

**EFFECTIVENESS OF PUBLIC RELATIONS IN RESOLVING CUSTOMER
COMPLAINTS: A CASE STUDY OF KENYATTA NATIONAL HOSPITAL'S
COMPLAINTS FLOW CHART**

BY

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DECLARATION

This research project is my original work and has not been presented for a degree in any other University

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DEDICATION

This work is dedicated to my parents Mr. and Mrs. P.B. Okhungu Odundo. You inspire me.

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It is with tears of joy that I realize I have been in a journey not by myself but with people so dear to me. I give an outstanding ovation to:

The Almighty God, who has always stood by me and shone me light ways I cannot explain.. You have been faithful and loving to me.

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ABSTRACT

The purpose of this study was to examine the effectiveness of the complaints flow chart used at Kenyatta National Hospital's Public relations department to resolve customer complaints. Public relations has been treated as a far-fetched role from management. Its importance at management level has not been taken with seriousness in some organizations worldwide. In many cases especially in the health sector, government has granted hospitals autonomy to facilitate management improvements which are expected to lead to better quality care and improved revenue generation. These factors stimulated interest on the researcher to find out whether the tool used by the PR Office at KNH helps them to resolve complaints thereby enhancing good mutual relationships between KNH and its publics.

The complaints flow chart is the main tool used by the PR Office to resolve complaints. Complaints are received by the PR Office and passed to heads of department who are to give both curative and preventive measures of the complaints at hand. The PR Office there hence follows up with the patient to give them feedback and to find out if they were assisted. The PR Office also meet with the CEO to give a report of their cases and in addition send a report to the Ombudsman on the same.

The literature review covered the general status of public relations in Kenyan hospitals. It includes activities undertaken by the public relations office at Kenyatta National Hospital. The study is guided by four research questions generated at the conceptual stage of the study.

To obtain results; personal observation and questionnaires were the key instruments used to collect data. The respondent ranged from Senior Managers at the hospital, The Public Relations office personnel and out-patients at the hospital.

The major finding of the study was that the complaints flow chart was not effective in resolving customer complaints at Kenyatta National hospital. More specifically, the study found out that:

- The methods used to send feedback to the patients about their complaints was not effective. Use of mail mail and letters never got to reach most patients on time.

- Some stages in the complaints flow chart were deemed as less relevant in resolving complaints
- Some cases took too long to be resolved because a senior manager who was to comment on the complaint was away on other duties for many days.
- Most patients did not know that there is a complaints tool to guide them when lodging complaints. The complaints tool is not readily accessible to the patients.
- Staff were unable to resolve on spot complaints and would refer patients to the PR Office to follow through all the stages of receiving feedback after logging a complaint.

Based on the findings, the study concluded that in order for the complaints flow chart to work effectively; there was need for management to communicate and include the patients at all stages in their communication while trying to resolve their complaints. The study recommended that;

- Patients to be informed where their complaint has reached and how long it will take to get feedback back to them.
- Senior managers to be given strict deadlines and time frames to give feedback to the PR Office so that the patient is also made aware on time
- Members of staff to be trained to deal with on spot complaints so that damage is minimised and the patient is assisted on time.
- The management to hire more customer care clerks to be situated at every information desk so that they readily assist clients.
- The hospital to make use of current media for example emails and telephone calls to contact patients about their complaints. The management should also make patients aware of the complaints flow chart through posters and personnel at the customer care desks.
- Management to urge the ombudsman to be aware and be active at all the stages of resolving complaints.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Study

Patients and the entire clientele of a hospital usually form a rather permanent impression of the entire hospital from their initial contacts at the hospital. These contacts may come about in the Outpatient Department, Accident and Emergency or even Enquiry Office where they are supposed to get information or help. Most patients have had concerns ranging from being given wrong information, waiting in long queues before being served, being neglected completely or being diagnosed with the wrong medication. As much as the complaints sometimes are beyond the medical practitioners or the hospital administrative staff responsible at that time, patients are usually in need for some feedback as well as a reassurance to know that the same problems will not occur to them when they need the hospital services again.

The patients however, often find it difficult to initiate complaints fearing no action will be taken or that the process may be long and complex. Hospitals through the public relations department have the mandate to support complainants and to bring a positive perspective that the organization is willing to go out of its way to make sure their patients are satisfied.

According to Graham Lister et al (2008), "Good practice service providers have an objective of encouraging feedback from staff and users to improve their services. Most meaningful measures of performance for complaints agencies include actions resulting

from complaints such as: system improvements and conduct enquiries, as well as timeliness. It is also useful to record complainant objectives such as: explanations, apologies, improvement or redress and the extent to which complainants and those complained against were satisfied by the process. Good practice also involves having explicit objectives of improving equity of access to complaints for vulnerable people, those with language barriers or speech problems."

In an effort to improve their services and public image, the Kenyatta National Hospital's Public Relations department came up with the complaints flow chart to help them resolve complaints and give feedback to management and also to their external publics.

Kenyatta National hospital utilizes a complaints flow chart that has procedures and steps of how complaints and concerns are handled at the hospital. On the other hand, the complaints chart used at Kenyatta National hospital may also serve as an avenue for patients or other hospital clientele to pass congratulatory messages for good services offered to them. This research sought to find out whether this flow chart supports the communication model of flow of information from the sender to receiver and vice-versa. In essence therefore, promoting clear and efficient messages to resolve or explain the complaints at hand.

The out patient department is the most sensitive part for the public relations department and that is where the researcher sought the client based responses from. The largest number of customers are attended to through this department. According to Anand (1981)

for each bed in a hospital an estimated 500 outpatients visit the hospital in a year. This explains the gravity of the situation and that most frictions and misunderstanding arise from this sector than any other department. Most challenges the outpatients face range from separate or inadequate parking space, long unexplained waiting queues, wrong diagnosis, missing records of patients, lack of seating arrangement and facilities like wheel chairs and lack of concern or help from paramedic and medical staff. The question of inadequate medical staff ratio to patients would be minimized if booklets and information desks are provided to give and counsel patients as they wait to be attended to. This research intended to concentrate on how effective the complaints flow chart assists the external publics and the hospital in resolving complaints. The research sought to find out the loop holes and recommend techniques to better the communication flow between the hospital and its clients. The research also mentions benefits of the flow chart and how it has enabled smooth flow of communication inside and outside the hospital.

1.2 Statement of the Problem

Not many years ago, hospital management decisions took no consideration of patient's attitudes and concerns but today management cannot ignore the views of employees, patients and the entire community it interacts with in making policy decisions. It has been estimated that eighty per cent of the problems confronting management have public relations implications. Management has to foresee the impact of policy decisions on the opinion of the public.

The Public Relations Department in Kenyatta Hospital uses a Complaints flow chart to aid it solve public complaints internally and externally. This research sought to find out if this communication complaints flow chart has been effective in improving communication flow between the hospital and its clients and in so doing resolving the complaints at hand.

1.3 Research Questions

- a) What are the PR techniques utilized by the Kenyatta National Hospital in resolving complaints
- b) What are the elements in the complaint's flow chart that enable communication to flow from the organization to its clients?
- c) What are the elements in the complaints flow chart that hinder communication flow from the organization to its clients?
- d) Which other elements can be added to the complaints flow chart to improve delivery of message to and from the clients?

1.4 Aim of the Study

To investigate the effectiveness of the complaints flow chart used by Kenyatta National Hospital's PR Department.

1.5 Objectives of the Study

- a) To establish PR techniques used by KNH in resolving complaints.

- b) To find out the elements in the complaint's flow chart that enable communication to flow from the organization to the clients
- c) To find out the elements in the complaint's flow chart that hinder communication to flow from the organization to its clients.
- d) To find out any other additional elements that will enable effective communication flow between KNH and its clients.

1.6 Assumptions of the Study

- a) Patients at KNH presented their complaints orally or written to the PR Department
- b) Patients at Kenyatta National Hospital expected feedback or action to be taken after they present their complaints
- c) The PR Department followed the complaints flow chart procedures to communicate and give feedback help resolve complaints from the public.
- d) That all respondents gave adequate and objective information.

1.7 Justification of the Study

This study is important because it addresses the role of public relation practitioners in hospitals and their mandate in trying to help patients resolve setbacks that hinder them from accessing full medical and non- medical care in a way that satisfies them.

It is in line with the work of the Ombudsman's office launched in June 2007 in Kenya to tackle citizen's complaints ranging from poor service delivery, corruption and maladministration.

