (gender, age and education) were included in the analyses. The results of the analyses are reported in Table 5, which shows the variables in the final model of a stepwise regression analysis and also shows the variables that were not included because they did not contribute significantly to the model ($p < .05$)

Patients' satisfaction with the hospital is partly explained by association scores for two actions taken by the hospital management, i.e. informing the patient that the complaint had been discussed with the employees or department involved (most important) and that corrective measures had been taken. Although most patients did not hear about such measures, those patients who were informed about them were more satisfied than patients who remained uninformed. Female complainants were relatively more satisfied than male ones. A total of 31% of the variance in satisfaction with hospital management could be explained by these variables. The impact of the complaint mattered in all analyses, with high impact complaints meeting with lower patient satisfaction with the conduct of the committee, hospital management and the medical professional.

A final regression analysis was made to assess the relationship between patients' satisfaction and their feelings that justice had been done. We saw earlier that the feeling of justice was influenced by the decision of the committee and we therefore tested the relationship between patient satisfaction and the decision of the committee in one combined analysis of the feeling that justice had been done. We found that 42% of the feeling that justice had been done could be explained by these four variables. All four contribute significantly to the explanatory power and the decision of the committee alone explained 21% of all variance (adjusted R2).

Table 5. The relationship between the association between patients' expectations and experiences on the one hand and patient satisfaction with complaints handling on the other hand

Independent variables	
Dependent variable: Satisfaction with complaints committee	**adjusted R^2 = 0.51**
Independent variables **in** the equation	*Beta (standardised) (p-value)*
- Committee showed an impartial attitude	0.45 (0.000)
- Committee showed sympathy for what the patient had been through	0.13 (0.013)
- Committee gave clear information about the procedures	0.14 (0.006)
- Committee made recommendations to hospital to make changes	0.16 (0.002)
- Committee responded swiftly	0.11 (0.032)
- Gender of patient (male (1), female (2))	0.14 (0.003)
- Impact of the incident underlying the complaint (0 = no harm to 3 = harm in three areas)	- 0.10 (0.037)
Independent variables **not** in the equation	*B if put in model (p-value)*
- Respectful treatment by committee	0.07 (0.195)
- Committee listened to patient's account of what had happened	0.10 (0.062)
- Committee investigated the incident	0.10 (0.068)
- Committee made a decision on the validity of the complaint	-0.02 (0.678)
- Committee explained the rationale for the decision	0.04 (0.480)
- Committee gave the opportunity to provide a personal account of what had happened	-0.01 (0.813)
- Level of education (1–5)	0.01 (0.907)
- Age (years)	-0.02 (0.686)
Dependent variable: Satisfaction with hospital management	***adjusted* R^2 = 0.31**
Independent variables **in** the equation	*Beta (standardised) (p-value)*
- Hospital discussed the complaint with employees	0.42 (0.000)
- Hospital reported what corrective measures had been taken	0.20 (0.001)
- Impact of the incident underlying the complaint (0 = no harm to 3 = harm in three areas)	- 0.16 (0.004)
- Gender of patient (male (1), female (2))	0.11 (0.045)
Independent variables **not** in the equation	*B if put in model (p-value)*
- Level of education (1–5)	0.10 (0.087)
- Age (years)	0.01 (0.904)
Dependent variable: Satisfaction with medical professionals	***adjusted* R^2 = 0.33**
Independent variables **in** the equation	*Beta (standardised) (p-value)*
- Professional showed sympathy for what patient went through	0.21 (0.004)
- Professional offered an apology	0.22 (0.002)
- Professional explained how things had happened	0.15 (0.022)
- Professional made efforts to restore the relationship	0.17 (0.010)
- Impact of the incident underlying the complaint (0 = no harm to 3 = harm in three areas)	-0.14 (0.013)
Independent variables **not** in the equation	*B if put in model (p-value)*
- Professional admitted an error if an error was made	0.10 (0.153)
- Gender of patient (male (1), female (2))	0.61 (0.280)
- Level of education (1–5)	-0.00 (0.949)
- Age (years)	-0.05 (0.420)

Three significant parties in complaints handling:

The complaints committee

The assumption that unmet expectations are an important aspect of dissatisfaction was confirmed to some extent with regard to patients' experiences with the complaints committee. Patients' satisfaction could be explained to a great extent (51%) by the discrepancy between patients' initial expectations and their experiences with the conduct of the complaints committee. The major factor was the perceived impartiality of the committee, followed by the transparency of the procedures, the swiftness of a response, and the willingness of members of the committee to listen to the patient's story.

The hospital management

A minority of patients was satisfied with the reactions of the hospital management. Most patients expected the hospital to take corrective measures in response to the complaint and that the management would ensure the complaint was discussed with the employees or the department involved, but most patients reported that no such action was undertaken in the hospital. Nearly one third of patient dissatisfaction could be explained by the discrepancy between patients' expectations and their achievements

The professional

Many patients were disappointed in the reactions of the professional in response to their complaint and they did not achieve what they had expected. Their expectations are related to fair interpersonal communication and the greatest discrepancy between patients' expectations and their achievements concern disclosure by the professional. The majority of complainants considered it very important to hear the professional admit an error if an error had been made, but this seldom happened.

IV. CONCLUSION

Our results suggest that complaints handling might become less frustrating for complainants if the complaints committee were to sit down with a complainant at the start of the process and find out what the complainant's own particular needs are, so that these needs can subsequently be addressed during the complaints handling process. Our results also show that some expectations are shared by many complainants and that complaints handling could be improved for complainants in general by meeting these expectations, which are impartiality on the part of the committee, offering apologies and informing complainants about lessons learned.

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Bhuvaneswari .G, Research Scholar of Sathyabama University. She has nine years of Academic experience. She has organized several workshops and has presented several papers in National and International conferences. Her areas of research interest are Customer Relationship Management and Service Marketing