

**CREATING A STANDARD PATIENT COMPLAINT
MANAGEMENT SYSTEM IN THAI PRIVATE PLASTIC
SURGERY HOSPITAL**



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entitled
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MANAGEMENT SYSTEM IN THAI PRIVATE PLASTIC
SURGERY HOSPITAL**

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CREATING A STANDARD PATIENT COMPLAINT MANAGEMENT SYSTEM IN THAI PRIVATE PLASTIC SURGERY HOSPITAL

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ABSTRACT

Healthcare organization such as hospital are finding that simply providing a good health care experience is insufficient to meet patient expectation. Hospitals must train their employees to provide excellent customer service to all patients. Plastic surgery has gained more popularity in recent year and has become one of the most competitive areas in health care market. Customer retention is the one of the most important factors in determining the long-term success of the hospital in competitive plastic surgery market. One way to improve service toward customer-oriented concept to obtain customer satisfaction is via effective customer complaints management. Despite the significant of complaints, companies often disregard complaint management and the area has frequently lacked managerial attention. Lelux hospital, a plastic surgery hospital, is one of the hospitals that need improvement in redesigning existing complaint management system as the hospital is encountering a number of negative complaints posted online. The objectives of the study are to investigate the gap of existing workflow of complaint management system, to identify the current workflow for complaint handling, to provide redesigned work flow for complaint management, and to assess the willingness of adopting a redesigned complaint management practice. The methodology include guided in-depth interview with management team, nurses, physicians, and receptionist. Moreover, workshops were conducted to evaluate current workflow and to gather employees' ideas and develop redesigned workflow. The results show that even though, there are a lot of areas needed an improvement in current complaint management system, the hospital employees are ready to cooperate to improve their service quality through redesigned complaint management system. More than 70% of the respondents are willing to adopt the redesigned workflow of complaint management. This study allows the company to develop redesigned complaint management system and also provided several recommendations. With improved complaint management system, the service recovery is believed to be improved, which will ultimately improve patient satisfaction and patient retention rate.

70 pages

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CHAPTER I

INTRODUCTION

1.1 Introduction

Today, healthcare industry is moving toward customer oriented where patient satisfaction is increasingly recognized as an important factor in quality improvement and as meeting customers' needs has become the goal of many hospitals. The number of articles regarding "patient satisfaction" as a key word has risen more than 10-fold over the past two decades, from 761 in the period 1975 through 1979 to 8,505 in 1993 through 1997 (Kravitz 1998). Figure 1.1 shows that the total surgical cosmetic procedures increased from 939,192 cases in 1997 to 1,662,290 cases in 2010. Unlike the past, ensuring simple satisfaction for the patients is no longer enough rather, hospital have to also aim to guarantee customer service excellence in order to gain advantage in healthcare competitive market. Moreover, customer service has become an important factor determining customer retention. Customer retention allows hospital to build patient loyalty and increase the likelihood that the patient will return to the provider for future services and recommend the provider to other potential customer, which ultimately donate to the hospital's long-term success.

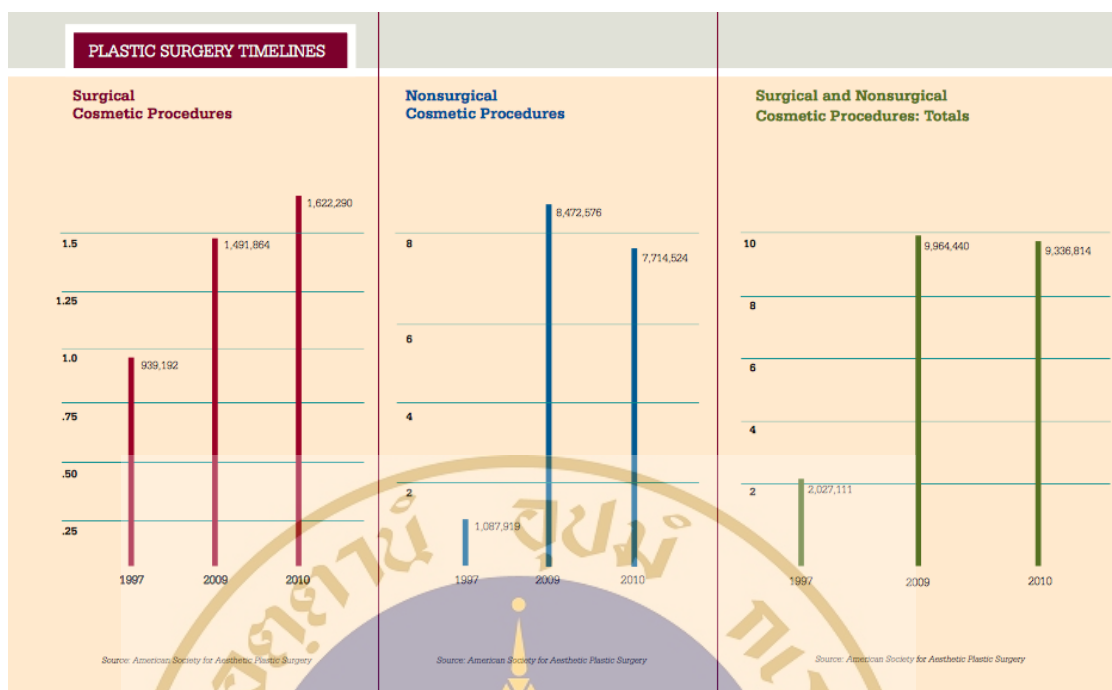


Figure 1.1 Plastic surgery timelines

Source: The American Society for Aesthetic Plastic Surgery (2016)

One way to improve service toward customer-oriented concept is via effective customer complaints management. Consumer power has increased with the emergence of the Internet Economy where people are free to communicate with the online communities and voice their satisfaction and dissatisfaction to the public. Technologies today are changing the nature of the interactions by amplifying the speed and impacts of customer complaints (DeVine, Lal et al. 2012). Despite the significant of complaints, companies often disregard complaint management and the area has frequently lacked managerial attention (Stauss and Schoeler 2004, Homburg and Fürst 2007). Hearing is vital because and organization cannot fix problem without awareness; recoding is essential to allow for providing metrics of performance and identifying patterns; and responding is the hallmark of service recovery (Hayden, Pichert et al. 2010).

Many researches suggests that patient's feedback is valuable in term of developing risk management and quality improvement strategies, as well as improving customer satisfaction (Gal and Doron 2007, Pichert, Hickson et al. 2008, Levin and

Hopkins 2014). In another word, management should perceive patient complaints and grievances as an area to infuse patient-centered care. Usually, only a small proportion of patient who are dissatisfied will lodge a complaint, but majority of them are more likely to engage in negative word-of-mouth communication via different channel, and more likely to shop for and switch to another provider (Hall, Elliott et al. 1993). This fact emphasizes the importance of good complaint management system that could help the hospital capture more patient complaint and use them to improve their service quality. Moreover complaint-handling skill is financially important an organization because keeping an existing customer is less costly than advertising for a new potential one (Hart, Heskett et al. 1990, Bendall-Lydon and Powers 2001, Levin and Hopkins 2014). Service recovery can also achieve a level of satisfaction similar to that before the complaint occurred (Levin and Hopkins 2014). In conclusion, while poor complains management can damage hospital's reputation, good complaint management system allows:

- restore the trust and confidence of customer
- improve quality of the service
- prevent wasteful practices and reduce avoidable costs
- save management time by the quick and simple resolution of complaints, avoiding escalation
- enhance the reputation of service and prevent negative comments or publicity.

Therefore, to improve service quality of the hospital, good customer complaints handling and prompt service is necessary.

1.2 Problem statement

Plastic surgery is becoming more and more competitive market due to its increasing popularity. To gain competitive advantages, Lelux hospital needs to maintain their good brand image and remain in the top rank. However, Lelux hospital is encountering numbers of public patient complaint posted on social network such as Facebook, twitter, and pantip.com, which can ruin their reputation. Moreover, there is a case where a patient filed 11 million baht lawsuit against the hospital due to

unsatisfied practices. The lawsuit incidence was also posted on the news. Hence, with all the patient unsatisfied comment announce publically, the hospital reputation may be ruined and the company may loose its competitive advantages. It is because the hospital do not have proper complaint management, hence, they cannot capture appropriate number of complaint and reduce the number of complaints going public. Therefore, this research will allow the hospital to gather useful information regarding the gap within their existing complaint management system and leverage it for better improvement, which will ultimately improve customer satisfaction resulting in good word of mouth and good public reputation.

1.3 Research objectives

The main aim of this research is to explore the gap within existing complaint management system of Lelux hospital and to recommend the possible solution to improve the hospital complaint management system in order to improve their service recovery process. The objectives of the study are as follow:

- To investigate the gap of existing workflow of complaint management system
- To identify the current work flow for complaint handling
- To provide redesigned work flow for complaint management based on literature review and hospital personnel suggestion
- To assess the willingness of adopting a redesigned complaint management practice

1.4 Scope

The study will focus on complaint management system regarding hospital's complaint handling process and patient complaint of Lelux hospital. The personnel involved in this study include management team, nurses, physicians, and receptionist.

1.5 Definitions

Centers for Medicare & Medical Services: Part of the U.S. Department of Health and Human Services, which oversees many federal healthcare program.

Complaint: An expression of dissatisfaction with a service provided or a concern that provides feedback regarding any aspect of service that identifies issues requiring a response

Complainant: Any member of the public or external organization making a complaint

Joint Commission accreditation: A standard recognized worldwide as a symbol of quality that reflects and organization's commitment to meeting certain performance standards.

Keyword

Customer complaint, customer dissatisfaction, customer satisfaction, complaint management, Attribution theory, behavior theory, Justice theory, Social media, Service recovery, Quality improvement, Joint Commission International, six steps model of complaint management system.



CHAPTER II

LITERATURE REVIEW

2.1 Consumer complaint behaviors

A complaint has been defined as an action taken by an individual, which involve communicating something negative regarding a product or service, to either to organization producing the service, or to some third party entity (Jacoby and Jaccard 1981). Singh and Howell (1985), define consumer complaint behaviors (CCB) to include all non-behavioural and behavioural responses, which involve communicating something negative, regarding a purchase episode and are triggered by perceived dissatisfaction with the event. CCB is also a term described customer's protest to an organization with an aim of obtaining an exchange, refund, or apology (Larivet and Brouard 2010). However, researches have shown that a certain threshold of dissatisfaction must be reached first for customers to take action, so not all types of customer's complaint are voiced directly to the organisation (Rust and Chung 2006). CCB are based on dissatisfying service experience, which can lead to negative word-of-mouth behavior or consumer exit, consequently proving detrimental to company's reputation (Burton and Khammash 2010).

When consumers are dissatisfied with a service or a product, there are multiple ways that they can react. One possible option is that customers leave the company or engage in private complaining, another is voicing in a form of public action (von der Heyde Fernandes and Pizzuti dos Santos 2008). (Dacin and Davidow 1997) modeled potential CCB outcomes as seen from the company perspective (Table 1). Within this framework two dimension are defined: (i) an organization's involvement with customer dissatisfaction and (ii) a customer's involvement in his/her social network. Each dimension is further divided into two attributes. A customer's involvement in social network (dimension 1) represents the consumer's decision whether to take private (internal) or public actions (external). Dimension 2 or an organization's involvement with consumer dissatisfaction where involved mean the

company is informed about consumer actions while not involved mean the company is not informed about the action.

Table 2.1 CCB outcomes from company perspective

Dimension 2: An Organization's involvement with customer dissatisfaction			
		<i>Involved</i>	<i>Not involved</i>
Dimension 1: Customer's involvement in social network	<i>Internal</i>	(i) Exit or boycott	(ii) Consumer's social net (word-of-mouth)
	<i>External</i>	(iii) Organization (redress/complaint)	(iv) Third party

Source: Adapted from (Dacin and Davidow 1997)

(i) *Internal/involved*: patients do not contact others instead they made a silent decision e.g. switching to another hospital for future purchases

(ii) *Internal/non involved*: patients choose private complaining via word-of-mouth to friends and family to complain about the hospital

(iii) *External/involved*: patients voice their complaints directly to the hospital.

(iv) *External/not involved*: patient involve external parties such as governmental and customer's protection institutions instead.