1.8 Significance of the Study

Findings of this study are important to the following key stakeholders:-

1.8.1 Management

To the management, the study is important in that it showed how every employee can be involved in effective communication mechanism and public relations, towards achieving customer satisfaction.

1.8.2 The Board of Directors

To the policy makers the information is useful in adopting ways towards appropriate communication strategies for the hospital. In strategic management the board is the chief pinnacle in communicating the desired strategic option of the organization. By understanding public relation both within the hospital and outside the hospital, the study enables the board to develop effective policy papers and find the right channels to communicate the same.

1.8.3 Community

The community benefits through efficient delivery of services by the hospital. The community will be able to make their contribution in giving accurate information regarding the services products and their products in relation to Kenyatta national Hospital

1.8.4 Employees

Good communication improves understanding between employer and employee. Employees inform the management about any breakdown of machinery or other shortages and management is able to take action in time to avoid any possible losses. Effective communication leads to greater efficiency, employees will now henceforth appreciate their communication role in the organization and their contribution towards customer satisfaction. Internal customer satisfaction rides on effective communication channels and strategies. Staff involvement in decision making processes is key to the success of any organization communication model.

1.8.5 Researchers and Academicians

The study benefits the researcher and academicians in pursuit of knowledge about public relation practices. Many studies have been developed around public relation in different industries and organization however, within the hospital environment few studies have been developed ideally around communication channels. The findings of the study provides future research with literature on how to manage public relation strategies and expected satisfaction level in hospital environment.

1.9 Scope and Limitations of the Study

The study mainly focused on Kenyatta National Hospital. The hospital has been selected out of several hospitals operating in Nairobi, due to its quest to strengthen public relations management and the massive number of patients being served their annually. The hospital attends to approximately 80,000 in-patients and 500,000 out-patients

annually. The hospital is located in the outcast of Nairobi CBD, southeast of the city, along Ngong Road. The study will took a period of 6 months from June to November 2011.

1.10 Definition of Terms

Complaints refer to expressions of dissatisfaction whether as comments or suggestions.

Flow chart is an easy-to-understand visual diagram showing how steps in a process fit together.

Patient's satisfaction level is a person's feelings of pleasure when services rendered to him meet or surpass his or her expectation.

Employee engagement

According to Peltier and Dahil (2009) refers to a heightened emotional connection that an employee feels for his or her organization, that influences him or her to exert greater discretionary effort to his or her work.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter gives an overview of literature and models that are related to the research problem presented in the previous chapter. This chapter introduces the concepts of public relation as proposed by various scholars and authorities in the communication discipline. the responsibility of public relations in resolving complaints in Kenyan Hospitals, possible methods of Improving Public Relations in hospitals, the structure of Kenyatta National Hospital and how it ties up to resolving and maintain good relations withits publics.

2.2 Public Relations

Public Relations is a communicative aspect that links customers to objectives of an organization. Public relations has tremonodus advantages to promoting an organization's effectiveness. Roberts (1972) has suggested that if communication is good, an organization's performance and effectiveness will be good. He further states that an organization receives its physical and energetic inputs, accomplishes its works and goals and interfaces with the environment all through communicative acts.

Most parastatals, Kenyatta national Hospital included, look out to meet client needs first rather than aim at making a profit. Public relations and marketing have distinct goals and communication strategies that should not be confused. Thus, before describing J. Grunig's (1992) Excellence theory, it is important to define public relations, thereby

differentiating it from marketing. In this study, public relations is conceptually defined as the "management of communication between an organization and its publics," and public relations practitioners are those who "manage, plan, and execute communication for the organization as a whole" (Grunig & Hunt, 1984).

Grunig further cites that public relations programs are important because they help organizations achieve their goals by creating relationships with strategic publics: "Individual communication programs such as media relations, community relations, or customer relations are successful when they affect the cognitions, attitudes, and behaviours of both publics and members of the organization that is, the cognitive, attitudinal, and behavioural relationships among organizations and their publics" Thus, effective public relations programs are valuable to organizations because of their contribution to the organization's mission, vision and goals.

This case study analysed a public relations strategy of dealing with complaints and its adherence to the normative principles of excellent public relations. Grunig (1992) established the Excellence theory as a normative model for public relations. This model serves as a guideline or benchmark for effective public relations programs that help achieve organizational goals.

The Complaints Flow Chart used by Kenyatta National Hospital is stated in line with the Excellence theory. For an organization to be effective according to this theory, it must behave in ways that solve the problems and satisfy the goals of stakeholders as well as of

management. If it doesn't, stakeholders will either pressure the organization to change or oppose it in ways that add risk and costs to organizational policies and decisions.

2.3 Responsibility of Public Relations in Hospitals

Every hospital employee has a responsibility towards gaining the confidence of patients by discharging his or her duties efficiently. Every action by each employee is an act of 'operating trustee' and an irrevocable ingredient of public relations. However, the major responsibility for carrying forward a sound public relations programme rests with the highest governing body of the organization.

Public relations responsibilities in this case study is identified as primary and secondary. Primary responsibility is a combined affair between the management, the administration and the public relations staff concerned whereas secondary responsibility rests with all other hospital functionaries including external publics. Many hospital authorities over the world feel that medical practitioners should also be involved more actively in total hospital public relations efforts because they have the viable and visible links with the patients, families and visitors and hence with the rest of the community.

Roberts (1972) further states that a hospital has little tolerance for either ambiguity or errors since human life is at stake. A hospital calls for a much greater coordination through communication than even more so in a business organization.

Public relation is all about communication and communication is a process by which an individual (communicator) transmits stimuli (message) to modify the behaviour of others (Audience). Communication involves the source, the receiver, the message, channel and feedback. In the case of patient's making complaints, they could be the source and the hospital administration could be the receivers. Channels of communication would include complaint letters, notes in suggestion boxes or news articles written or aired by the media about a problem a patient has experienced.

Public relations has been established by researchers and practitioners in the public sector as a central component of unifying the publics with an organization. If the goal of the public relations function is to build relationships with strategic publics (Grunig & Hunt, 1984), it seems logical that public relations departments would be concerned with how the organization's operations contributes, supports, and enhances relationships with publics through the strong cognitive associations established via public identity, positioning, and reputation. It stands to reason that, by strategically managing and strengthening public relations programs can enhance an organization's reputation among its publics, which would in turn have a positive impact on the public relationships with these publics.

The PR departments in hospitals generally deal with the management of both internal and external communications. They are responsible for promotion of the health activities and implementing the hospital's marketing programmes that are related to the overall mission

and vision of the hospital. They also manage and improve the flow of information within the hospital and between the hospital and the community they serve.

Public relations professionals have a role to play in helping management to keep in touch with their various public because the role of PR within an organisation has become that of a spokesperson to the management, they actively solicit both employee and consumer opinion and make management aware of the effects various decisions will have on consumers.

The PR department has a major role of managing internal and external communication within a hospital especially those in line in promoting health activities and implementing the hospital's marketing strategies. In this particular setting the PR department is looking upon to change views and attitudes of its clients in order to fulfil needs of each other. Understanding and handling a patient's confidential information may pose as a challenge to an environment which receives more than 3,000 patients a day like Kenyatta National Hospital. If one patient is handled in a manner they consider improper and they decide to go public with it, the hospital may face serious damage to its image.

Public Relations is a planned, sustained and continuous effort by management aimed at building mutual understanding between an organization and its publics. That is why the Chief Public Relations Officer or Manager is part of the management team which answers directly to the Chief Executive Officer of the Hospital.

2.4 Employee Satisfaction versus Patient Experiences

Improvement in health care can be reached through utilising new technology that the patients understand thus making them more aware of the procedures taking place within the hospital. Studies show that with a motivated working force, an organization can maintain satisfaction and loyalty of its existing clients. Hospitals therefore have to invest more on their employees who will in turn serve the patients to the best of their ability.

Hospital staff may experience constraint such as long unwinding shifts, demotivating working conditions and poor management. Studies have also shown that with decreased engagement between an employee and the need to meet a patient's expectation may influence the patient's loyalty or trust in the hospital.

In a case presented by the Kenyan media where a staff at Kenyatta Hospital gave viagra to a baby with breathing complications but failed to explain to the mother of the child why the medicine was being administered. This caused a scare to the mother who thought a joke was being played on her sick baby and echoed the concern to the public which then channelled its way to the media. A press conference had to be held by Kenyatta National Hospital to make clear that the treatment better known to aid old men get an erection was also a prescription to ease breathing problems on babies. The hospital medical practitioner who administered the medicine on the baby knew these facts for sure but rather thought of having fun looking at the mother's devastated face and not giving her a full explanation at the moment.

