

INTI INTERNATIONAL UNIVERSITY

MASTER IN BUSINESS ADMINISTRATION

**Factors that Influence the Service Recovery Performance (A Study in Bauchi
Specialist Hospital in Nigeria.)**

Author : AMINU ADAMU FAGGO

Student No : I08000531

Supervisor : MsSyarifahMasturaBinti Syed Abu Bakar

Ethics Number :

Submission Date : 16th /April/2012

Final word count : 18,982



HO
31
AM
2014



ABSTRACT

Many public sector hospitals are often blamed and criticized for their lack of speed and low level of service quality. Rod & Ashill (2010) write that numerous studies have concluded that patients perceive public to be inferior in the quality of their service provision. Yet public are the only option for most people. One reason is because they have the best facilities. Public healthcare providers can fall short of a patient's expectation at any point (Fotler et al, 2009) or make mistake. When healthcare provider take proactive steps to manage, the customers feeling, especially when there is a gap between the customers expectation and what they actually experience, such action are referred to as service recovery performance. Service Recovery is more than just fixing the problem. Service recovery performance is all about doing things right the second time.

Thus the objectives of this research is to get the better understanding of the factors that influence service recovery performance ie to improve the service delivered by the public hospital in Nigeria to know which factors to give priority on the influencing of service recovery performance which in return will revive the image of public hospital in Nigeria. Hence in this research the factors influencing service recovery performance in Bauchi state Specialist hospital, Nigeria is measured, using questionnaires items adapted from Ashill, et al (2005). A self-administered questionnaire was used to assess customer service training, empowerment and teamwork. The respondent involved in this research are public are public hospital staffs (clinical and non-clinical) in Bauchi state, Nigeria. To collect data for the study, 225 questionnaires were distributed in the hospital. 190 questionnaires were retrieved.

Keywords: Service recovery performance, customer service training, Empowerment, Teamwork



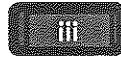
DECLARATION

I declare that this project is all my own work and has not been copied in part or in whole from any other source except duly acknowledged. As such, all use of previously published work (from books, journal, magazines, and internet and so on.) has been acknowledged within the main context of this report to an item in the Reference or Bibliography list.

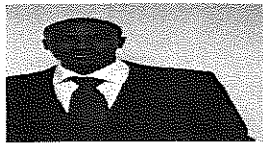
I also agree that an electronic copy of this project may be stored and used for the purpose of plagiarism prevention and detection.

16th April 2012

Aminu Adamu Faggo



About the Author



The author, Aminu Adamu Faggo was born in Bauchi state of Nigeria to the family of Alhaji Adamu B. Abdullahi Faggo and Hajiya Fatima Muhammed. He is the 5th child in a family of twenty six children. He attended Sa'adu Zungur Primary school Bauchi and after completion he proceeded to International Secondary school ATBU Bauchi state of Nigeria and also he proceeded to Professor Iya Abubakar Community Resource Centre Bauchi state of Nigeria and earn a diploma in computer Operation and in order to further knowledge and exposure, he moves to University of Coventry UK in collaboration with INTI university Nilai Malaysia where he obtained his first degree in B(sc) Software Engineering and graduated with Third class from the institution. He joined the master program program MBA single Award from Inti International University Malaysia in January 2011 after successfully graduating from University of Coventry. The author gained valuable experienced and a wealth of knowledge in the subject taken ranging from Managing information system, strategic Management, Managing Organization, Marketing and so on.

Having a degree in Software Engineering and being here in Malaysia for the past four years the author realized the service recovery performance here in Malaysia is far much better than Nigeria so this is one of the reason why the author thought of factors that influence service recovery and also based on past experience and previous research shows that people have lost confidence in public hospital due to the poor service they being delivered and lack of good service recovery which is why the author is going to investigate factors that influence service recovery performance (A Study in Bauchi Specialist Hospital in Nigeria) and finally to come up with recommendation and suggestion on which factors to give priority on their service recovery performance and this research will be beneficial not only to Bauchi state public hospital but to the Nigerian Federal Ministry of Health.

ACKNOWLEDGEMENTS

Completion of this master thesis is a huge success , with contribution from certain people who supported the author emotionally, physically, instructionally, financial and otherwise making this paper come through. First and foremost, I would like to send my profound gratitude to Almighty Allah for giving me the chance and health to see through it all. My sincere appreciation goes to my First supervisor: Ms Syarifah Mastura Binti Syed Abu Bakar who has been with me through every step of study, special thanks also goes to my second supervisor Dr. Jagdeep Singh.