2.2 Typology of complaint communication channels

Many different channels are available for individual to communicate their complaint. (Mattila and Wirtz 2004) extend upon (Day, Grabiske et al. 1981) classification of CCB by conceptualizing channel specific complaint behavior. They present two types of channel that build from redress seeking, either interactive consisting of face-to-face or phone communication, and remote channels such as letters or electronic messages. The research also shows that customers chose e-mail in order to release their frustration. On the other hand, customers expecting tangible

compensation prefer face-to-face or phone channels to be more efficient as real time interaction with the provider is permitted (Mattila and Wirtz 2004). According to the past research, complaints are mostly addressed through face-to-face communication at point of service, followed by phone, e-mail, and regular mail complaints (Tax, Brown et al. 1998). In the present day, technology allow emergence of social network system (SNS) such as Facebook and Twitter as another complaint channel in digital era (Greenberg 2010). Whilst customer dissatisfaction was once perceived as a lonely experience, it is now considered as a useful way for customer to find affirmation and social support for their oppositional role by sharing dissatisfying experiences on Internet (Ward and Ostrom 2006, Kaplan and Haenlein 2010). Internet facilitates negative consumer-to-consumer communication particularly to social forum (Harrison-Walker 2001).

The availability of communication channels is a mandatory components of complaint management system (Halstead 1991). Complaint channel refers to the medium in which a customer voices a complaint to a company (Mattila and Wirtz 2004). These channels are not only for the customer, but also for the companies to respond to customer complaints (Gilly and Gelb 1982). As shown in figure 2.1, the process of CCB consists of five steps which start with (i) initial dissatisfaction incident then the customers can decided whether to take action or not (1st level). In the case of no action where customer remains silent, the customer may still feel unhappy, as the complaint is unsolved. Hence, the companies may experience future loss of revenues as a consequence. On the other hand, when customers decide to act, they have to choose between private and public actions (2nd level). Private actions means all types of word-of-mouth activities, where as, public actions refers to an action where customer either redress to the company directly, or expressing their protest via legal action or 3rd parties to solve the dissatisfaction incident. When the customer decided to seek redress directly at the organization, the customer will decide on the interaction level with the company either interaction, semi-interaction, or remote. Lastly, the customer can choose a communication channel to complain (5th level).

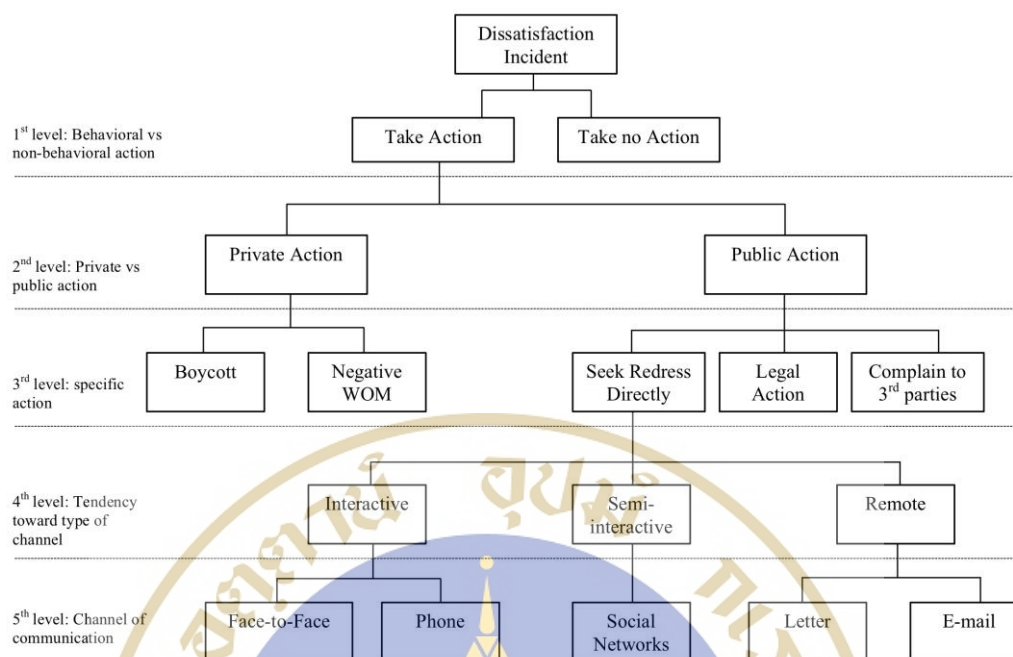


Figure 2.1 Classification of customer complaining behavior. Source Adapted from Mattila and Wirtz (2004)

The first typology is an interactive communication channel, which represents every channels in which allow customers to have direct contact with a company's employees in order to interact immediately. An example includes face-to-face and complaints via telephone. In contrast, some customers may not favor direct interaction. Research shows that the majority of customers are afraid of confronting the company's employees with an interactive complaint (Lerman 2006) particularly face-to-face confrontations as situation are likely to escalate due to impoliteness between the employee and a customer (van Jaarsveld, Walker et al. 2010). On the other hand, some consumers favor telephone calls as it provide individualized, personal treatment (Johnston and Mehra 2002).

The second typology is remote communication channels, which comprises of written communication such as letter and e-mail complaints. The disadvantage of this channel is that customers have to wait for company response once the company have been notified with customer's complaint (Mattila and Wirtz 2004). A study shows that some male complainers are found to be comfortable complaining in writing

a letter or an e-mail as he can structure the complaints more accurately (Grougiou and Pettigrew 2009). Female complainer often prefer to avoid potential embarrassment inherent in interactive channels, thus they are also likely to choose remote channels (Grougiou and Pettigrew 2009).

The third typology is semi-interactive communication channels such as social networks, which have just emerged recently. Social networks can be considered as a public action (2nd level) given that the target company is involved. While the complaint can be voiced to the company directly like interactive channel, social networks also allows written complaints, which is a key characteristic of remote category. However, customer might utilize social networks not only to contact company directly to voice their complaint, but also to express their frustration about dissatisfied incident to their friend, families, and public. On top of the conventional interactive and remote channel, social networks may represent a new communication channel for handling customer complaint as social networks are already widely used by customer around the globe. By incorporating social networks as one of the communication channels for customer complaints, company might be able to increase customer post-complaint satisfaction and improve customer-company relationship.

Mattila and Wirtz (2004) analyzed the likelihood of channel choice by customers in order to voice complaints. The study shows that the choice depends on consumers' expected outcome. For instance, mail or e-mail is chosen when customer want to vent their frustration, where as, face-to-face is chosen if the customer prefer to received a payback or refund (Mattila and Wirtz 2004).

2.3 Fundamentals of customer satisfaction with complaint handling

The quality of customer service is a key determinant, which influence customers' selection of companies (Venkatesh and Agarwal 2006, Anard, Pac et al. 2011). Customer services can be further divided into pre- and post-purchase services (Mitchell and Boustani 1994). The pre-purchase services includes all company activities which focus on raising customer awareness and supporting customer purchase decision such as advertising and sale representative, respectively. When a customer purchases a service or product, responsibility shifts to the post-purchase

services. One of the major activities in this service is to handle dissatisfied customers. Customer dissatisfaction is characterized by their expectation level and corresponding to expectancy disconfirmation (Oliver 1980, Anderson and Sullivan 1993, Lapre and Tsikriktsis 2006). Upon dissatisfied incident, post-purchase behavior might result in customer complaints (Dacin and Davidow 1997), hence, complaints can be observed as opportunities for recovery (Kim, Wang et al. 2010).

The conventional scope examined customer satisfaction by investigating the impact of dissatisfaction on complaint behavior (Day, Grabicke et al. 1981, Churchill and Suprenant 1982) and by establishing a model to frame customers' tendencies to complain directly to companies or to family and friend (Oliver 1980, Day 1984). The models include (1) Justice theory, (2) behavior theory, and (3) attribution theory. These theories are anticipated to be a suitable foundation for examining the adequacy of complaint channels.

First, according to justice theory, customers tend to incline toward satisfaction with a company's complaint management when they perceive to be treated fairly. Many researches indicate that the level of satisfaction with complaint management systems is primarily influenced by the extent of a company's fairness, which can be described as the manner in which a company communicates with the complainer (Homburg and Fürst 2007). Moreover, customers expect companies to treat complainant in the same way regardless of individual value of the customer (Morrisson and Huppertz 2010). This theory contradict another study by Wirtz and Mattila 2004 where monetary compensation is the most important factor in term of complaint handling.

There are three elements to justice theory including: (i) procedural justice, (ii) interactional justice, and (iii) distributive justice (Larivet and Brouard 2010). Procedural justice describes customers' perceived fairness toward companies' policies and procedures of handling complaints (McCole 2004). Interactional justice refers to interpersonal treatment where complainants expect politeness and helpfulness of companies (McCole 2004). Distributive justice is defined as the fairness of the outcome and the provided solution (McCole 2004).

Behavior theory group different behavioral clusters into four main response style in CCB (Singh 1990). The first group is referred to as *passives*. These customers usually do not express their complaints. The second cluster is the *voicer*, which are those customer who normally complain actively to the company when encountering dissatisfied event. The third cluster is known as *irates*, which are the customer who mainly complaint privately between their friend and family instead of approaching the company. The last Cluster is called activists. The activists generally voice their complaints in a formal way through the use of third parties such as customer protection agencies or lawyers (Singh 1990). Similar categorization can also be found in another research (Siddiqui and Tripathi 2010).

A fundamental precondition of behavior theory is that companies have no influence on customers' basic attitudes, however, companies are able to motivate customer to overcome inertia (Kim, Wang et al. 2010) though the use of complaint system (Bodey and Grace 2006). Encouraging non-voicers and preventing bad word-of-mouth are necessary for successful complaint management (Blodgett and Anderson 2000, Rust and Chung 2006, Choi and Mattila 2008). Previous study by Matos et al. (2009) also support that customers' attitudes influence complaint intentions. However, considering Mattila and Wirtz (2004), the validity of this classification is questionable as the typologies fail to integrate the antecedents of customers' channel choice. Another research shows that customer's perception of the company's response toward customer complaints also influences the probability of customer complain intention (Halstead 1991). Hence, not only customer behavior and attitude, but also anticipated company reaction impact CCB.

Third, attribution theory provides the link between product or service failure and customer response (Folkes 1984). The theory predicts that the perceived cause of product/service failure influences customers' responses and mode of complaint (Peterson and Kerin 1979). In another word, both controllability and stability influence customers' satisfaction level (Blodgett and Anderson 2000). Controllability refers to customers' perception as whether failure could have been prevented by the company, where as, stability described the perceived likelihood of similar failure occurring again (Choi and Mattila 2008). On the basis of these perceptions, consumers form their opinion about company action and subsequently

decide whether complaining is reasonable. In contrast, another study states that CCB is directly related to specific reasons for service failure (Folkes 1984).

Despite the existence of previously mentioned theories, other researches have looked into other factors proven to influence CCB such as expected outcome (Mattila and Wirtz 2004), opportunistic customer behavior on service recovery (Wirtz and McColl-Kenedy 2010), demographic variables (von der Heyde Fernandes and Pizzuti dos Santos 2008), and emotions (Chebat and Slusarczyk 2005, Schoefer 2008).

2.4 The Joint Commission standard for patient complaint capture and resolution process

To obtain Joint Commission accreditation, the following standards are required regarding complaint management (Kosha 1989):

- a mechanism exist for receiving complaints
- patient is informed about this mechanism and have right to voice their complaint
- each complaint must be analyzed and resolved appropriately
- filing a complaint will not influence the patient's future access to care.

The Joint Commission recommends five best practices in order to achieve effective complaint management. The five best practice include:

- Leadership engagement
- Increased capture of patient complaint
- Centralized data and reporting
- Improved average response time to patient grievance and complaints
- Improved Service Recovery

First, leadership engagement aims to yield mutual goals and expectations of complaint management system. These can be done via modification of work flow and creation of templates such as checklist of questions for employees to use during phone call with patient, complaint tracking, and resolution administration. The second best practice is to increased capture of patient complaint. This is because patients usually underreport their dissatisfaction with their health care service. Studies show

that 22% of the patients take no action when they disagree with their clinician (Hickson and Prichert 2013), that only 9.5% of patients complaint (Gal and Doron 2007). Moreover, study have support that dissatisfied customer are more likely to complain to friends and family than to the provider (Singh and Wilkes 1996). In health care industry, only 5% to 10% of dissatisfied patients voice their complain following unhappy experience (Tax, Brown et al. 1998). Rather than complaining, most patient leave silently with out intention of return (Andresen 1985, Hall, Elliott et al. 1993). Complaints are valuable source of stable to point out the gap in the service needed to be improved. In order to increase capture of patient complaints, redesigned brochure translated in multiple languages is recommended.