2.5 Methods of Improving Public Relations in Hospitals

High quality of patient care will ensure simultaneous good public relations. A patient will not accept public relations programme in lieu of indifferent hospital care. No amount of smiles, cheers and propaganda will compensate for bad administration and poor professional care in a hospital. A patient comes with certain definite expectations to the hospital. These expectations can be overturned or surpassed at the reception or customer care desk which is normally the first contact point between patients and the hospital. All courtesies must be extended to him or her on these occasions to project a good image of the hospital.

A lot of valuable information can be and should be furnished to patients even prior to their admission. This can be done through the hospital's updated website, media advertisement, posters and rallies sponsored by the hospital. Certain details with regard to time and date and the person to whom the patient should contact and the exact place will help in achieving favourable opinion about the hospital. Equally important is the fact that the person who is to receive the patient should be available on right time or else this will lead to just opposite effect, and the patient may go back home disgruntled.

Most of the hospitals have their own telephone exchanges. The experience of a telephone call may be the first impression of understandable importance. Telephone operators should answer calls promptly and politely and promptly respond to the queries of the caller. This would avoid waste of time and frustration. Environmental sanitation, cleanliness and physical comforts like wheel chairs and enough sitting space provided to

patients create good impression. Well kept lawns, clean surroundings are reflection of good administration which helps in building initial confidence.

Reception, Enquiry and Admission Office should be established as one single unit. The staff posted there should be specially selected and trained in human relations. They should be courteous, cheerful and above all efficient in their work. Persons working here should have full knowledge of the routine procedures of the hospital so that information to the patients or their relatives is furnished without any delay.

The Outpatient Department is the most sensitive place from the public relations point of view. Largest number of people visit this department. Separate parking space for the staff and the public, adequate waiting space and seating arrangements and facilities of wheel chairs and trolleys should be made available. Public toilets, drinking water, cafeteria, and public telephones are essential in this department. Waiting time of the patients should be rendered to minimum. Maximum number of doctors should be available during the peak hours. Help of paramedical and non-medical staff is a must. Voluntary agencies may be required to help the patients in finding out various areas of the hospital. This department should be organized in such a manner that there is free flow of traffic and cross traffic is avoided or minimized. In addition to the help from staff and volunteers, suitable guidance aids like supply of information brochures in local community centres and other sign postings will definitely help in creating a good impression. A responsible member of the staff should be available to explain the reasons of delay or listen to public grievances.

2.6 Public Relation Strategy

A public relation strategy at any level, must direct the way in which organization exchange information with the public in order to create a win-win scenario. Each and every organization recognizes the importance of a public relation strategy, towards the success of the enterprise. The success of any institution must be built around an effective public relation strategy. The strategy creates a platform of interaction between the institution and the public

A public relation strategy supports the public satisfaction by enhancing the overall aim of the institutions governance, demonstrates the institutions commitment to communicate to its public and endorse communication as a priority for the institution. The tenets of the strategy should be reflected in the service delivery at all times, providing communication to the general public.

The strategy takes the public as its corner stoner and its effective implementation enhances customer satisfaction and loyalty. To enhance continued citizenry satisfaction, senior managers and other staff with different professional backgrounds within the institution, need to be trained on effective public relation skills. This will improve the institutions performance in time spent communicating and also minimizes subsequent rumour and misunderstanding. It also helps to improve management performance and decision making allowing members understand the public and arrive at sound decision.

Communication and public relations strategy in service firms is generally inseparable from the corporate strategy. For most services like that of Kenvata National Hospital's

administration of treatment, the service delivery system is the business and hence, any strategy decision must include operations considerations. However, operations executives do not always have a voice equal to other functions of the firm. That is why it is important that medical practitioners be trained by the public relation's office on good manners when handling patients and what is expected of them.

Communication strategy cannot be designed in a vacuum. It must be linked vertically to the customer and horizontally to other parts of the enterprise. Communication management is all about the design of effective business communication processes. Whether we are talking about the management of a sales force executing a marketing plan, a group of finance wizards managing an investment portfolio, a factory making jet aircraft or a group of public relations personnel marketing a new service offered by the hospital; these process must be designed to link the public directly to the benefits the service is offering and in most cases get their views back to the institution. Customer management processes might focus on rapid acquisition of new customers to consolidate the early mover advantage that a product or service leader creates.

A customer intimacy strategy requires excellent customer management processes such as relationship management and solution development. The innovation process would be motivated by the needs of targeted customers, focusing on those new product developments and service enhancements that contribute to better customer solutions.

A strategy for communication excellence emphasizes cost, quality, the quickness of operating processes, excellent supplier relationships, and speed and efficiency of supply and distribution processes of the product or service.

The CEO of KNH, Dr. J. N. Micheni addressing staff during the launch of ISO 9001:2008 quality management certification processes said 'We must start thinking positively in terms of what we believe, practice and value. We must meet and exceed our customers' expectations. Positive attitude will influence how various teams among the over 40 departments of the hospital will relate to each other for the realization of the ISO common goal.'

According to a feature titled Study unveils Pumwani's pathetic state in the The Nation, Aug. 10, 2004, A 2004 task force report on Pumwani Maternity Hospital (PMH), the largest maternity hospital in the country, confirmed, "There exists glaring professional negligence and laxity among doctors, nurses, security and administrative [staff] . . . in dealing with expectant mothers, babies and their relatives."

Pumwani Hospital is located within Nairobi province. Women had reported decades of unhygienic conditions, humiliating treatment, and lack of medical attention in the health facilities where they delivered babies. The reports say that the neglect and abuses begin when the women arrive at the facility and this continues throughout their labor hours extending to women and their infants being detained if they cannot pay their medical bills.

A report by The Federation of Women Lawyers in Kenya (2007) states that, Kenyan law does not require health institutions to establish formal internal complaint mechanisms. The Kenya Medical Board is also in agreement that the establishment of a complaint mechanism is not a prerequisite for the registration of a medical facility, and that failure to do so does not result in any penalties. There is no communication from the Kenyan government to medical practitioners urging them to establish a complaint mechanism. This ultimately leads to laxity of many hospitals to adopt a complaints resolving mechanism.

2.7 The Kenyatta National Hospital Background

Kenyatta National Hospital was founded in 1901 purposefully for doing research and teaching medical students as well as attending to patients. When it changed status to a parastatal, it adopted additional functions such as being a referral hospital to which smaller hospitals around Kenya could refer their patients for specialized healthcare and provide facilities for medical education and research for the University of Nairobi.

2.8 Organizational Structure

<http://www.britannica.com/EBchecked/topic/1303631/Kenyatta-National-Hospital> says that the hospital is run by a statutory board. There is, however, a management team for the purpose of proper execution of policies and effective management. The Director, is in charge of the day to day running of the hospital. Below the Director are two deputy directors ; the Deputy Director Clinical Services and Deputy Director Administrative services. There are managers who manage the specialises administrative services and

Heads of Department who head the various clinical and non clinical services. Clinical Department include: Medicine Obstetrics & Gynaecology, Dentistry Laboratory Medicine, Nursing Dermatology Paediatrics Pharmacy, Surgery Respiratory & infectious Diseases, ophthalmology Radiotherapy, Radiology Accident and Emergence, Anaesthesia Quality Assurance, Professional support Departments Medical Records Occupational Therapy, Public Health Laundry, Medical Social work, Physiotherapy Nutrition Caterin.

Administrative Departments include: Administration Personnel Finance Supplies & procurement, Public Relations, Legal Planning, Maintenance & Transport Security.

KNH opened Amenity wards which today form a fully fledged Private wing occupying the 9th and 10th floor of the tower block. The private wing concept aims at providing quality health care at an affordable cost and retaining most of the professional staff within reach while doing their private practice within the hospital.

During the World Bank project on rehabilitation of KNH, the hospital constructed the Doctor's Plaza. The offices are rented at a fee by doctors from Kenyatta National Hospital and the Nairobi University Medical school. This facility enables the specialist doctors to do private practice within easy reach of the hospital. The project earns the hospital revenue and helps keep the doctors within access to the hospital most of the time. According to the plan for action report of 1988 for KNH produced in the USA, The Public Relations Office was to be established within a year in order to boost KNH's public image to patients, general public, government and lead rapport. To improve patient's education and understanding of KNH's objectives and activities, to provide a forum for external suggestions to improve activities performed by KNH, to minimise

patient's complaints and improve patient's satisfaction and to improve patient quality treatment, interdepartmental communication and co-ordination. This marked the creation of the public relations office.