Due acknowledgment to my parent Alhaji Adamu B. Abdullahi Faggo and Hajiya Fatima Muhammad, Hajiya Hauwa, Hajiya iyatu and Hajiya Fatima as well who believed in God's ability through me , your confidence in me has indeed served as a driving force for achieving this great success and also thanks to Ahmed Danlami and Babani Sani for their contributions towards the success of this Thesis.

Big appreciation to my father and utmost thanks to Alhaji Adamu .B Abdullahi Faggo for his prayers and support throughout my studies. My deepest thanks goes to the entire members of faculty of Business and accounting for their contribution and support.

I am obliged to thank all my siblings Hafsah Adamu Faggo, Khadija Adamu Faggo, Mustapha Adamu Faggo, Abdullahi Adamu Faggo, Hajara Adamu Faggo and Co. for their support and prayers. Thanks to my friends Muhammed Kabir Dauda, Yazid Shehu Umar Danfulani, Hafiz Abdullahi Kallamu, Jamila Aminu Uramah for their support and prayers.

Aminu Adamu Faggo

Nilai, 16th April 2012

TABLE OF CONTENTS

ABSTRACT.....	I
DECLARATION.....	II
ABOUT THE AUTHOR.....	III
ACKNOWLEDGEMENT.....	IV
LIST OF TABLES	V
LIST OF FIGURES.....	X

LIST OF FIGURES

Figure 2.0: Showing the outcomes of service recovery.....	23
Figure 3.6: Showing the 5-point likert scale.....	45
Figure 3.7: Showing the Research framework.....	46
Figure 4.2 : Gender Bar chart.....	57
Figure 4.2.1: Bar chart of Marital Status.....	58
Figure 4.2.2: Bar chart of Age of Staff.....	59
Figure 4.2.3: Level of Education of Respondent.....	60
Figure 4.2.4: Bar chart shows Period of working of Respondent.....	61
Figure4.2.5: Bar chart shows the Role of The Respondent.....	63
Figure 4.2.6: Bar chart shows how Staff Perceive Service Recovery performance.....	67
Figure 4.3.3: Bar chart Showing the Normality of the test.....	69
Figure 4.3.1: Histogram Showing the Normality of the data.....	71

Figure 4.3.2: Histogram Showing the Normality of the test.....	74
----------------------------------------------------------------	----

Figure 4.3.4: Regression Histogram.....	79
-----------------------------------------	----

LIST OF TABLES

Table 3.1: Research Method Scheme.....	40
Table 3.6.1: The Description of Questionnaire's Section.....	45
Table 3.7.1: Hypothesis of Study.....	47
Table 4.1 : Reliability Statistics.....	51
Table 4.1.1 : Item-Total Statistics Table.....	53
Table 4.1.2: Showing the reliability statistics for the 4 items.....	54
Table 4.1.4: Item-Total Statistics.....	55
Table 4.2 : Gender of Respondents.....	56
Table 4.2.1: Marital status of the respondent.....	57
Table 4.2.2: Age of Employees (respondent).....	58
Table 4.2.4: level of education of respondent.....	60
Table 4.2.5: Shows Period of Working of respondent.....	61
Table 4.2.6: Bar chart shows Period of working of Respondent.....	62
Table 4.2.7: Summary of Socio-Demographic Data of Respondent.....	65
Table 4.3.1: Shows How people perceive Service Recovery Performance.....	66
Table 4.3.4: Showing correlation Analysis between CST and DV.....	70
Table 4.3.2: Showing correlation Analysis between Empowerment and DV.....	72

Table 4.3.3: Showing correlation Analysis between Teamwork and DV.....	75
Table 4.3.5: Model Summary.....	77
Table 4.3.6: ANOVA.....	78
Table 4.3.7: Coefficient.....	78