The third best practice is centralized data and reporting. One problem in hospital today is that employee do not know where to send patient complaints or they are not aware of the need to report or document patient complaints. Joint commission recommends that complaint-reporting procedure should be covered in management meeting and new employee orientation. When the data is centralized, the complaint management team and easily contact person responsible to resolve the incident. Moreover, the data can be analyzed and understand more about guestology which will allow the hospital to sustain patient-centered experience and also meet the organization's financial and clinical objectives. Improved average response times to patient grievance and complaints is the forth best practice. Joint Commission accreditation standards and Centers for Medicare & Medicaid Services (CMS) require hospital to take a serious concern on patient's complaint. CMS states that resolution of complaint should be done within 7 days for most complaints, and 21 days for complex complaints (Levin and Hopkins 2014). Joint Commission also recommends hospital to generate weekly reports to identify any cases of complaint exceeding 7 days to allow management intervention in order to assist patient representative.

The fifth best practice regards the improved service recovery. This best parameter concerns effectiveness of addressing patient concerns in real time. The acronym L.E.A.R.N is recommended by Joint Commission to achieve this last best practice. L stands for listen, which described as do not interrupt and use active listening skill. E stands for empathize or putting yourself in their shoes. A is for Apologize while R is fore resolve. Lastly, N is for notify. In order to achieve this best

practice a service recovery tool kit including scripting, practice responding to examples of patient complaints, and providing patient with amenity such as voucher for coffee shop is recommended. Even though, many hospitals have adopted complaint management process according to Joint Commission accreditation standard, some hospitals do not track complaints for improvement purpose and/or do not capture complaint formally expect those complaint filed through patient satisfaction survey (Allen, Creer et al. 2000).

2.6 Service recovery

Service recovery program is essential to ensure repeat business or customer retention (Bendall-Lydon and Powers 2001). The basic concept of service recovery is that the service provider take responsive action to recover lost or dissatisfied customers and convert them back into satisfied customers (Singh and Wilkes 1996). A good service recovery have been proven to be cost-effective in many service industries resulting in higher satisfaction, and create even more pleasant feeling for the customer than if things had gone smoothly in the first place (Hart, Heskett et al. 1990, Oxler 1997, Sarel and Marmorstein 1999). The process of service recovery is as follows (Abbas 2012):

1. *Acknowledgement*: knowing that a problem has occurred (Biner et al. 1990)
2. *Empathy*: Understanding the problem from customer's view (Johnston and Fern 1999)
3. *Apology*: Saying sorry (Kelly et al. 1993)
4. *Own the problem*: Assigning appropriate personnel to attend to customer's complaint (Barlow and Moller 1996)
5. *Fix the problem*: attempt to resolve the problem (Michel 2004)
6. *Provide assurance*: assure customer that the problem will be/has been resolved and should not occur again (Barlow and Moller 1996)
7. *Provide compensation*: such as refund or amenity depending on the problem severity (Boshoff 1997)

2.7 Patient complain management system

Figure 2.2 shows the role of complaint management in the service recovery process. First it is very important that the company perceived complaints as quality improvement tools (Bendall-Lydon and Powers 2001). It is also vital that all complaints are recorded in standardized document and make employees ware that complaints are encouraged for quality, rather than disciplinary purposes (Mulholland and Dawson 1998). In order to encourage employees to comply with recoding complaint, rewards or incentives can be given to those who comply with the procedure (Bendall-Lydon and Powers 2001). The next step is to establish a team of representatives to handle complaints. Upon having a team, the team members can identify specific steps to be taken when handling complaints from first contact to final problem resolution (Allen, Creer et al. 2000, Bendall-Lydon and Powers 2001). Once complaint has been made by patient and assessed by appropriate personnel, resolution of complaint must be made promptly prioritized by level of importance (Tax, Brown et al. 1998). Hospital should then develop a formal complaint log system where all complaint can be recorded, which will allow complaints to be tracked for follow-up (Tax, Brown et al. 1998). The log system will also allow the company to identify failure point in the service system so that improvement can be made accordingly (Bendall-Lydon and Powers 2001). Hospitals can use complaint information for the benefit of identifying trends or services area that need improvement to prevent recurrence of similar complaint (Bendall-Lydon and Powers 2001).

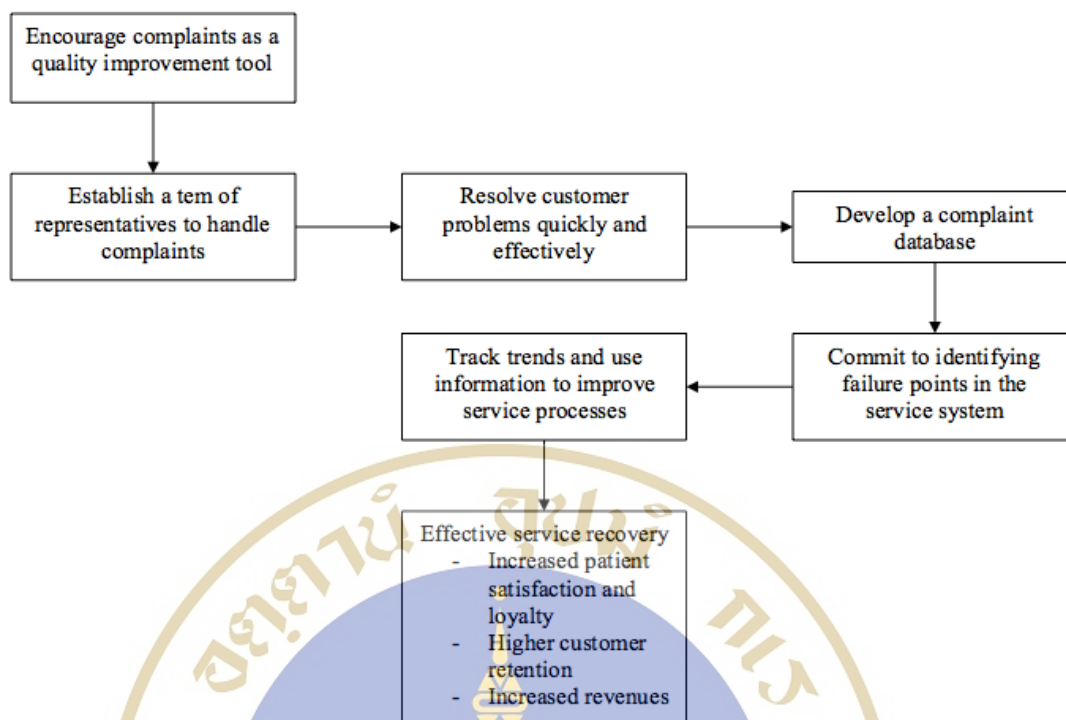


Figure 2.2 A 6 steps model in the complaint management process to obtain effective service recovery.

Source: Bendall-Lydon and Powers 2001

Service recovery paradox can be referred to as a situation in which satisfaction, word-of-mouth intention, and repurchase rates of recovered customers exceed those of customers who did not experience any problem with initial service (Bendall-Lydon and Powers 2001). Researches have stated that a successful recovery can potentially turn frustrated customers into loyal ones. The review of empirical studies regarding service recovery paradox is summarized in table 2.2. As shown in table 2.2, eight studies disprove the theory of service recovery paradox. The majority of these studies state that there is no other way to satisfy customer more than with a consistent, first time, error free service. In contrast, seven other studies, some of them performed by the same authors, prove the service recovery paradox.

Table 2.2 Empirical studies testing the service recovery paradox

Author(s)	Methodology, sampling statistics	Main results	Paradox
Bolton and Drew 1992	Telephone survey of 1,064 small- business customers of a tele- communications service. Between- subject. Regression analysis.	A repair incident that is rated as “excellent” causes a recovery paradox.	Yes
Boshoff (1997)	Scenario-based experiment in the airline industry, 540 international tourists. Between- subject. ANOVA.	Service recovery paradox was found when the supervisor immediately offered the customer a full refund and an additional free airline ticket. Recovery paradox found.	Yes
Hocutt, Chakraborty and Mowen (1997)	$2 \times 2 \times 2$ factorial design experiment with 251 students in a restaurant setting. Between- subject. MANOVA.	Paradox not found when it was the provider’s fault, but the paradox was found when the mistake was customer’s fault.	Yes

Table 2.2 Empirical studies testing the service recovery paradox (Cont.)

Author(s)	Methodology, sampling statistics	Main results	Paradox
Smith and Bolton (1998)	Written survey based on failure/recovery encounter scenarios in hotels (602 respondents) and restaurants (375 respondents). Within- subject. Mean analysis.	Cumulative satisfaction and repatronage intention after a very satisfactory service recovery is higher than prior cumulative satisfaction and repatronage intention	Yes
McCollough (2000)	2 × 2 factorial design experiment with 128 students in a hotel setting. Between- subject. ANOVA and multiple linear regressions.	A recovery paradox with respect to transaction satisfaction is possible after a low-harm service failure where complete recovery is possible (e.g., room upgrade because of overbooking).	Yes
Maxham and Nete-meyer (2002)	Longitudinal study with 255 complaining bank customers at four points in time. Within- subject. MANCOVA.	Recovery paradox found for one failure and recovery. No double deviation effect for one failure and dissatisfactory recovery, but strong effect after two failures.	Yes

Table 2.2 Empirical studies testing the service recovery paradox (Cont.)

Author(s)	Methodology, sampling statistics	Main results	Paradox
Hocutt, Bowers and Donovan (2006)	2 × 2 × 2 factorial design experiment with 211 students in a restaurant setting. Between- subject. MANOVA.	Paradox was found only for best recovery scenario compared to no failure scenario.	Yes
Berry, Zeithaml and Parasuraman (1990)	Survey of 1,936 customers in different industries. Between- subject. Mean analysis.	“No service problem” is better than “service problem resolved satisfactorily.”	No
Halstead and Page (1992)	Survey of carpet buyers. Between- subject. ANOVA.	Repurchase intentions for noncomplaining satisfied customers is higher than for complaining cus- tomers who are satisfied with the complaint handling.	No
Brown, Cowles and Tuten (1996)	Experimental design in a retail setting with 424 students. Between- subject. ANOVA.	Service recovery has a positive impact on encounter satisfaction, but reliability is important for long-term success.	No

Table 2.2 Empirical studies testing the service recovery paradox (Cont.)

Author(s)	Methodology, sampling statistics	Main results	Paradox
Zeithaml, Berry and Parasuraman (1996)	Customer surveys in four industries, n = 1009–3069. Between-subject. Regression, ANOV A.	No problem is better than good recovery, which is better than bad recovery.	No
Bolton (1998)	Longitudinal study of 599 cellular telephone customers. Proportional hazards regression. Within-subject.	Customers who experienced perceived gains during service encounters do not have longer duration times, even if customers perceived the encounter to have been handled in a “very satisfactory” manner.	No
McCullough, Berry and Yadav (2000)	Scenario-based experiments in an airline setting. Written survey in the airport with 615 airline travellers. Within- subject. LISREL, ANCOV A (GLM), ANOVA (GLM).	Recovery paradox for transaction-based satisfaction is rejected. “Harm” should be taken into ac-count.	No

Table 2.2 Empirical studies testing the service recovery paradox (Cont.)