Under the Chief Public relations Officer is the Senior Relations Officer. Under the Senior PRO are two PR Assistants and a Graphic Designer.

CHIEF P.R.O



SENIOR P.R.O



PR ASSISTANT

(GRAPHIC DESIGNER)

(PR ASSISTANT)

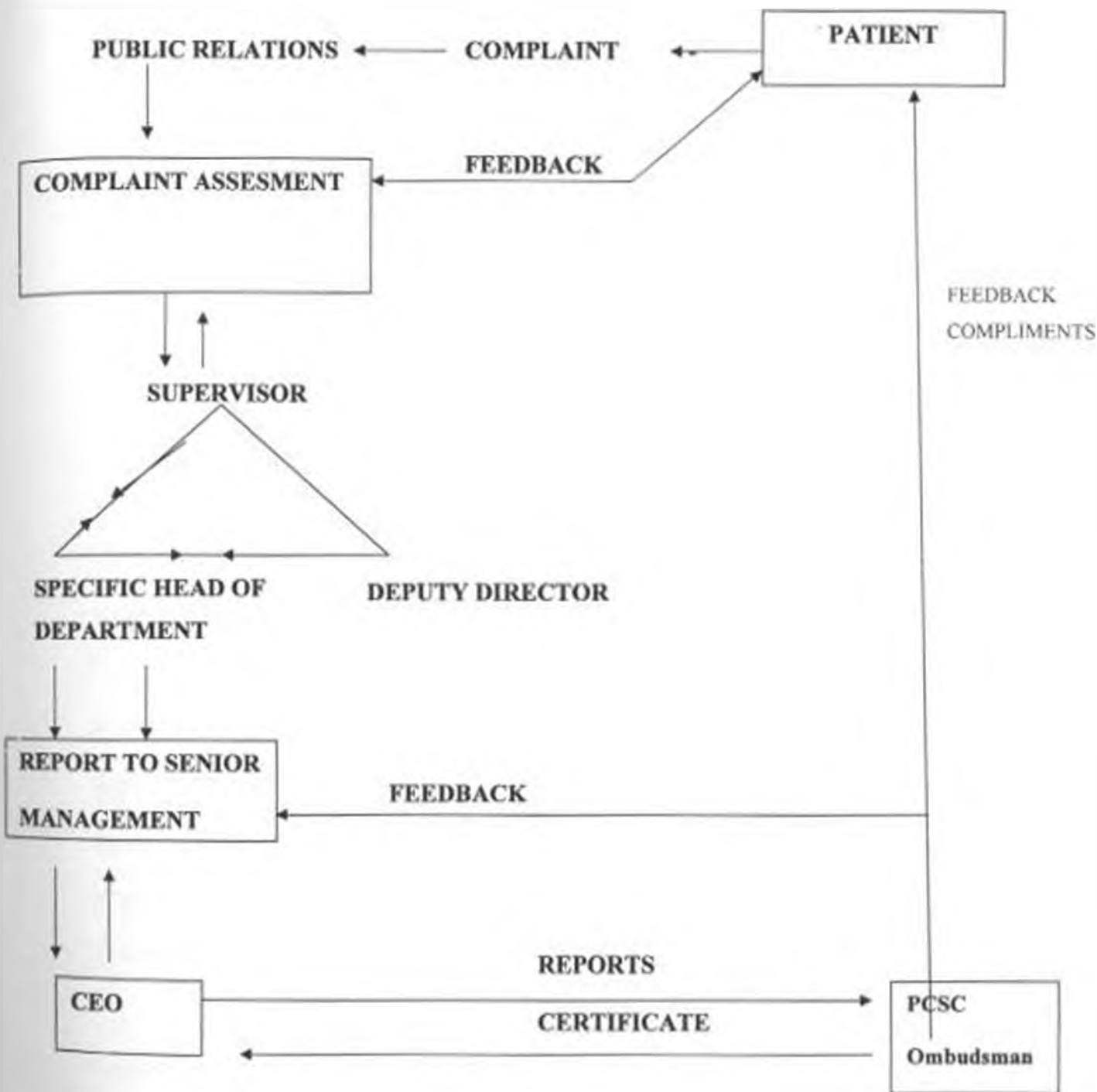


(CUSTOMER CARE CLERK)

(CUSTOMER CARE CLERK)

The Chief Public Relations Officer reports directly to the CEO of Kenyatta National Hospital. He is deputised by the Senior PRO who is in turn assisted by two public relations officers and a graphic designer. The two customer care clerks are the most involved in receiving cases of complaints by the patients. During press releases, press conferences and editing or following up on a case, the whole group is expected to be present.

Figure 1: Kenyatta National Hospital Flow Chart



Source:
Hospital

<http://www.britannica.com/EBchecked/topic/1303631/Kenyatta-National->

The complaints process begins once the patient has presented his or her complaint to the Public Relations office in letter form or verbally. In most cases, verbal complaints are also recorded in writing before the procedure begins.

The complaint is passed on to the officers by the clerks and an assessment is done as to whether it can be resolved there and then or that investigation on the department or persons being complained against should be done. For example, a patient forwards a complaint regarding being kept on the queue for long because the medical staff are unable to locate his file. A search can be conducted immediately upon request by the public relations office and once found the patient can continue being served. A case where a nurse has used abusive language to a patient may take longer. This is an off the spot case and the nurse's supervisor may need to be involved and an explanation of the same done in writing. The nurse and the patient may need to be interviewed and the supervisor may decide what preventive and curative action to take.

A report will then be given to the CEO during quarterly meetings on what cases the department has been able to handle and those that they cannot resolve. Reports are also forwarded to the PCSC's office for records and follow up. The PCSC is the highest organ of government involved in solving complaints against public institutions and employees. The PCSC's office also gives a certificate in appreciation for cases resolved.

Once a solution is reached, feedback is given to the applicant either orally, through a letter drafted to them and through use of emails.

The research and ethics committee also gets feedback on cases that are on-going and resolved to help them assess the status of the hospital.

2.9 ISO Certification at Kenyatta National Hospital

The Hospital pledged to be certified by July 2011. The event kicked off by a launch of ISO 9001:2008 quality management certification process and a committee was set up to steer the process.

ISO certification has enabled many an organization to realize increased quality products, service delivery and improved financial performance. To the employees, it boosts their motivation and dedication to work because they know they are working under well defines job descriptions and expectations. Most importantly, there is a certisfaction it creates among the customers or patients that they are being handled by a credible organization.

The Kenyatta National Hospital is still in the process of realizing its ISO Certification dream. According to the public relations office, many a workers have resigned and the process to replace them takes too long. This has been a major course in the delay of the process since a lot of training on workers is done during the ISO Certification process.

2.10 Kenyatta National Hospital Service Charter

The charter was first produced by the Public health department and stipulates all the department's objectives, mandate, mission, vision and core values. It also identifies customers/clients and their responsibilities.

The main purpose of the charter is to enhance awareness on the role of public health department among clients/customers while considering their needs and expectations.

<http://www.knh.or.ke/downloads/brochures/Public%20Health%20Brochure.pdf>.

states that all complaints should be handled promptly and professionally without exposing the complainant where conflict of interest is established.

It stipulates that complaints should follow the following standards:-

- Maintain a complaints register in the department
- Open and maintain a complaints file
- Handle complaints within the shortest reasonable time
- Confidentiality to be maintained while handling complaints

2.11 Patient's Satisfaction

Patient's satisfactory levels lead to patient loyalty. Organizations can track customer satisfaction through three major channels. The first mode is through the complaints and suggestion box system where patients can air out their complaints. Secondly, through periodic customer surveys to get feedback from patients concerning services rendered to them. This is advantageous in that additional meaningful information or the survey can be enquired from the patient. For example, the surveyors could ask the patient if he or she would readily recommend the hospital to other persons. Thirdly, one would use a mystery shopper for self-experience and to analyse the system used in the hospital.

<http://www.jamil-ya-kenya.com/> states that Kenyatta National Hospital is the biggest referral hospital in East Africa and a decade ago it was like a death chamber where people feared for the lives of their relatives or friends if hospitalized. Some even claimed there were demons or evil agents working in the Hospital because of the high number of deaths occurring in the hospital. The hospital was known for long queues starting early in the morning till night and patients would die on the queue even when the medical staff watched.

Prof. Meme, a former Permanent Secretary in the Ministry of Health in the Kenyan Government, had on more than one occasion tried to resolve the burdening problems experienced by patients through disguising himself as a patient. He would then go to every part of the hospital and in the process catch the medical staff in action, neglecting, mistreating or abusing patients. He would then fire the person there and then.