Table of Contents

CHAPTER ONE	1
1.0 Introduction.....	1
1.1 Background Of The Study.....	2
1.1.1 Structure and Organization of Health service in Nigeria.....	3
1.2 Problem Statement	5
1.2.1 Research Question.....	10
1.2.2 Research Objective	10
1.3 Significance of Study	10
1.4 Limitation of Study	11
1.5 Key Term definition	12
1.5.1 Customer service Training (CST)	12
1.5.2 Empowerment:	12
1.5.3 Teamwork	12
1.5.4 Service Recovery Performance	12
1.6 Organization of Thesis	13
CHAPTER TWO.....	14
2.0 Literature Review.....	14
2.1 Service Recovery- What It Means.....	16
2.1.1 Service Recovery Strategies	18
2.1.2 Outcome of service Recovery.....	20
2.1.3 Benefit of Service Recovery Performance	23
2.2 Service Recovery Performance in a Public Healthcare Environment	24
2.3 Customer Service Training.....	27
2.3.1 How Customer Service Training can help Service Recovery Performance of the Staff.	28
2.4 Empowerment.....	29
2.4.1 Empowerment And Service Recovery Performance in A Public Health care Environment	30
2.5 Teamwork.....	31
2.5.1 Work teams	32
2.5.2 Parallel teams	32
2.5.3 Project teams	32

2.5.4 Top Management Teams	32
2.5.5 Teamwork and Service Recovery Performance in a Public Healthcare Environment.....	32
3.0 The Reason why Focusing on Three Factors.....	33
3.0.1 Empowerment	33
3.0.2 Customer Service Training	34
3.0.3 Teamwork	36
3.1 Other Factors That Influence Service Recovery Performance.....	37
3.1.1 Role Ambiguity	37
3.1.2 Role Ambiguity and Service Recovery Performance in A Public Hospital	37
3.1.3 Organizational Commitment	38
3.1.4 Organizational Commitment And Service Recovery Performance in Public Hospital.....	38
3.1.5 Summary.....	39
CHAPTER THREE	39
3.2 Research Methodology	39
3.2.1 Research Design.....	40
3.3 Research Approach	41
3.4 Data Collection and Analysis Methods.....	41
3.5 Measuring Instrument	42
3.6 Development of Survey Questionnaire.....	44
3.6.1 Description of the Questionnaire	44
3.7 Theoretical Framework	45
3.7.1 Research Hypothesis	46
3.8 Population And Sample	47
2.8.1 Summary.....	48
CHAPTER FOUR.....	48
4.1 Data Analysis And Finding.....	48
4.1.1 Summary of the Chapter	48
4.1.2 Reliability Analysis.....	49
4.1.3 Reliability Statistics.....	53
4.1.4 Summary of the Variables	54
4.2 Socio-Demographic Data of Respondents	55

4.2.1 Gender	55
4.2.2 Marital Status	56
4.2.3 Age of Staff	57
4.2.4 Level of Education.....	58
4.2.5 Period of Working.....	60
4.2.6 The Respondents Role in the Hospital	61
4.2.7 Summary of Socio-Demographic Data Respondent	63
4.3 Analysis of Research Objectives.....	65
4.3.1Frequency	65
4.3.2 Analysis of Research Objective One	65
4.3.3Non Parametric Test	67
4.3.4Correlation.....	67
4.4 Multiple Regressions.....	75
4.4.1 Analysis of Research Objective Three.....	76
4.4.2 Summary of Multiple regressions Objective 3:.....	79
4.5 Conclusion.....	80
CHAPTER FIVE	80
5.1 Chapter Summary.....	81
5.2 Conclusions	81
5.3 Recommendation For The Bauchi State Hospital, Nigeria	83
5.4 Future Research And Further Studies.....	83
5.5 Conclusion	84
6.0 References	84
7.0 Appendices.....	96
Appendix 1: SPSS data Output for Reliability Test.....	96
Appendix 2: SPSS Analysis Data (Frequencies) for Socio-Demographic.....	101
Appendix 3: Frequency for Research objective ONE	108
Appendix 4: Analysis for Correlation Results (Research Objective TWO)	109
Appendix 5: Analysis for Multiple regression Results (Research Objective THREE)...	112
Appendix: 6. Questionnaire.....	114
Appendix: 7 Ethics Form.....	118
Appendix: 8 Initial Research Paper Proposal	131

Appendix: 9 Research Confidentiality	146
Appendix: 11 Data View of SPSS	148
Appendix: 12 Plagiarism Percentage	148