Author(s)	Methodology, sampling statistics	Main results	Paradox
Maxham (2001)	<p>Study 1: Experiment with 406 students in a haircut setting.</p> <p>Study 2: Survey of 116 complainers of an Internet service provider. Within- subject. MANOVA.</p>	<p>No significant differences on satisfaction and repurchase intention between “high” and “moderate” service recovery, but significant differences on word of mouth.</p>	No
Andreassen (2001)	<p>Telephone interviews in various industries based on the Norwegian customer satisfaction barometer (NCSB). Between subject ANOVA</p>	<p>Moderate degree of satisfaction with the recovery makes up for the service failure. Image is restored more easily than intent. Even with very high scores of satisfaction with the recovery, image and intent were not higher than for satisfied customers.</p>	No

2.8 Conceptual framework

This study adopted the 6 steps model in the complaint management process to obtain effective service recovery (Bendall-Lydon and Powers, 2001)

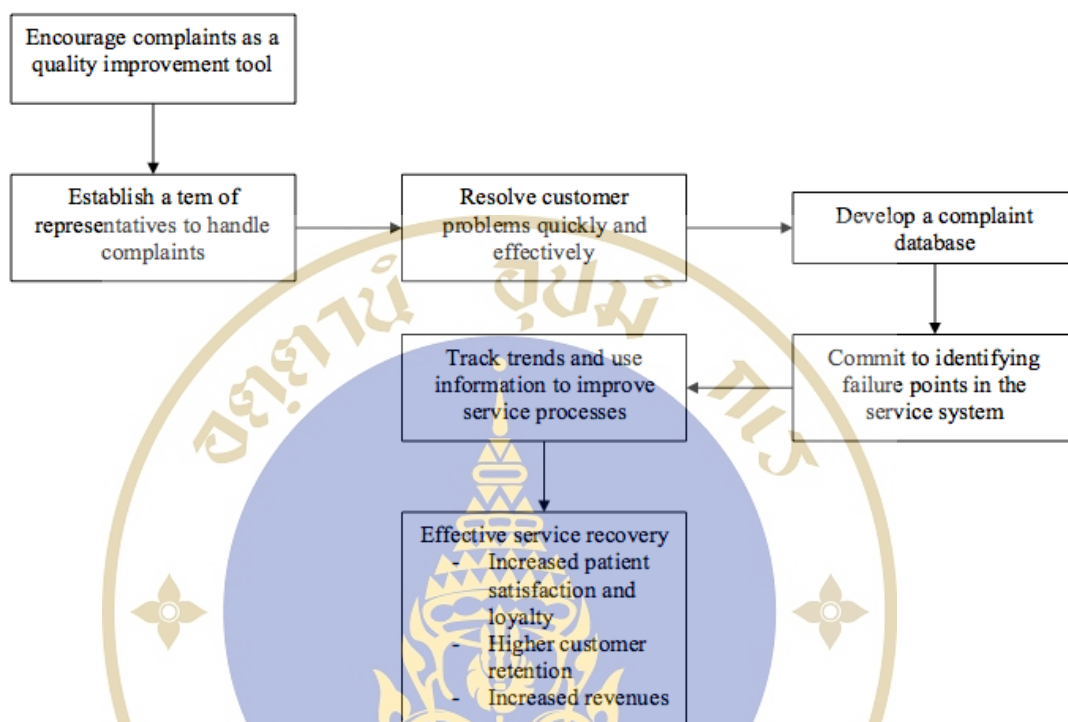


Figure 2.3 6 steps model in complaint management process to obtain effective service recovery

Source: Bendall-Lydon and Powers, 2001

CHAPTER III

METHODOLOGY

This chapter focuses on the methodology and process of the research. This study comprised of six sections. The six sections include study site, study population, study design, instrumental development, data collection, and data analysis.

3.1 Study site

Lelux Hospital or Hospital Le Appearance was developed from a clinic previously known as “Suay Ngam Clinic” in 2002. Previously, Suay Ngam Clinic was renowned among the group of people who are interested in plastic surgery, under the concept of “Beauty can be achieved economically”. The Clinic was established due to its perception of providing low costs as well as great quality and safeness. Due to increase in demand and positive word of mouth from satisfied customer of Suay Ngam Clinic, the clinic was expanded into Lelux Hospital. At Lelux Hospital, there are more than ten specialist surgeons leading by Dr. Kittisak Vichachai, the premium doctor and the owner of the hospital. Dr. Kittisak expertises on many kinds of surgery including breast augmentation, nose implant, blepharoplasty both lower and upper eyes and double eyelid. Our hospital offers an operating room equivalent to the standard of universal hospital, as patient safety is our first priority. The facilities include a life saving equipment, a sterile operating room with an air filter system called “Hepa Filter” and a high level of sterilization for the equipment and instruments. Lelux Hospital does not offer only plastic surgery but also Dermatology Centre and Dental Centre. The hospital host around 23,000 patients annually. The patient are mostly Thai (95%) while another 5% are foreigner particularly Chinese.

3.2 Study population

The total number of employees who has direct contact with the patient at

Lelux hospital is 100 people. The hospital comprises of 6 upper management team, 14 plastic surgeons, 5 skin doctors, 42 nurses and doctor assistances, 33 receptionists and welcoming staff. The selection was based on purposive sampling. The two participants from upper management team were selected as they have the most working experience at the hospital. Doctors, nurses, and receptionists were selected based on their convenient and their shift schedule. For example, nurse 1 is chosen because she has her shift on the day of the study and she is also available, as she is not attending to a patient at the time of study. The sample population includes 2 upper management team, 4 doctors including plastic surgeon and skin doctors, 4 nurses, and 4 receptionists. There are a total of 14 participants in this study.

3.3 Study design

This study is a qualitative study, which was conducted using guided in-depth interview based on 6 steps model and workshops. The first step involved phone interviews with two upper management team. During the telephone interview, guided questions were used to access the gap within the existing workflow of complaint management system and also to identify the current workflow of complaint handling. After the phone interview, appointment was made with all the participants to conduct a workshop. On the day of the workshop, the same guided in-depth interview was performed with the rest of the participants. After interview, the first workshop was performed with all the participants. The first workshop was designed so that all the participants help each other to identify the current workflow. Participants were given post-it papers and asked to create the current workflow for complaint handling on the wall. On the next day, another workshop was performed with the same group of participants to redesign the workflow for complaint handling based on literature review and their opinions and suggestions. After the second workshop, each of the participants was individually asked with a set of question (appendix 2) to assess their willingness of using a redesigned complaint management practice. The methodology of this study is summarized in figure 3.1.

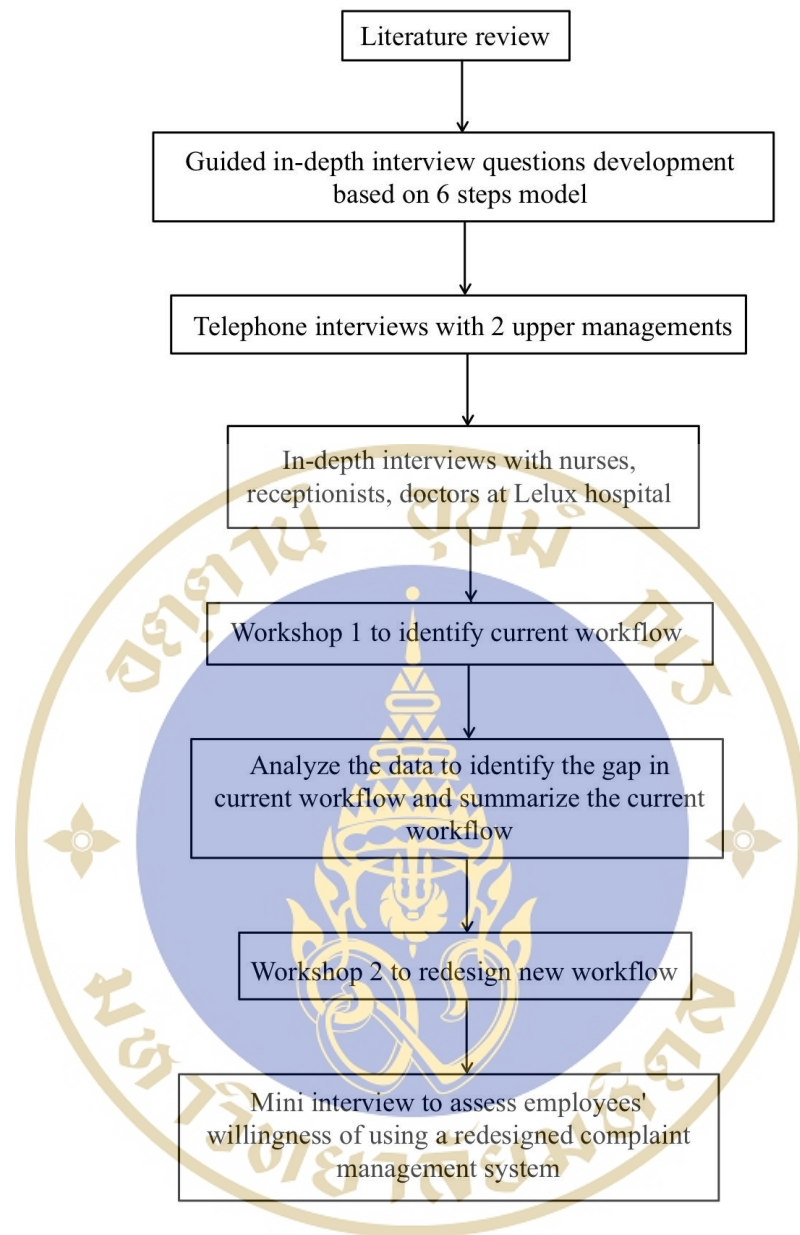


Figure 3.1 Summary of methodology

3.4 Instrumental development

Guided in-depth interview questions were structured based on the conceptual framework of 6 steps model in complaint management process to obtain effective service recovery (Bendall-Lydon and Powers 2001, Mattila and Wirtz 2004,

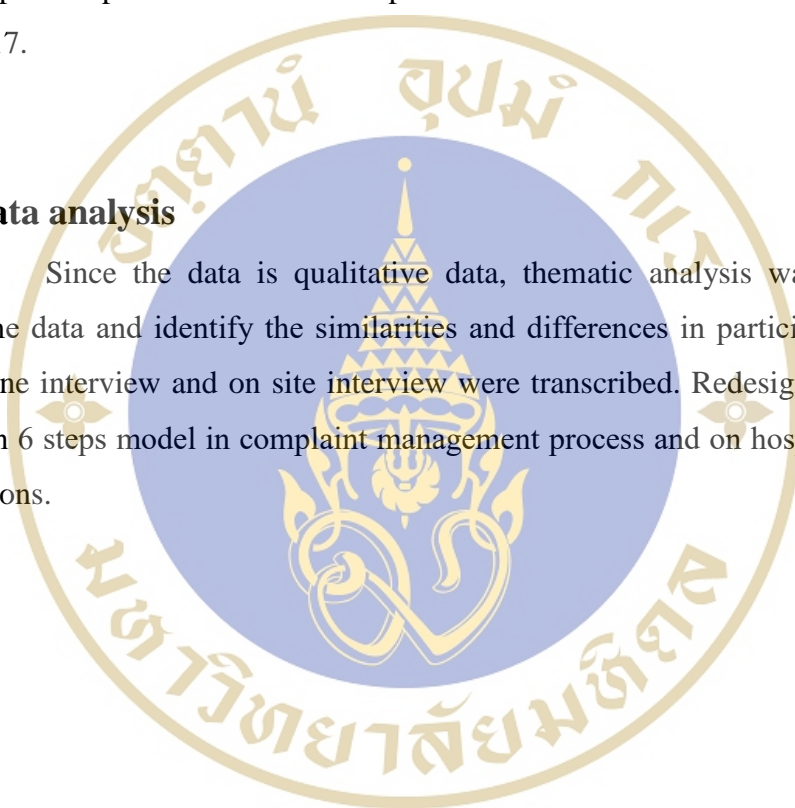
McCole 2004, Larivet and Brouard 2010). Guided in-depth interview questions are included in Appendix 1.

3.5 Data collection

Guided in-depth interview was done over the phone with two upper managers. The rest of the interviews were done on-site with the rest of the participants. The two workshops were performed at Lelux hospital. All of the data collections were completed in July 2017.

3.6 Data analysis

Since the data is qualitative data, thematic analysis was performed to group the data and identify the similarities and differences in participants' response. Telephone interview and on site interview were transcribed. Redesigned workflow is based on 6 steps model in complaint management process and on hospital personnel's suggestions.



CHAPTER IV

RESULTS

This study is a qualitative study with objectives to:

- To investigate the gap of existing workflow of complaint management system
- To identify the current work flow for complaint handling
- To provide redesigned work flow for complaint management based on literature review and hospital personnel agreement
- To assess the willingness of using a redesigned complaint management practice

Guided in-depth interview was performed with the personnel who are working in the field and have direct involvement in patient complaint management. The interviewees also include those who have impact on the organization in term of management and quality improvement. The selection was based on purposive sampling and convenient sampling of a total of 14 individuals including management team, nurses, receptionists, and doctors. The demographic data of each interviewee is as shown in table 4.1.

Table 4.1 Coding and participants' profile

Code	Position	Age (years)	Working experience at Lelux hospital (Years)
M1	Managing Director	60	15
M2	Operation Manager	48	15
N1	Nurse Manager	44	12
N2	Nurse	23	1
N3	Nurse	31	8

Table 4.1 Coding and participants' profile (Cont.)