The media has played a role too in highlighting cases where patients have been denied their medical rights especially in public hospitals. For example, Kenyatta National Hospital has been on the spot light in detaining patients who are unable to clear hospital charges. Patients have been reported and highlighted in the media living at the hospital corridors for more than 6 months with their new born babies. Many outsiders have extended donations and cleared hospital bills for such patients to be released while putting the blame on the hospital administration. It is also understandable that the hospital aims to make money for rendering its services and that is why the patients remain detained until a relative or a third party comes to their rescue.

These are some of the scenarios that cause public complaints at the hospital. Even though Prof. Meme, the former Health Permanent Secretary, put on a brave fight to see that hospitals are running in accordance to set policy, it would have taken long for him to go through all the departments to do mystery shopping on medical practitioners mistreating patients. Kenyatta National Hospital therefore came up with an official tool to resolve complaints both internally and externally.

Ojwang (2010). states that qualitative findings exemplify patients' perception of nurses' assigned to them as being significantly impolite. This is categorized as the violation of patients' rights and other broader human rights. It is apparent that nurses' using verbal impoliteness constituted violations of dignity and not merely rudeness. Such behaviors ultimately a precursor to the violation of other specific human rights, and goes against the philosophy of nursing as stated in Article 1 of the National Nurses' Association of Kenya Code of Conduct and Ethics, that nurses must adhere to the dignity, equality, and individuality of man. The significance of these clauses is that nurses are expected to uphold human rights and focus on patients' needs.

Ojwang(2010) continues to say that nurses also engaged in acts of exclusion, sometimes withheld information, and failed to explain requirements to patients. Most cases of unsatisfactory reception and denial of the right to respectful and humane treatment were reported by patients in the maternal-child health, maternity, and labor wards. The most recurrent complaints by patients indicated that nurses in charge did not bother to explain

procedures done on patients. In such a case, most patients may take in good faith the procedures of medication given to them without questioning.

On the other hand, medical practitioners and nurses are not entirely to blame on communication breakdown. For instance, nurses invariably mention that language barrier from the broad perspective of lack of mutual intelligibility, and for which they used interpreters who may not have passed the information correctly and with the right tone as intended.

Other factors would include literacy levels of the patient, age gap, and class differences between medical staff and patients. These might also hinder effective communication and interfere with efforts to promote dignity. The consciousness of these background differences and clashes of interest arising from social tensions could set the scene for conflict in subsequent interactions with the patient.

Cultural beliefs also feature as a constraint to effective feedback after the patient has passed on his complaint. Some patients were said to harbor divergent opinions emanating from their cultures.

Structural weaknesses in the health system could also constrain the interactions. For instance, patients would say the fact that lack of confidentiality due to ward overcrowding might aggravate the violation of their rights.

Patients at any given hospital need to be made knowledgeable on the procedures of whatever service they need. When patients are informed they will understand the procedures better and try to be patient while being attended to.

According to Lingard(2009), organizations should use websites, posters and press releases to post news and background information about a particular situation that needs the attention of its clients. In addition, it should allow interviews with press where the public is invited to pose questions and possible respond to telephone enquiries. A follow up and preventive measures should be laid down to prevent future occurrences of a situation that was assessed and handled as a complaint.

2.12 Theoretical Framework

This research was guided by The Shannon - Weaver model of communication formulated in 1949. Eight key elements are required for communication flow to be successful.

Figure 2: Shanon and Weaver Communication Model



Shannon-Weaver Model

Source: Cade, J. (2004).

The source is the initiator who puts the model into action. This is whereby an individual or a group has a specific reason to begin the communication process and that there is a message they wish to receive in response. In this research, the patient initiates communication by presenting his complaint.

The encoder takes the concept that the communicator wants to send out and puts it into a later format that the receiver of the message can understand. The complaint can be through a language understood by both the PR Officer and the patient.

The message is the idea, the information or concept that is communicated from one end of the model to the other. The message has a distinct meaning. The complaint matter is the message in this case.

The channel is the suitable means to transmit the information. It is the route which the information travels with verbally, written or electronically. Most patients find it easier to shout their complaints verbally but some put their complaints down on paper or send via email.

Noise can be interference or distortion that changes the initial meaning of the message. It can be physical or semantic. The PR Officer investigating the matter may misunderstand the message thereby interviewing the wrong patient or the wrong medical practitioner being accused. Physically, the documented complaint can get lost or be deleted from the computer logging in system at the PR's Office.

Before the message reaches the recipient, it must be decoded or interpreted from its original form to that one that the receiver understands.

The receiver takes in the message that the sender has passed. The receiver are the PR Officer's as well as supervisors or heads of department where the complain emerged.

For meaningful flow of communication to occur, the receiver must send feedback to the sender. Ongoing communication is made possible by the circular route that feedback allows. Feedback in this case is the outcome or point of action taken by the organization. The patient who made the complaint has to be informed about this. The response will determine whether the patient will remain loyal to the hospital or readily refer other patients to that particular hospital.

Secondly, this research was guided by two way symmetrical model of communication developed by James Grunig and Todd Hunt in 1984. They propagated that in a two way symmetrical model communication between participants is a give and take rather than a one way persuasion. The model emphasizes on negotiation and a willingness by the organization to adapt and make compromises, and it requires organizations to be willing to make significant adjustments in how they operate in order to accommodate their publics. Grunig and Hunt further states that it is preferably used by non-profit making organizations, government agencies and heavily regulated businesses such as public utilities than by competitive profit driven companies.

This generally applies to the way Kenyatta National Hospital, a government owned body functions in its efforts to resolve customer complaints. In its endeavours to try and resolve complaints. The Public relations Department makes an effort to listen and follow up with customer complaints; it negotiates with the departments where the complaints emerged from and tries to seek solutions to present both to the management and to the customers. In doing so, it also adjusts how several departments co-ordinate by suggesting both preventive and curative measures to the problems at hand.

CHAPTER THREE

3.0 RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter specifies the nature of the research design and the population that were studied. The chapter adopted the following structure: Research Design, Target Population, Sampling Technique, Data Collection Techniques and Data Analysis methods.

3.2 Research Design

This research examined Kenyatta National Hospital as its case study. A case study is a form of qualitative descriptive research that is used to look at individuals, a small group of participants or a group as a whole. This study aims at examining the effectiveness of the complaints flow chart used at KNH. The study is descriptive in nature and is concerned with gathering facts rather than manipulation of variables. According to Koul (1984) a descriptive study is useful in obtaining information concerning the current status of phenomena and describes what exists with respect to variables or conditions in a situation.

3.3 Target Population

The population of interest in this study consisted of the hospital management, employees and hospital clients.

3.4 Sampling Technique and Size determination

Kenyatta National Hospital's staff capacity amounts to 4,754 staff members. According to Best and Khan (1993), 10% of such a population is a fairly good representative sample. From the staff capacity, **Systematic sampling** was used to get respondents amounting to 48 staff members. The 10% rule was used to determine how many respondents from senior management versus other staff members participated in the research. 5 Senior management staff and 45 junior staff were randomly selected.

Purposive sampling was used to select a sample of clients. Kenyatta National Hospital experiences over 2,000 inpatients and outpatients at any given day. 50 outpatient respondents available within the hospital setting at the time of data collection were approached. The patients had limited time to answer the questions presented to them via questionnaires because most of them were waiting in line to be attended to.

To substantiate the views of employees and clients, key informant subjects were purposively selected and interviewed on the basis of their positions. Such persons included The Chief PRO, Finance Manager, Deputy Director Clinical Services and Deputy Director Administrative Services.

In total, 98 respondents participated by filling in the questionnaires.

3.5 Data Collection Technique

3.5.1 Data Collection Instrument

The study used observation method and questionnaires as the instruments of data collection. Three categories of questionnaires consisting of structured and non-structured

questions were used to collect data from top managers, employees and patients undergoing treatment at Kenyatta National Hospital.

The structured questions collected quantitative data and non-structured information on Kenyatta National Hospital. The structured questions helped the researcher get specific information while the non-structured questions helped the respondent express his or her opinion.

3.6 Data Analysis and Presentation

Two types of data were collected in this study: Qualitative and quantitative, and hence two types of statistical analysis were used. The quantitative data was analyzed through the use of descriptive statistics, which included frequencies, percentages and measures of central tendency like means; while the qualitative data was analyzed from data collected from unstructured questionnaires. The analyzed data was presented using tables, bar graphs and pie charts.