CHAPTER ONE

1.0 Introduction

In many western countries both the public and private sectors provide healthcare services. The public system are generally free to the patient and the private systems are either paid for by the patient themselves or through some sort of medical insurance (Rod and Ashill, 2010). Quite interestingly, different countries have traditional perspective on health care that have influence their approaches to health care deliver (Kabene, et al. 2006). In Canada for example , the five main principles of the Canada health Act is what defines health care delivery. Health care is considered a right; and that limits the private sector from delivering such service. In the United States, healthcare is required to be accessible. In this regard, the presence of the private sector in health care delivery is much larger in the United States than it is in Canada. In other part of the world, the approach to health care fall between these perspective (Kabene, et al. 2006)

Dey, et al.(2006) is of the opinion that healthcare is the fastest growing service in both developed and undeveloping countries. Like any other industry, operations in healthcare industry are considered as a series of process, and superior performance of these process is essential in order to remain competitive(Dey,et al 2006). Generally, the public sector is not really focused on retaining customers. Rather what is emphasized is careful allocation of resources, due to the fact that it is financed by the government. This situation may lead to self-satisfaction based on a lack of competitiveness. However, it is important that healthcare facilities are available and they perform to the required standard so as to satisfy both healthcare personnel and patients. This is because there have been calls for public healthcare providers to becomes more efficient and provide quality service. In addition, patient who are content with their healthcare service are more likely to exhibit intention that are favorable to the success of the particular healthcare providers (Rod and

Ashill, 2010). But dissatisfied patients tend to exhibit unfavorable behaviors such as spreading negative word of mouth, and that can spoil the image of the healthcare provider.

Although the public health-care environment has been structured in such a way that the patient's right to complain is not easily accepted, they must strive to cope with the increasing demand for higher quality. Considering the number of health consumers that public health-care facilities have to deal with on a daily basis, there is bound to be a number of interaction that could go wrong ; errors, mistake and failure are inevitable (Johnston and Michel, 2008). Patient will be dissatisfied to an extent with the quality of service . Since health care is now somewhat business – oriented (Raja, et al 2007), what is important is that how to solve patient's problems and manage their feelings , hence the need for service recovery.

However, In this situation a healthcare is place where by competent employees is needed and its all known that in healthcare there is no room for error as it might lead to worsen the patient situation or might even cause a patient lost his or her life. So in this situation customers service training is needed as it might help the healthcare employees to be much aware of how to handle and recover an error in case it happens. (Fabre, 2009)

Service recover is more than just fixing the problem. Johnston and Michel (2008) are of the view that it is a combination of action for correcting an aggravation and taking proactive step to manage the customers feelings especially when there is a gap between the customer's expectation and what they actually experience . Service recovery performance is all about doing things right the second time. An understanding of service recovery performance may assist the healthcare organization to anticipate service problems, prevent disasters, and address patient customers feeling about care (Rashid and Jusoff, 2009). Hence the purpose of this study is to examine the factors that influence Service Recovery Performance Bauchi specialist hospital in Nigeria.

1.1 Background Of The Study

The main objectives of the health reform worldwide is to hold healthcare accountable for its resources used and the way healthcare services are delivered (Ashill et al., 2005). In Nigeria, the vision for the health sector reform is to improve the health status of Nigerians and to attain a level of health care that would permit all Nigeria to live a socially and economically productive life (Paul et al 2010). The country has a population of about 150 million, Nigeria has one quarter of the population of the African continent, making it the most populous country in Africa. Even so, it has projected population of 255.6 million by the year 2025. Nigeria is a federation of 36 states and has its federal Capital Territory (FCT) in Abuja. Each state is further divided into local government areas, and there are 774 local government areas (LGAs) in total. Although there are about 250 ethnic groups, the most dominant are the Hausa (in the north), the Yoruba (in the West) and the Ibo (in the east). The population in the southern part of Nigeria consist of mainly Christians while the north has more Muslims. With substantial human and natural resource endowment, Nigeria has the potential to be the engine for economic growth (Paul et al 2010). Studies have shown that due to rapid urbanization, 41 percent of the population was urban as at 1997.

1.1.1 Structure and Organization of Health service in Nigeria

Health service in Nigeria is provided by both the private and public sectors. These include public facilities managed by federal, state and local government, NGOs (Non-Governmental Organization) community-based and faith organization, religious and traditional care givers. All the same, health service provision in the public sector is based on the three tiers of government-federal, state and local government. The levels of health care provision are discussed below:

- **Primary Level:** facilities at this level provide the first level of contact of the individual and the community in the national health care system (Chankovca, et al, 2006). It brings health care as close as possible to where people live and work. Johnson (2000) is of the opinion that many the