Code	Position	Age (years)	Working experience at Lelux hospital (Years)
N4	Nurse	35	8
R1	Reception manager	38	10
R2	Receptionist	24	2
R3	Receptionist	27	4
R4	Receptionist	29	4
D1	Plastic surgeon (Head)	50	15
D2	Plastic surgeon	44	8
D3	Dermatologist	41	4
D4	Dermatologist	38	5

Table 4.1 provides the better understanding of the characteristics of each participant. The code is created based on their position at the hospital. The identification of each code is as follows:

M – For the participants who belong in management team

N – For the participants who work as a nurse

R – For the participants who work as a receptionist

D – for the participants who work as a doctor

4.1 In-depth interview

The following part covers the transcribed participants response to the guided interview question. This in-depth interview allows us to identify the gap of existing workflow of complaint management system and also to identify the current workflow of complaint handling.

Dimension 1: Encourage complaints as a quality improvement tool

1.1 How important is complaints in term of quality improvement tool?

All of the participants perceived that complaints are important in term of quality improvement as it allows the hospital to identify the gap in their healthcare service. However, three participants stated that they do not know how to use patient's complaint for quality improvement.

Table 4.2 Participants' response to how important is complaint in term of quality improvement

Participant	Response
M1	<i>"Complaints is very important in term of quality improvement as it allows the company to identify gap in the services"</i>
M2	<i>"Complaint received from the patient is extremely important to improve quality of the service the hospital can provide to the customer"</i>
N1	<i>"Complaint is important in term of quality improvement"</i>
N2	<i>"Complaint is some what important, but I do not know much about quality improvement"</i>
N3	<i>"Of course, complaint is important because current quality of the company is reflected by number of complaints we received. Also if patient tell us that our service is slow, we now know that this is the area that required improvement."</i>
N4	<i>"Complaint is important because it allows us to identify the area that need improvement"</i>
R1	<i>"Complaint is important as the information the patients told us can identify the area that need improvement"</i>
R2	<i>"I think it is important, but we do not know how to use the complaints for quality improvement"</i>
R3	<i>"Complaint is important as it reflect patient opinion on the service and we can know if there is anything we can improve"</i>
R4	<i>"Complaints are an important quality management tool."</i>

Table 4.2 Participants' response to how important is complaint in term of quality improvement (Cont.)

Participant	Response
D1	<i>"Complaints are very important as it allow us to identify any mistake, room of error, and area that required improvement from customer's perspective."</i>
D2	<i>"Complaints are very important, my patients always complaint that they have to wait a long time regardless of their appointment that they have made, so I think the hospital should improve this area"</i>
D3	<i>"Complaints are probably important, but the patient do not complaint to me."</i>
D4	<i>"Complaints are important for service improvement, but I do not know how the complaints management works."</i>

1.2 Have you ever use information from patient complaint to improve any aspect of hospital quality?

Most respondents stated that they have used and are currently using patient complaint to improve hospital quality such as waiting time. Minority of the participants', however, thinks they do not have a role in using complaint to improve hospital quality. Some of the respondents stated that there are many complaints and they do not know where to begin and which problem they should attend to first.

Table 4.3 Participants' responses to have you ever use information from patient complaint to improve any aspect of hospital quality?

Participant	Response
M1	<i>"Hmm ... this year we tried to improve on patient's waiting time because I was reported that the some patients were frustrated about the waiting time"</i>
M2	<i>"Yes, we have as we always value customer point of view"</i>

Dimension 2: Establish a team of representative to handle complaints

Most of the respondent stated that the hospital do not have specialized team for complaints handling. The hospital only has patient satisfaction form that

allows patient to fill in their dissatisfaction. The satisfaction form will be accumulated at the reception. All the satisfaction form is handed to the upper management them via their security.

Table 4.4 Participants' response of whether there is any team of representative to handle complaints

Participant	2.1 Does the hospital have a team of representative to handle complaints?	2.2 How many members are there in the teams?	2.3 What are the roles of each member in the team?	2.4 How long has the team been established?
M1	<i>“Our management team also look at quality improvement, but our main focus are hospital accreditation and government policy more than complaints management”</i>	<i>“There are 6 managers in the team”</i>	<i>“We mainly focus on hospital accreditation and government policy. Regarding complaints management we look at the frequent complaints and informed our employees on what they should focus on.</i>	<i>“Since the beginning”</i>
M2	<i>“We don't have a team specializing for complaint handling”</i>	-	-	-

Table 4.4 Patients' response of whether there is any team of representative to handle complaints (Cont.)

Participant	2.1 Does the hospital have a team of representative to handle complaints?	2.2 How many members are there in the teams?	2.3 What are the roles of each member in the team?	2.4 How long has the team been established?
N1	<i>"I don't think we have a team for that"</i>	-	-	-
N2	<i>"No"</i>	-	-	-
N3	<i>"No"</i>	-	-	-
N4	<i>"No"</i>	-	-	-
R1	<i>"No, but as a manager I am the one who collect patient complaint and report to the management team during regularly 3 months meeting"</i>	-	-	-
R2	<i>"I am not sure, but I don't think so"</i>	-	-	-
R3	<i>"No, but we have patient satisfaction form in which we have collect and hand in to our boss"</i>	-	-	-
R4	<i>"No, I only report patient complaint to my supervisor"</i>	-	-	-
D1	<i>"I think we might have, but I am not certain"</i>	-	-	-

Table 4.4 Participants' response of whether there is any team of representative to handle complaints (Cont.)

Participant	2.1 Does the hospital have a team of representative to handle complaints?	2.2 How many members are there in the teams?	2.3 What are the roles of each member in the team?	2.4 How long has the team been established?
D2	<i>"Not that I know"</i>	-	-	-
D3	<i>"No"</i>	-	-	-
D4	<i>"I really don't know"</i>	-	-	-

Dimension 3: Resolve customer problem quickly and effectively

All participants stated that there is no standard time that customer complaints needed to be resolved or attended. All respondents do not know how long it usually take to response to the patient complaints, but some of them said they tried to do it as soon as possible. According to all participants, there is no standard protocol to approach patient complaints, but some of them said that they were advised to apologize to the patient first and tell the customer to wait for the hospital to contact them back. Lastly, some of the participants missed on attending to patient complaints because they were busy with other task, there are too many patients to handle at once, and because the complaint is irrelevant to them.

Table 4.5 Participants' responses to is there any standard time that customer complaints needed to be resolved

Participant	3.1 Is there any standard time that customer complaint needed to be resolved?	3.2 How long does it usually take to response to patient complaints?	3.3 Is there a standard protocol to approach patient complaints?	3.4 Have you ever missed on attending to any patient complaint?
M1	<i>“Not really, it depends on each cases, we usually response to the severe case first such as the one involving law suit, but these case are not often”</i>	<i>“I think we should response within 24 hours, but I am not sure how long does it take in today practice”</i>	<i>“No, we do not have protocol on that yet, but we plan on having one”</i>	<i>“Not me personally, but I think our employees probably have missed some as we have a lot of patient everyday”</i>
M2	<i>“No, but we should response as soon as possible”</i>	<i>“I have no idea, but I believe our staff is trying the best they can to response to the customer as soon as possible”</i>	<i>“No, but it would be good to have one”</i>	<i>“No”</i>

Table 4.5 Participants' response to is there any standard time that customer complaints needed to be resolved? (Cont.)

Participant	3.1 Is there any standard time that customer complaint needed to be resolved?	3.2 How long does it usually take to response to patient complaints?	3.3 Is there a standard protocol to approach patient complaints?	3.4 Have you ever missed on attending to any patient complaint?
N1	"No"	<i>"There is no specific time as it depends on situation. For example, problem like long waiting time cant be solved straight away so we can't do much about it,</i>	<i>"No, but I always advice my team to apologize and listen to patient complaint attentively"</i>	<i>"I think so, but I tried my best not to miss on any case"</i>
N2	<i>"No, do we need one?"</i>	<i>"I don't know, I never received patient complaint"</i>	<i>"No"</i>	<i>"The patient have never complaint to me personally"</i>
N3	"No"	<i>"I don't know"</i>	<i>"No"</i>	<i>"Yes, when I am busy"</i>
N4	"No"	<i>"I don't know"</i>	<i>"No"</i>	<i>"Sometimes, because there are a lot of patient to take care a the same time"</i>

Table 4.5 Participants' response to is there any standard time that customer complaint needed to be resolved? (Cont.)

Participant	3.1 Is there any standard time that customer complaint needed to be resolved?	3.2 How long does it usually take to response to patient complaints?	3.3 Is there a standard protocol to approach patient complaints?	3.4 Have you ever missed on attending to any patient complaint?
R1	"No"	<i>"I'm not sure, but we tried to response as soon as possible"</i>	<i>"No, but we always apologize to the customer first"</i>	<i>"Yes, some time the papers noting the patient complaint were loss or if I was tied up to some task, I tend to forget"</i>
R2	"No"	<i>"I don't know"</i>	"No"	"No"
R3	"No"	<i>"As soon as we cant"</i>	<i>"I was told to apologize to the customer and tell them to wait for the manager to contact them"</i>	<i>"Yes, but I tried not to"</i>
R4	"No"	<i>"I'm not sure, it depends on each circumstance"</i>	<i>"We listen to the customer complaint, collect patient satisfaction and hand it in to our manager"</i>	<i>"Yes, because I think some complaint are irrelevant to me"</i>

Table 4.5 Participants' response to is there any standard time that customer complaint needed to be resolved? (Cont.)

Participant	3.1 Is there any standard time that customer complaint needed to be resolved?	3.2 How long does it usually take to response to patient complaints?	3.3 Is there a standard protocol to approach patient complaints?	3.4 Have you ever missed on attending to any patient complaint?
D1	<i>"I don't think so"</i>	<i>"I am not sure, but responding as soon as possible is a good idea"</i>	<i>"No, I don't think so"</i>	<i>"No, I practice the best I can, but some issue are unsolvable"</i>
D2	<i>"Not that I'm aware of"</i>	<i>"I am not sure"</i>	<i>"I'm not sure, this is out of my area"</i>	<i>"No"</i>
D3	<i>"No"</i>	<i>"I am not sure"</i>	<i>"I don't think so"</i>	<i>"No"</i>
D4	<i>"No"</i>	<i>"I don't know"</i>	<i>"I am not sure, you should as someone else"</i>	<i>"No"</i>

Dimension 4: Develop a complaint database

Most of the respondents state that there is no central database for complaint, but some said they have it separately at their department. A minority of the participants said that there is a central database, but only management team have an access to the accumulated database which is updated every three months.

Table 4.6 Participants' response to does the hospital have complaint database?

Participant	3.1 Does the hospital have complaint database?	3.2 Where do you keep the database?	3.3 How often do you update the database?	3.4 Who has access to the database?
M1	<i>"We have an excel file which we kept all the information"</i>	<i>"I have them in my laptop"</i>	<i>"My secretary send me every 3 months, but I am not sure how often it was updated"</i>	<i>"The management team has access to the database"</i>
M2	<i>"Yes, we have"</i>	<i>"In my computer at work"</i>	<i>"I am not sure, I am not the one who update the data"</i>	<i>"The management team"</i>
N1	<i>"I am not sure what do you mean by database, but I have to report all the complaints received as an excel file to the management team"</i>	<i>"At department computer"</i>	<i>"I tried to update it everyday that the complaint was made, but sometime we are too busy to do so."</i>	<i>"Myself and the management team"</i>
N2	<i>"I don't think so"</i>	-	-	-
N3	<i>"No, but we take not of patient's complaints and gave to our manager"</i>	<i>"We gave to our manager each day we received the complaint"</i>	<i>"I am not sure."</i>	<i>"The managers"</i>

**Table 4.6 Participants' responses to does the hospital have complaint database?
(Cont.)**

Participant	3.1 Does the hospital have complaint database?	3.2 Where do you keep the database?	3.3 How often do you update the database?	3.4 Who has access to the database?
N4	<i>"There is no central database to in put the data, but we take not of the complaint and give them to our manager"</i>	<i>"We gave our note to out manager daily if there is complaint"</i>	<i>"I am not sure."</i>	<i>"The managers"</i>
R1	<i>"Yes we do have the database, but each department keep the data on their own and present them to the management team every three month."</i>	<i>"We kept out file at the department computer"</i>	<i>"We update our database daily"</i>	<i>"For the accumulated database, only the management team have access to the file"</i>
R2	<i>"Our manager have a file to collect all the complaint our customer made"</i>	<i>"Our manager's computer"</i>	<i>"Everyday we received the complaint"</i>	<i>"I think our manager has the file"</i>
R3	<i>"I don't know about the hospital database, but our department keep the data in department"</i>	<i>"Department computer"</i>	<i>"Everyday"</i>	<i>"The management team"</i>

**Table 4.6 Participants' responses to does the hospital have complaint database?
(Cont.)**

Participant	3.1 Does the hospital have complaint database?	3.2 Where do you keep the database?	3.3 How often do you update the database?	3.4 Who has access to the database?
	<i>computer.”</i>			
R4	<i>“Our department does”</i>	<i>“Department computer”</i>	<i>“We tried to update the file everyday if we can”</i>	<i>“Our manager”</i>
D1	<i>“Yes, we do”</i>	<i>“Management team’s computer and e-mail”</i>	<i>“We received the file every 3 months”</i>	<i>“Management team”</i>
D2	<i>“I don’t know”</i>	-	-	-
D3	<i>“I don’t know”</i>	-	-	-
D4	<i>“I have no idea”</i>	-	-	-

Dimension 5: Commit to identifying failure point in the service system

5.1 Have you ever tried to identify failure point in the service system every time you received patient’s complaint?

Some of the respondents tried to identify the failure point as they think that it will be useful in determining the area of improvement. The failure points the participants mentioned are lack of toilet paper and waiting time. Some participants, however, do not analyze the failure point due to time constraint and work task constraint.