3.7 TIME LINE

Week 1 of June 2011: Developed a two page preliminary statement of potential research questions, topic, and approach. Identify relevant theoretical and empirical sources; developed a preliminary bibliography.

Week 1 of July 2011: Presented a short version of proposal to panel of supervisors.

Week 2 of July, 2011: Used feedback to identify areas requiring further background research or conceptualization.

Week 3 of July, 2011: Presented proposal to Kenyatta National Hospital for Approval.

Week 1 of August, 2011. Researched and refined conceptual architecture and add relevant parts of the proposal as suggested by Kenyatta National Hospital. Spoke to people about feasibility and academic relevance of various approaches.

Week 3 of August, 2011: Continued research, perused existing works, and further developed your understanding of related historical and contemporary contexts.

Week 1 of September, 2011 to Week 1 of October, 2011: Proposal passed and approved. Collected data at Kenyatta National Hospital via questionnaires.

Week 2 of October, 2011 to Week 3 of October, 2011: Analysed and presented data. Came up with conclusions and recommendations and present the same to Nairobi University and a copy to Kenyatta National Hospital.

Week 4 of October, 2011: Defended final project findings to a panel of lecturers.

CHAPTER FOUR

4.0 DATA PRESENTATION AND ANALYSIS

4.1 Introduction

The purpose of this study was to examine the effectiveness of the complaints flow chart used by the Public Relations Office at Kenyatta Hospital in resolving complaints. To achieve this, four questions were generated to aid the study in analysing data collected.

The study employed questionnaires as the main data collection instrument.

This chapter presents and analyzes data in the following order:

- PR techniques used by Kenyatta National Hospital in resolving complaints
- Elements of the flow chart that enable flow of communication between patients and Kenyatta National Hospital Staff
- Elements of the flow chart that hinder flow of communication between patients and Kenyatta National Hospital Staff
- Additional elements suggested by respondents that would enable effective flow of communication between patients and staff of Kenyatta National Hospital

This chapter focuses on the questionnaire return rate, demographic information of the respondents, data presentation, interpretation and discussion of findings. The presentation was done based on the research questions.

4.2 Questionnaire return rate

Questionnaire return rate is the proportion of the sample that participated in the survey as intended in all the research procedures. Out of 100 questionnaires administered, 98 were

returned making the questionnaire return rate 98%. This formed a reasonable rate to generalize the results of the study to the wider population.

4.3 Demographic information of respondents

These sectors deal with the demographic information of the respondents who constitute the managers, employees and outpatients of Kenyatta National Hospital. The demographic information helped to establish the relationship between the respondent's characteristics and their response to the complaints communication flow chart.

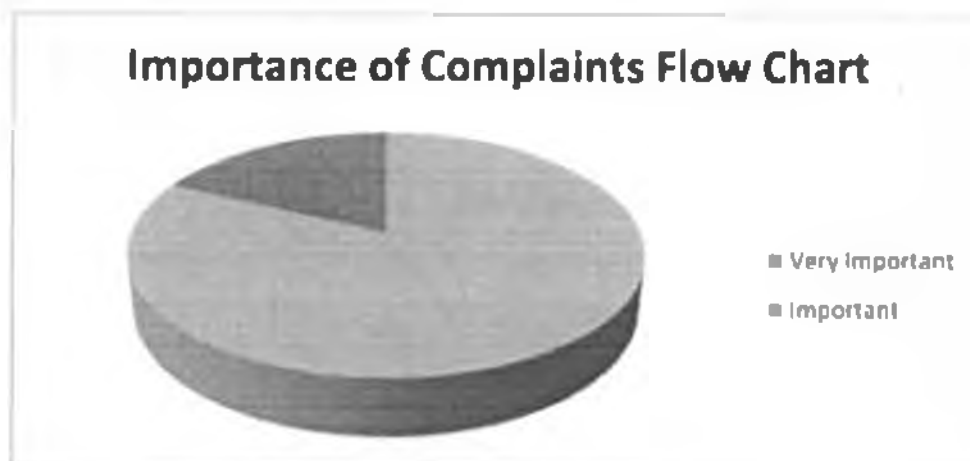
Managers, outpatients and employees were asked questions about their views on the effectiveness of the flow chart. The findings are given below.

4.4 The Opinion of the Managers.

Questionnaires were passed to Management and the general trend of their opinion is given below:

Data collected was through the use of questionnaires. Data collected generally indicated that the complaints flow chart was a very important instrument used by the PR office to resolve complaints.

Figure 4.1 Importance of Complaint's Flow Chart



The hospital has a system in place where by each department has its objectives. The flow chart is one of The PR Office's objective and as such it is on the front line in guiding them create good relations between them and the public. The flow chart is an indication that there is a procedure and guideline where complaints logged are resolved. Wherever a complaint is logged in any department, it is first taken to the PR Office to be assessed.

Most of the respondents had dealt with complaints passed to them by the Public Relations office and it took them more than a week but less than a month to give feedback to the Public Relation Office.

Figure 4.2 Amount of Time managers took to reply to a complaint forwarded to them by the PR Office



The managers were either away on other assignments or had more priority duties in their department to deal with and as such it took them time to get back to the Public Relation's Office. At certain times when need arose, research and follow up had to be done before the PR Office was given any feedback. In case the complaint needed attention and was holding a patient from receiving treatment, much damage would have been caused to the detriment of the patient.

In addition, there is no indication that the PR office communicated the message from the managers in charge of various departments back to the patients. According to the respondents, Kenyatta National Hospital uses dialogue with patients, counselling and

formal letters addressed to the patients, radio and television interviews, crisis management interventions and organized campaigns to resolve complaints.

According to the managers, suggestion boxes, scheduled meetings, letters from the public and news from media houses are the major ways they get feedback from patients concerning their health welfare. The feedback could be of negative or positive nature. The respondents are aware that the public relations office is in charge of monitoring and evaluating complaints.

The respondents rated all the stages of the flow chart as relevant. They also mentioned that time constraints, poor leadership, inadequate research and a poor attitude among staff hindered communication flow in and out of the organization. The respondents suggested that the Ombudsman be actively involved in the stages of resolving complaints rather than receiving feedback from the organization on how the complaints have been handled. They also thought that most complaints by patients could be solved on the spot by listening to patients's queries and answering them or advising them where to get the information on the spot. The hospital would otherwise think about adopting new technology to communicate to the patients. For example sending text messages or emails instead of snail mail that would take days to reach patients. Patient confidentiality should be maintained, time lines to be indicated and patients informed of all stages.

Table 4.1 Relevancy of the Complaints flow Chart Stages

	Highly relevant	Somewhat relevant	Neither Relevant nor Irrelevant	Somewhat Irrelevant	Highly Irrelevant
Complaint passed to PR Office	4	1	0	0	0
Complaint passed to HOD	4	1	0	0	0
Complaint passed to Management	0	1	0	4	0
CEO KNH	2	3	0	0	0
Ombudsman Office	5	0	0	0	0
Feedback to Patient	5	0	0	0	0
Feedback to PRO	5	0	0	0	0

4.5 The Opinion of the Patients.

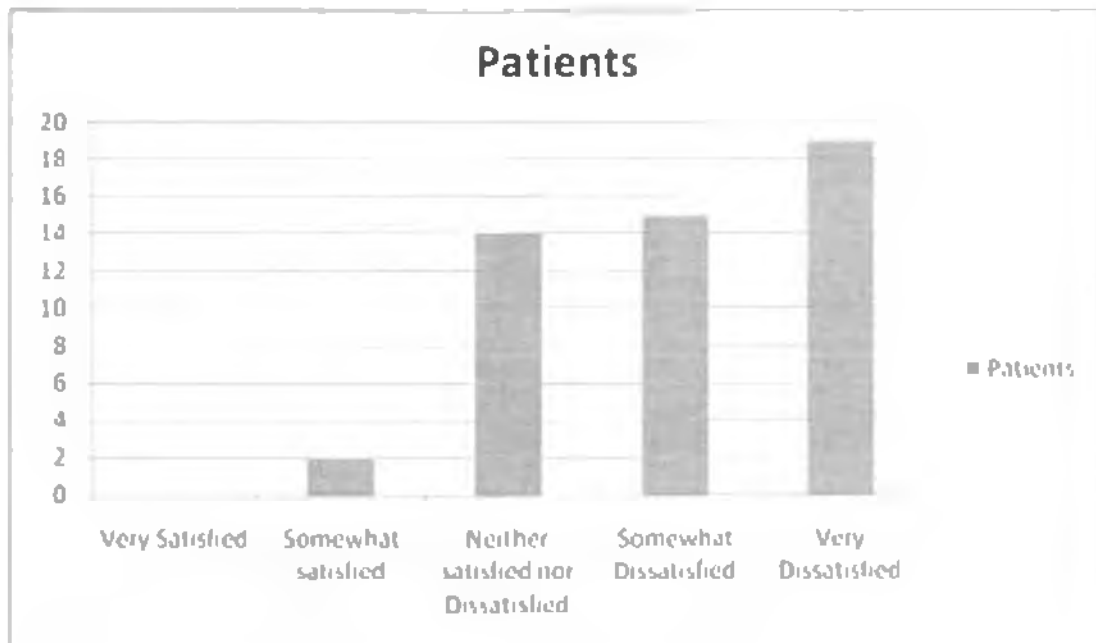
The respondents were aware of the complaints chart used at Kenyatta National Hospital through friends and posters found within the hospitals. Very few of them were informed about the existence of the complaints flow chart by the organization.