Table 4.7 Participants' responses to have you ever tried to identify failure point in the service system every time you received patient's complaint?

Participant	Response
M1	<i>"I would say we did not analyze the failure point all the time and not to all of the complaint. We only received the information from the manager of each department every three months and know the statistics and made a plan of improvement. Some of the information we receive includes the failure point, for example, the patient complaint of long waiting time for the doctor because of the treatment delay of one patient. However, in some case like no toilet paper, we did not know why we ran out of toilet paper."</i>
M2	<i>"In some serious complaint, we tried to identify failure point and where the error is, but for some usual complaint we do not have time to follow every case, because we only received the data once every 3 months and reviewing back to the day the complaint occur with the person who received the complaints is very hard."</i>
N1	<i>"We tried to ask the customer what went wrong, but sometime the customer is not in a mood to go through everything with us and just keep complaining"</i>
N2	<i>"No, because I haven't received any complaint from the patient yet"</i>
N3	<i>"I tried asking the patient for as much detail as possible about the event, but its depend on the time and situation of what I was doing at the time of the day. We are usually busy with tasks at the hospital because there are a lot of customer"</i>
N4	<i>"I will note down if the patient stated to us, but I do not have time to look into every complaint"</i>
R1	<i>"We always try to find the failure point so that we know where can we improve, but sometime unhappy customer just complaint and do not give useful information"</i>
R2	<i>"I usually ask detail of the event that dissatisfied them so that I can understand the cause of the complaint"</i>
R3	<i>"Yes, we usually do"</i>

Table 4.7 Participants' response to have you ever tried to identify failure point in the service system every time you received patient's complaint (Cont.)

Participant	Response
R4	<i>"We do it sometime, and if a complaint is serious we usually discuss informally with each other about the complaint"</i>
D1	<i>"In clinical malpractice, it is always important to identify the route cause of the issue. So I always try to identify the error in my care."</i>
D2	<i>"If the complaint is related to the clinical outcome then I will try to find the point of error"</i>
D3	<i>"I usually do not receive complaint from the customer"</i>
D4	<i>"Not really"</i>

Dimension 6: Track trends and use information to improve service processes

According to the participants, the management team currently analyzes the complaints every three months. For manager level, they accumulate the data without analyzing it and present it to the management team every three months. The management team uses the data and come up with appropriate action plan to improve the service accordingly.

Table 4.8 Participant's response to how often do you analyze the complaints?

Participants	6.1 How often do you analyze the complaints?	6.2 Do you have to present analyzed data to anyone? How did the person use the data?
M1	<i>"Every 3 months"</i>	<i>"We made plan of in the area that patients complained frequently."</i>
M2	<i>"Every 3 months"</i>	<i>"We made plan every 3 months like this time we need to work on waiting time and parking space."</i>

**Table 4.8 Participants' response to how often do you analyze the complaints?
(Cont.)**

Participants	6.1 How often do you analyze the complaints?	6.2 Do you have to present analyzed data to anyone? How did the person use the data?
N1	<i>"We did not analyze the data"</i>	<i>"I have to present the data to the management team and they will tell us what we should do in term of service improvement."</i>
N2	<i>"I not responsible for this part"</i>	<i>"I gave them to my manager"</i>
N3	<i>"The manager will do it, but I am not sure how often"</i>	<i>"To my manager"</i>
N4	<i>"My manager only told me to collect the complaints"</i>	<i>"To my manager"</i>
R1	<i>"We accumulate the data and present it to the management team every 3 months"</i>	<i>"The data is presented to management team and they will finalize the action that needed to be done"</i>
R2	<i>"We did not analyze the data"</i>	<i>"We collect and give the complaint to our manager"</i>
R3	<i>"I only collect and present them to my manager"</i>	<i>"To our manager"</i>
R4	<i>"We don't have to analyze the data"</i>	<i>To our manager"</i>
D1	<i>"We have a meeting regarding the service quality every 3 months"</i>	<i>"As one of the management, we identified the problem frequently complained by the customer and made plan accordingly every 3 months"</i>
D2	<i>"It is out of my responsibility"</i>	<i>"Not really to anyone"</i>

Table 4.8 Participants' response to how often do you analyze the complaints? (Cont.)

Participants	6.1 How often do you analyze the complaints?	6.2 Do you have to present analyzed data to anyone? How did the person use the data?
D3	<i>"It is not my task to analyze the data"</i>	<i>"I did not send to anyone"</i>
D4	<i>"I only take care of the patient"</i>	<i>"No one"</i>

The first objective is to identify the gap of the current workflow. Gap refers to practice that does not correlate with 6 steps model of complaint management system. Table 4.9 summarized the gaps found in the current workflow of complaint management.

Table 4.9 gaps in current complaint management based on 6 steps model complaint management

Dimension of 6 steps model in complaint management system	Gap within current workflow
<u>Dimension 1</u> : Encourage complaints as a quality improvement tools	- 21.4% of participants do not know how to use patient's complaint for quality improvement - 14.29% of the participants said that they do not have any role in using complaint to improve hospital quality
<u>Dimension 2</u> : Establish a team of representative to handle complaints	- All of the participants said that the hospital do not have a team of representative to handle complaints
<u>Dimension 3</u> : Resolve customer problem quickly and effectively	- All of the participants said that there is no standard time that complaint needed to be resolved. - 28.6% of the participants said that they have missed on attending to

Table 4.9 gaps in current complaint management based on 6 steps model complaint management (Cont.)

Dimension of 6 steps model in complaint management system	Gap within current workflow
<u>Dimension 4:</u> Develop a complaint database	patient complaint. - 78.6% of the participants said that there is no centralized database but separate update for each department
<u>Dimension 5:</u> Commit to identifying failure point in the service system	- 21.4% of the participants have never attempt to find failure point in the service system when complaint is received.
<u>Dimension 6:</u> Track trends and use information to improve service process	- Only 28.6% of the participants said that the complaint data have been used for analysis, which occur every 3 months.

4.2 Current workflow for complaint handling

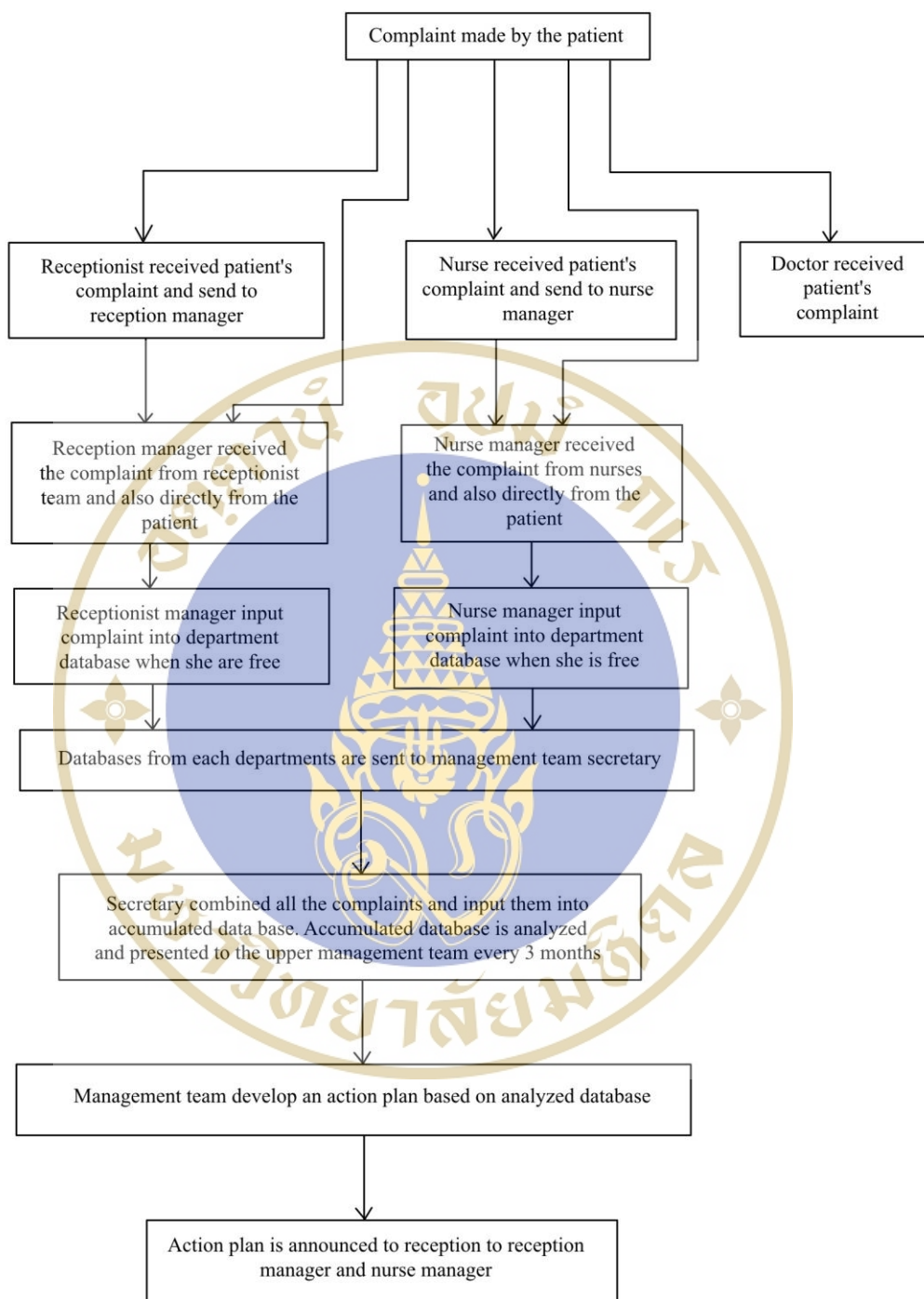


Figure 4.1 the current workflow of complaint management system at Lelux hospital

4.3 Redesigned complaint management

According to the redesigned workflow (figure 4.1), once any employees receive a complaint from the patient, they have to record the complaint into complaint request form and hand in to the form to patient representative on the same day the complaint is made. Complaint can also be made via any complaint channel directly to the patient representative who is standby at the reception of the hospital. Once the patient representative received a complaint, she will input the complaint into centralized Google document within 24 hours. Patient representative will also contact the patient within 72 hours to ask more information concerning the complaint. Patient representative will then contacts appropriate party to assist in the review and initiate plan for complaint handling. For claims and billing issue, the patient representative will contact financial department. For clinical care issue, the patient will contact responsible physician, and patient care manager. For customer service issue, the patient representative will contact patient care manager. For physician or nurse behavioral issue, the patient representative will contact the person responsible and also chief medical staff. The security issue will be referred to security manager while cleanliness will be referred to house keeping department. For any case where the complaint may involves a risk of adverse publicity, patient representative then contact media relation department. For patient concerns that are simple, the issues should be resolved on an average timeframe of 7 days. If a concern cannot be resolved within 7 days, the patient or patient's representative should be informed that the hospital is still working to resolve the concern. Once the concern is resolved, patient representative have to ask the patient regarding the satisfaction of the complaint management. Lastly, patient representative will enter resolution detail into database and close file. The centralized complaint database should be analyzed monthly by complaint management team to track any particular area that needed improvement. Moreover, trend should be track every quarter to develop new action plan for service recovery regarding hospital service and also to track of complaint management process is conducted effectively.

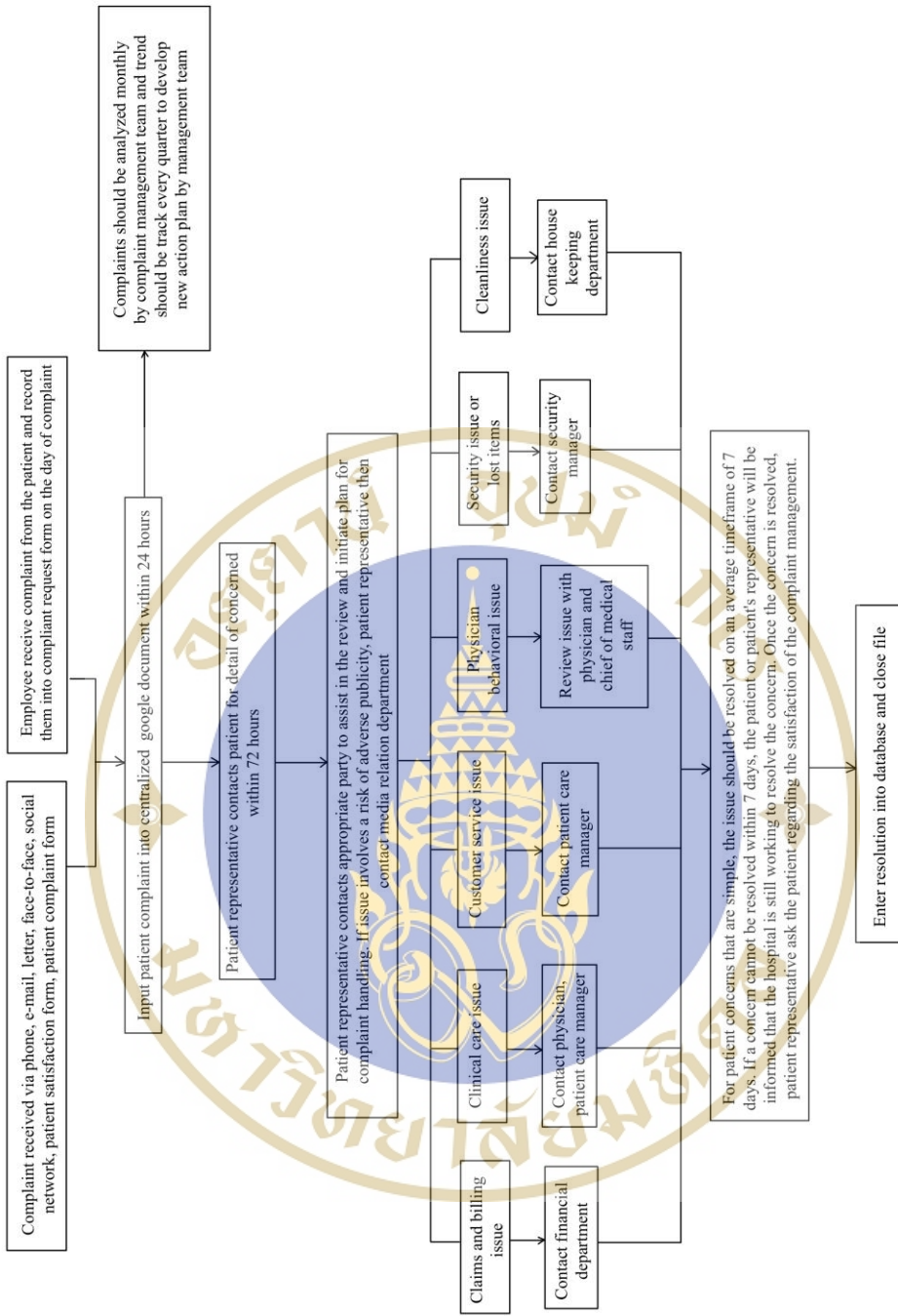


Figure 4.2 Redesigned complaint management system

4.4 Mini interview

The follow sections shows the result obtained from mini interview conducted after the second workshop with an objective to assess the willingness of the employees' in adopting redesigned complaint management system. Figure 4.3 shows the percentage of participant ranking the complaint channel as the most frequently used channel. The most frequent channel that patient use to complaint rated by the employees is telephone. The second most common channel is e-mail and face-to-face. Lastly, letter is the least frequent complaint channel.

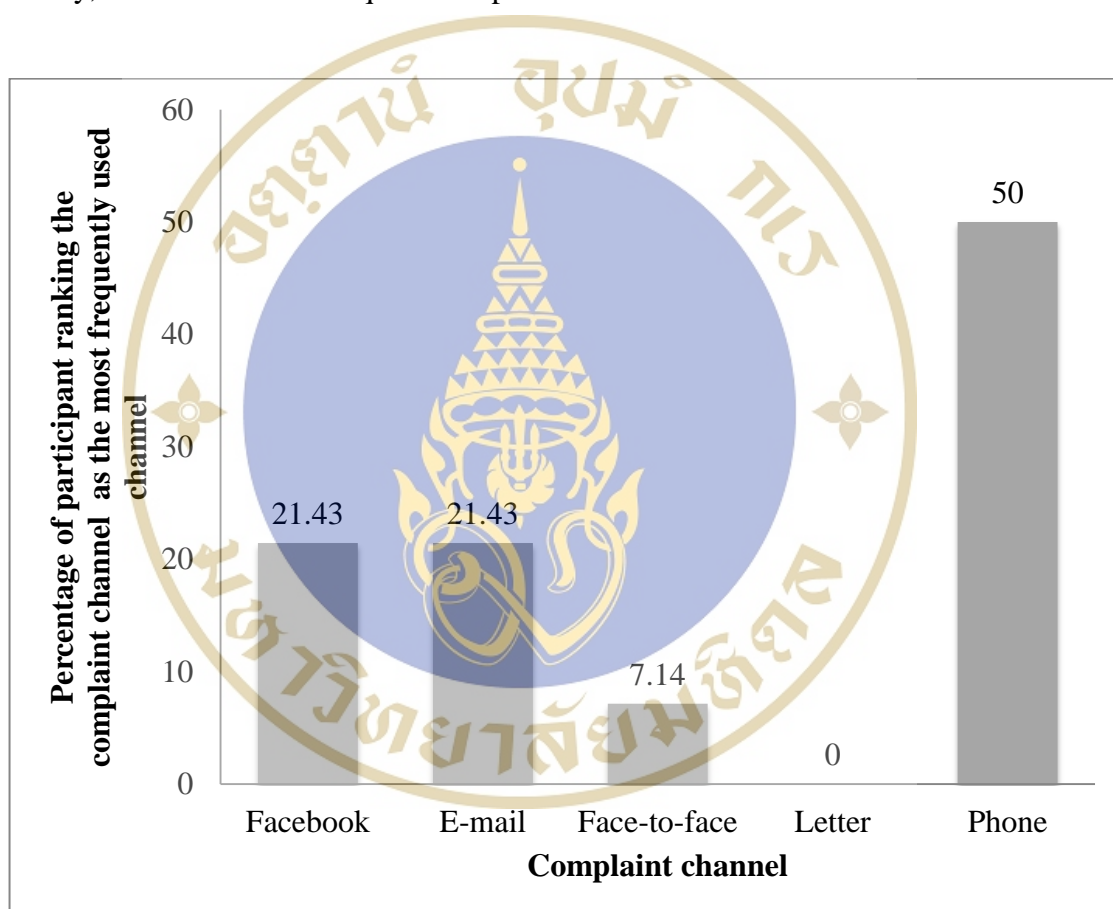


Figure 4.3 The percentage of participant ranking the complaint channel as the most frequently used channel.

Figure 4.4 shows the percentage distribution of level of agreement regarding the need of complaint management workflow remodeling. Half of the respondents strongly agree that the current complaint management workflow needs to be remodeled. While 29% of the participants agree with the remodeling, 21% of the

participants chose neutral regarding the remodeling of current complaint management workflow.

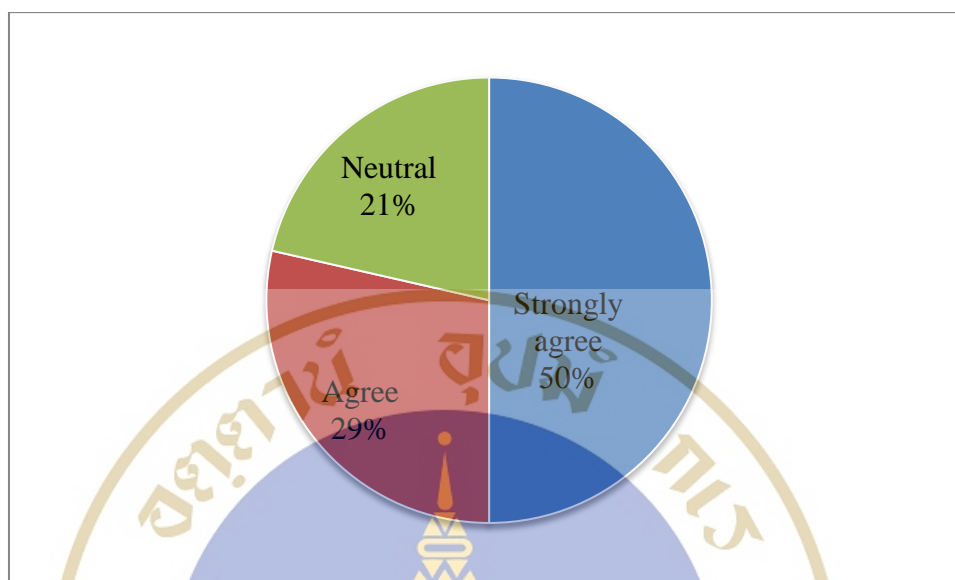


Figure 4.4 Percentage distribution of level of agreement regarding the need of complaint management workflow remodeling

Figure 4.5 shows the percentage distribution of level of agreement to the statement that redesigned workflow of complaint handling will be useful and willingness of adopting redesigned complaint management system. Total of 72% of the respondents strongly agree that the standard protocol of complaint handling will be useful to implement in the hospital. A total of 21% agree that the standard protocol for complaint handling is useful. Lastly, only one participant (7%) chose neutral.

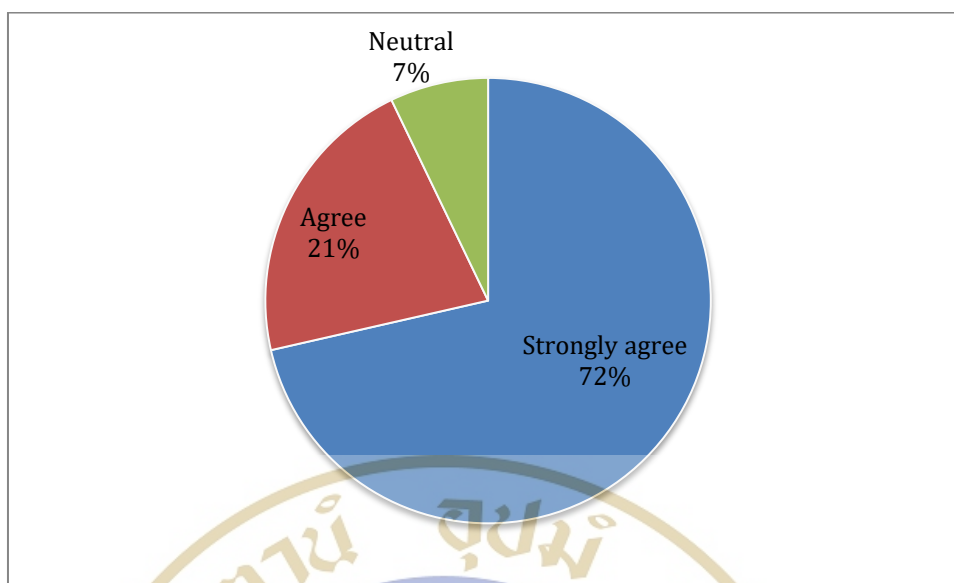


Figure 4.5 Percentage distribution of level of agreement to the statement that standard protocol of complaint handling is useful and willing to adopt the redesigned system

Figure 4.6 percentage distribution of level of agreement to the statement that classification of complaint helps with complaint management and prioritization. Figure 4.6 shows that 64% of the participants strongly agree that having a classification of complaints will be useful in prioritization and manage the complaint. While 22% and 14% agree and stated neutral to the usefulness of complaints classification in prioritization and management of the complaints, respectively.