Figure 4.3 Patients informed about the Complaints Flow Chart Usage



The respondents understood the complaints flow chart but most of them are not satisfied with how the complaints flow chart works.

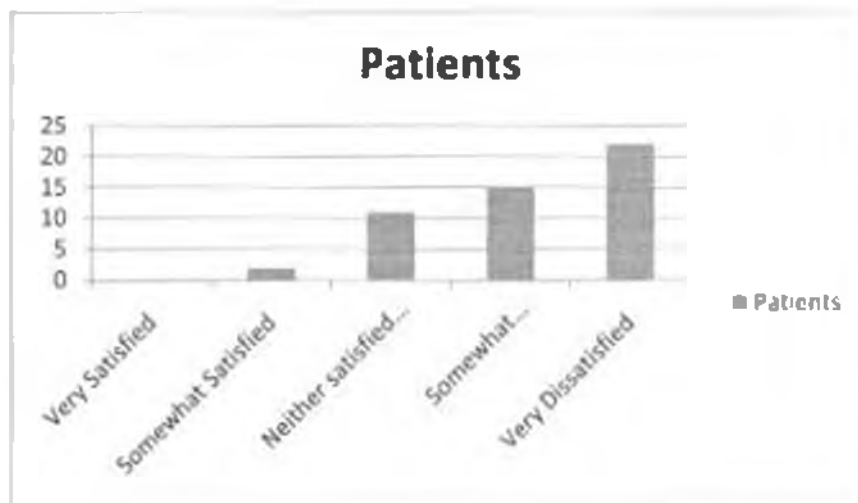
Figure 4.4 Patients' satisfaction levels with the efficiency of the Complaints Flow Chart



Reasons given for the above was because the complaints take more than a month to be resolved and as such more damage would have been done. Some did not get any feedback at all and a few did not believe the hospital management would get back to them even though they provided their contact details in full.

Most of the respondents were dissatisfied with the communication between the organization and the clients. Moreover, the respondents said that most complaints go unresolved and no feedback is given to the patients. Most of the respondents indicated that all the stages on the flow chart are highly relevant.

Figure 4.5 Patients' satisfaction levels with the efficiency in communication between patients and KNH



The respondents suggested that senior staff to be involved at the start of the complaints process to enforce the importance of the process. They thought more transparency would

be of use for them to get back the feedback they needed. The majority thought that it was more of the attitude of the hospital staff handling patients that needed to be changed.

Table 4.2 Relevancy of the Complaints flow Chart Stages

	Highly relevant	Somewhat relevant	Neither Relevant nor Irrelevant	Somewhat Irrelevant	Highly Irrelevant
PR Office	12	3	0	19	16
Head of Department	4	1	16	29	8
Senior Management	2	2	33	7	6
CEO KNH	18	11	12	5	4
Ombudsman Office	1	0	47	2	1
Feedback to Patient	43	6	1	0	0
Feedback to PRO	7	11	2	13	17

4.6 The Opinion of Employeess.

Most of the respondents were taken through an induction to know how the complaints flow chart works. All the respondents who were given induction did not find it useful in dealing with the real cases of complaints presented to them. There is always inadequate time to follow up on a complaint and at the same time deal with duties allocated to one by the department. As a result, some stages of the complaints flow chart process were not used when solving the complaint.

Figure 4.6 Employees given Induction on the Flow Chart process



50% of the employees said they would rather solve a complaint on the spot rather than pass it on to the PR Office to deal with. The employees generally indicated that if communication channels were improved within the organization then the same would aid communication between the patients and the organization.

Lack of accountability, negative attitude towards work, lack of motivation and time pressures posed as a hinderance to smooth flow of communication between the organization and the employees as well as communication between the organisation and the patients. Most of the population rated the stages of the complaints flow chart as highly important.

Table 4.3 Relevancy of the Complaints flow Chart Stages

	Highly relevant	Somewhat relevant	Neither Relevant nor Irrelevant	Somewhat Irrelevant	Highly Irrelevant
PR Office	36	3	0	9	2
Head of Department	27	14	1	4	4
Senior Management	2	1	16	9	10
CEO KNH	31	5	4	6	4
Ombudsman Office	33	13	1	2	1
Feedback to Patient	37	6	1	2	4
Feedback to PRO	4	1	26	6	13

CHAPTER FIVE

5.0 DISCUSSION OF RESULTS

5.1 Introduction

This chapter summarizes the findings of the study and presents conclusions, recommendations and suggestions for further research.

5.2 Summary

The purpose of this study is to establish the effectiveness of the communication flow chart used by the PR Office at the KNH.

The literature review was guided by such topics as the responsibilities of Public Relations in Hospitals, Methods of Improving Public Relations in Hospitals, Kenyatta National Hospital Structure, The Flow Chart and how useful it is in satisfying patients needs at the hospital.

The Shanon and Weaver model explains the importance of feedback during communication. This theoretical framework was used to show the flow of information from the organization to the patients and feedback from the patients back to the hospital. Feedback enables the information obtained at each level of the flow chart to be passed to the next stage until the complaint is resolved.

The study results show that the managers, patients and employees use the communication flow chart because it is the acceptable means for them to communicate their complaints. The study was generally a survey design of the effectiveness of the complaints flow chart at Kenyatta National Hospital.

The study shows that communication regarding patients' complaints took a lot of time to be resolved. The managers for example had to deal with duties concerning their departments before attending to complaints. There were cases where respondents indicated that they never got feedback from the hospital and they felt like their complaints went unattended to. Even though most of the stages in the complaints flow chart were rated as very useful, some patients thought that there was lack of transparency and confidentiality in their complaints. The managers also suggested that the ombudsman (a third party) to be involved in all the stages rather than read a report of how the complaints were later resolved. The results also showed that a big percentage of the patients believed that feedback was not received because the organization used slow mail like letters to communicate back to them. The results also showed that employees did not utilise much of the induction they were given on the complaints flow chart.

5.3 Conclusion

It is evident that the Complaints Flow Chart has not been effective in resolving all complaints passed to the PR Office. The complaints flow chart is the only acceptable means under laid down policies that the hospital uses to solve complaints passed on to them by the patients. However, it took quite a long time for patients to get their feedback and some of them ended up not getting any feedback at all. For example, feedback sent via letters to postal addresses may not have reached many patients. Stages such as the complaints being sent to a head of department was not seen as adding value to solving the complaints. Patients thought that the PR Office should do their own investigations rather than taking a case back to where the problem emanated. Most preventive measures

suggested by head of departments were not practical since the damage had already been done and each complaint varies in nature.

It has enabled complaints to be traced stage by stage and it also reflects feedback given by different officers handling the complaint. It makes everyone involved accountable for the feedback they give the PR Office.

We live in an era where technology changes each and everyday and it is more affordable. Emails and phone text messages have become an acceptable way to communicate to clients.

Every organization needs to prioritise the needs of its clients in order to create a good working environment. There is rising concern that if employees do not receive good communication from their employees, their clients will also suffer in the process.

5.4 Recommendations

In view of the above findings, the researcher recommends the following: Timelines to be set at each stage of the flow chart for complaints to be resolved. Patients to be informed at every stage of their complaint resolution where applicable. This will also put the managers on the spot light if they are delaying with a complaint that could be resolved faster.

Modern technology to be utilised by the hospital to communicate to the patients in issues concerning their complaints. Emails are a formal means of communication that the hospital management could utilise.

Employees to be trained on how to solve on spot complaints and also how to generally respond to patients. Kenyatta national Hospital deals with over 3,000 patients a day. All the patients have different characteristics and behaviour. Staff at the hospital should be trained to handle each of them professionally.