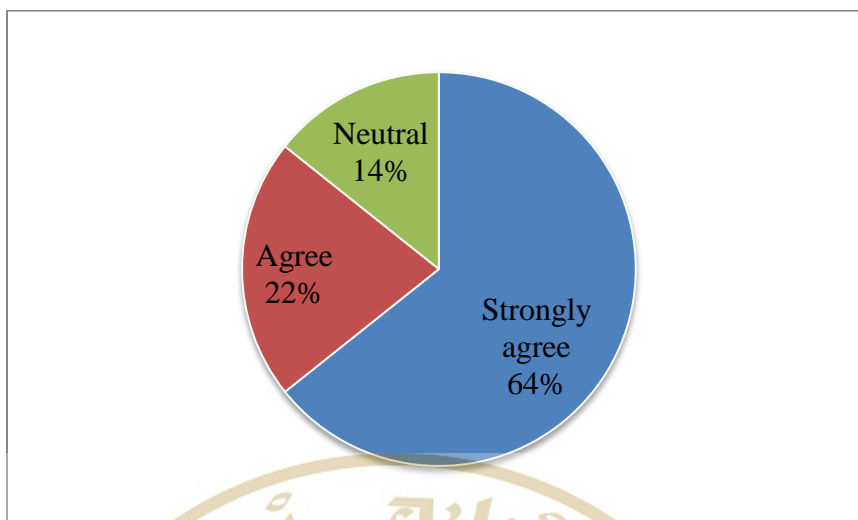


Figure 4.6 Percentage distribution of level of agreement to the statement that classification of complaint helps with complaint management and prioritization



CHAPTER V

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

This study is a qualitative study on complaint management system of Lelux hospital. The objective of this study is to investigate the gap of existing workflow of complaint management system, to identify the current work flow from complaint handling, to provide redesigned work flow for complaint management based on literature review and hospital personnel suggestion, and to assess the willingness of adopting a redesigned complaint management. The study was conducted by using guided interview. The workshops were conducted to acquire the insightful information of the current complaint management system, the perception of the employees toward current complaint management system, and finally the willingness of the employees in accepting new complaint management system. Moreover, this methodology provides new knowledge, information and considerable points beyond the reachable literatures that should be taken into consideration in order to provide recommendation to a very specific business, such as plastic surgery hospital.

The first objective of this study is to identify the gap of existing workflow of complaint management system. From the results there are several gaps existed in current complaint management system. There are several important points that determine successful complaint management system toward service recovery. The first gap is that only 21.4% of participants do not know how to use patient's complaint for quality improvement. Moreover, 14.29% of the participants said that they do not have any role in using complaint to improve hospital quality. The literatures stated that it is important that the team acknowledge the importance of complaint toward service improvement (Bendall-Lydon and Powers 2001, Levin and Hopkins 2014). In addition, it is important that all employees acknowledge that they have their roles in improving service quality via appropriate complaint handling (Larivet and Brouard

2010). Even though, most respondents stated that they have and are currently using patient complaint in a way to improve service delivery, minority of the participants think that they do not have a role in using complaint to do so. Moreover, some participants said that there are some cases where they received a complaint but it is irrelevant to their department so they did not attend to it.

The second gap is that Lelux hospital does not have a specialized team to handle complaint. They are currently receiving patient complaint only via patient satisfaction form and when the patient contacts them directly. The finding is in contrast with the six steps model in complaint management process, which stated that it is important to have a team of representatives to handle complaints (Bendall-Lydon and Powers 2001).

The third gap within current complaint management system is the lack of standard time that customer complaints have to be resolved or attended. In this case, all the participants stated that there is no standard time and no standard protocol that they can use to handle complaint. Unlike the literature which stated that the company should resolve customer complaint quickly and effectively in order to manage complaint successfully. At Lelux hospital where there is no standard time and standard protocol, patient complaint may be overlooked and lost of track. Hence, to properly manage complaint, standard time that patient's complaint needed to be attended to should be set (Bendall-Lydon and Powers 2001, Levin and Hopkins 2014).

The fourth gap is that it was found that Lelux hospital lack centralized database. Each department of Lelux hospital has database for complaint of their own, however, there is no central database which everyone can have access to. Only management team has full access to the entire database, which is updated every three months. This area is considered as a gap because the literatures emphasizes the importance that the complaint database should be centralized and should be accessible by all the employees (Bendall-Lydon and Powers 2001, Abbas 2012, Levin and Hopkins 2014).

The fifth gap is that 21.4% of the participants have never attempt to find failure point in the service system when complaint is received. The complaint should be analyzed in order to identify the failure points in service system (Bendall-Lydon and Powers 2001). At Lulux hospital, there are some participants who tried to identify

the failure point, as they believe that it will be useful in determining the area of improvement. However, some of them do not have time to analyze the failure point.

Lastly, the sixth gap is that only 28.6% of the participants said that the complaint data have been used for analysis, which occur every 3 months. The information from the database should also be used to track the trend and to improve service processes (Bendall-Lydon and Powers 2001).

The current workflow for complaint handling is gathered via the in-depth interview and workshop. The current workflow is presented and analyzed. The current workflow is simple but lack interaction between each department, especially the physician. The workflow does not specify the role of each employee. However, the literature stated that a workflow should be able cover all the roles of employee (Bendall-Lydon and Powers 2001). Lelux hospital made a commitment to establish a standard complaint management system during the workshop. Redesigned complaint management workflow was successfully accomplished. More than 70% of the employees' are willing to adopt redesigned complaint management system.

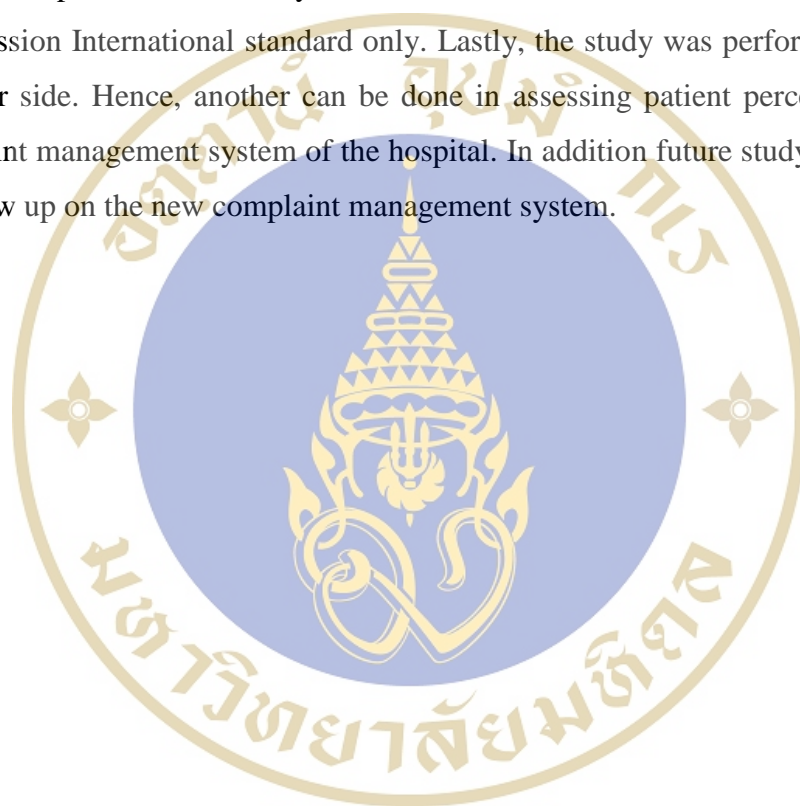
5.2 Recommendations

In addition to redesigned questionnaire, the hospital is recommended to do the follow:

1. Complaint management system as a mandatory topic in new employee orientation.
2. Create a separate form of patient complaint in addition to patient satisfaction form.
3. For complaint management team, which compose of patient representative who has a direct role in receiving and tracking complaint. The team should also compose of nurse manager, receptionist manager, and a physician.
4. Encourage patient to complaint. At the cashier the cashier should encourage the customer to evaluate the service through service evaluation pad. If the patient chose dissatisfied score, the cashier should encourage the patient to complaint through complaint team at the reception.

5.3 Limitation of the study and recommendation for future research

A number of limitations are acknowledged from this study. The most noticeable limitation is the study sample population. The study only included the participants who have direct contact with the patient, however, other employees who might not have direct contact with the patient such as house keeping staff, or security may also contribute to the complaint management system. Another limitation is that there are limited number of research regarding complaint management in plastic surgery hospital, so the study and recommended was made based on The Joint Commission International standard only. Lastly, the study was performed only on the provider side. Hence, another can be done in assessing patient perception regarding complaint management system of the hospital. In addition future study should be done to follow up on the new complaint management system.



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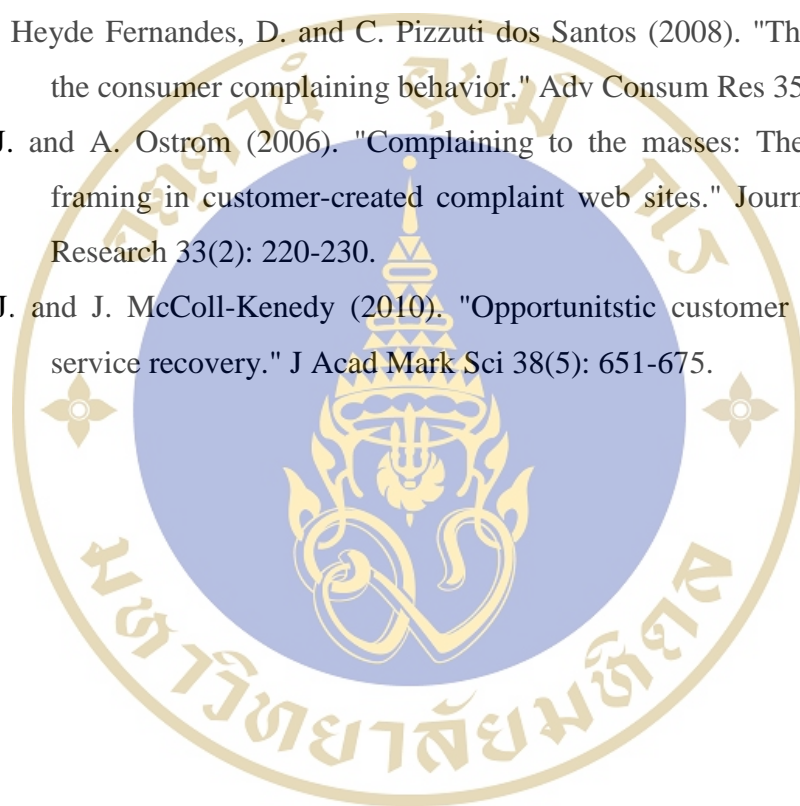
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Appendix A

Dimension 1: Encourage complaints as a quality improvement tool

- 1.3 How important is complaints in term of quality improvement tool?
- 1.4 Have you ever use information from patient complaint to improve any aspect of hospital quality?

Dimension 2: Establish a team of representative to handle complaints

- 2.1 Does the hospital have a team of representative to handle complaints?
- 2.2 How many members are there in team?
- 2.3 What are the roles of each member in the team?
- 2.4 How long has the team been established?

Dimension 3: Resolve customer problem quickly and effectively

- 3.1 Is there any standard time that customer complaint needed to be resolved?
- 3.2 How long does it usually take to response to patient complaint?
- 3.3 Is there a standard protocol to approach patient complaints?
- 3.4 Have you ever missed on attending to any patient complaint?

Dimension 4: Develop a complaint database

- 4.1 Does the hospital have a complaint database?
- 4.2 Where do you keep the database?
- 4.3 How often do you update the database?
- 4.4 Who has access to the database?

Dimension 5: Commit to identifying failure point in the service system

- 5.2 Have you ever tried to identify failure point in the service system every time you received patient's complaint?

Dimension 6: Track trends and use information to improve service processes

- 6.1 How often do you analyze the complaints?
- 6.2 Do you have to present analyzed data to anyone and how did the person use the data?



Appendix B

Give the following score (5 indicate the most significant or strongly agree and 1 indicates the least significant or strongly disagree)

	Facebook	E-mail	Face-to-face	Letter	Phone
1. Rate the following complaint channel as the most frequently used					
	5	4	3	2	1
2. Do you think the hospital need a remodeling of complaint management workflow?					
3. You are willing to adopt redesigned workflow to practice					
4. Do you think having a classification of complaint helps with complaint management and prioritization?					