The organization will also need to sensitize the patients on how the complaint flow chart works. This will give the patients a clear picture on the time frame it will take their complaints to be worked on.

Kenyatta National Hospital to promote internal marketing whereby needs and welfare of employees are well taken care of. This ultimately results in staff replicating the same first class care to the patients they deal with. This fosters smooth flow of communication not only among employees but also with the patients.

5.5 Suggestions for Further Research

Based on the findings of the study the researcher makes the following suggestions for further research; a study should be undertaken to compare what processes and policies other hospitals within Kenya use when resolving patient's complaints. This would enable the government and hospital management all over the country to compare strategies for resolving complaints. A research should also be undertaken with a bigger population and sample. A larger population would include the inpatients that hospital management would allow to participate in the research.

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APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

The University of Nairobi
School of Mass Communication and Journalism
P. O. Box 30197
NAIROBI.

Dear Sir/Madam,

RE: RESEARCH INFORMATION

I am a student at University of Nairobi pursuing a Master of Arts degree in Communication Studies. I am conducting a research on The Complaints' Flow Chart used by The Public Relations' office at Kenyatta National Hospital. I will be extremely grateful if you respond to the attached questionnaire.

I would like to assure you that the information gathered will be used for the purpose of this research and will be treated with strict confidence.

Thank you in advance for your co-operation.

Yours Sincerely

FAITH A. OKHUNGU

APPENDIX II: MANAGEMENT QUESTIONNAIRE

Kindly answer the following questions. The researcher would like to assure you that the information gathered will be kept confidential and used strictly for the purpose of this research only. Do not write your name anywhere in this paper. However, the usefulness of the information to the researcher will solely depend on your honesty. Thank you in advance. Please put a tick where applicable.

INTRODUCTION

1. Job Title.....
2. Gender : Male () Female ()
3. Years of Work at KNH.....
4. How would you rate the importance of the Complaints Chart used by the PR department in your organization
 - a) Very Important ()
 - b) Important ()
 - c) Neutral ()
 - d) Not very important ()
 - e) Not important at all ()
5. Have you dealt with a client based complaint passed to you by the Public Relations Office in your organization?
 - a) Yes () b) No ()
6. If your answer is YES, how long did it take you to get it back to the Public Relations Office with the information?
 - a) One day () b) One week () c) More than a week () d) One Month ()
7. (i) Does the PR Office give you any feedback to show that the client with the complaint received the information fully?
 - a) Yes b) No
- (ii) If your answer is (No), explain why you think this is not happening?

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8. What are the PR techniques utilized by the Kenyatta National Hospital in resolving complaints?
- a).....
 - b).....
 - c).....
 - d).....
9. What methods of communication do you know that Hospital clientele use to pass complaints about their health welfare to the organization?
- a) Suggestion Boxes
 - b) Meetings
 - c) Media announcements
 - d) Others (Specify)
-
-
10. Are complaints monitored and evaluated in your organization?
- a) Yes ()
 - b) No
11. If complaints are monitored and evaluated, who is/are responsible for this duty?
-
-
12. The following are stages that the flow chart uses in the process of resolving complaints. Indicate how relevant the following stages are in the flow chart on a scale of 1-5 where 1: Highly irrelevant, 2: Somewhat irrelevant, 3: Neither relevant nor irrelevant, 4: Somewhat relevant, 5. Highly relevant
- (i) Complaint passed to Public Relation's Office for purposes of assessing nature of complaint ()
 - (ii) Complaint passed to specific head of department to give explanation ()
 - (iii) Complaint Reported to Senior Management ()
 - (iv) Complaint reported to CEO of Kenyatta National Hospital ()
 - (v) Ombudsman Government officer informed for purposes of record ()
 - (vi) Feedback given to patient by The Public Relations Department ()

(vii) *Feedback/compliments from client passed to Public Relations department*
()

13. What factors promote the flow of communication between the patients and the organization.

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14. What factors hinder the flow of communication between patients and the organization

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15. Suggest how the Complaints flow chart could be improved

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APPENDIX III: CLIENT QUESTIONNAIRE

Kindly answer the following questions. The researcher would like to assure you that the information gathered will be kept confidential and used strictly for the purpose of this research only. Do not write your name anywhere in this paper. However, the usefulness of the information to the researcher will solely depend on your honesty. Thank you in advance. Please put a tick where applicable.

1. Are you aware of the complaints chart used at Kenyatta National Hospital

- a) Yes () b) No ()

2. If yes, how did you come to know about it?

- a) Friends ()
b) Media ()
c) Hospital Management ()
d) Other sources(specify)
-

3. Do you understand all the elements in the complaints flow chart?

- a) Yes () b) No ()

4. How satisfied are you with the Complaints flow chart used at the Kenyatta National Hospital?

- a) Very Satisfied ()
b) Somewhat Satisfied ()
c) Neither Satisfied nor Dissatisfied ()
d) Somewhat Dissatisfied ()
e) Very Dissatisfied ()

5. In your opinion, how satisfied are you with the way KNH staff and management communicate with its clients?

- (a) Very Satisfied ()
(b) Somewhat Satisfied ()
(c) Neither Satisfied nor Dissatisfied ()
(d) Somewhat Dissatisfied ()
(e) Very Dissatisfied ()

6. Give reasons why you are satisfied?

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7. The following are stages that the flow chart uses in the process of resolving complaints. Indicate how relevant the following stages are in the flow chart on a scale of 1-5 where 1: Highly irrelevant, 2: Somewhat irrelevant, 3: Neither relevant nor irrelevant, 4: Somewhat relevant, 5. Highly relevant

(i) *Complaint passed to Public Relation's Office for purposes of assessing nature of complaint* ()

(ii) *Complaint passed to specific head of department to give explanation* ()

(iii) *Complaint Reported to Senior Management* ()

(iv) *Complaint reported to CEO of Kenyatta National Hospital* ()

(v) *Ombudsman Government officer informed for purposes of record* ()

(vi) *Feedback given to patient by The Public Relations Department* ()

(vii) *Feedback/compliments from client passed to Public Relations department* ()

8. What factors hinder the flow of communication between patients and the organization

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9. Suggest how the Complaints flow chart could be improved

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APPENDIX IV: EMPLOYEE QUESTIONNAIRE

Kindly answer the following questions. The researcher would like to assure you that the information gathered will be kept confidential and used strictly for the purpose of this research only. Do not write your name anywhere in this paper. However, the usefulness of the information to the researcher will solely depend on your honesty. Thank you in advance. Please put a tick () where applicable.

1. Job Title.....
2. Gender : Male () Female ()
3. Education Level
 - (a) Secondary Certificate level ()
 - (b) College level ()
 - (c) Graduate Degree ()
 - (d) Post Graduate degree ()
4. State the number of years you have worked for KNH Hospital
 - a) 0-5 years()
 - b) 6-10 ()
 - c) 11- 15 ()
 - d) 20 years and above ()
5. Were you given induction awareness on the functions of the Public Relations Office upon your employment?
 - a. Yes ()
 - b. No ()
6. Do you agree that the induction awareness assisted you in dealing with complaints referred to your section?
 - a) Strongly Agree ()
 - b) Agree ()
 - c) Not sure ()
 - d) Disagree ()
 - e) Strongly disagree ()

7. As an employee, would you (a) solve a complaint raised by a client on the spot or would you (b) refer the client to the public relations office?
- a) ()
- b) ()

State your reasons for the answer you have given above.

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8. What other techniques apart from the Complaints flow chart would you prefer to use to raise a complaint to the Hospital management?
-
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9. Do you agree that management – client communication at the hospital is effective?
- a) Strongly Agree ()
- b) Agree ()
- c) Not sure ()
- d) Disagree ()
- e) Strongly Disagree ()

10. The following are stages that the flow chart uses in the process of resolving complaints. Place a (Y) sign to the stage you think is relevant and (X) to the stage you think is not relevant in the flow chart. You can give reasons why you think the stages you marked (X) are not relevant.

(i) Complaint passed to Public Relation s Office in charge for assessing ()

(ii) Complaint passed to specific head of department to give explanation ()

(iii) Complaint Reported to Senoir Management ()

(iv) Complaint reported to CEO of Kenyatta National Hospital ()

(v) Ombudsman Government officer informed for purposes of record ()

(vi) Feedback given to patient by The Public Relations Department ()

(vii) Feedback compliments from client passed to Public Relations department

11. What factors hinder the flow of communication between patients and the organization

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12 . Suggest methods to improve management client communication that could be added on the flow chart stages above

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