Service failure handling and outpatient loyalty amongst private hospitals in Obio-Akpor LGA, Rivers State

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Abstract

Frankly speaking, customers' perception of satisfaction and loyalty is basically anchored on their evaluation of all the actions put in place by service providers to ensure service failure is resolved. Service failure is said to have been handled when recovery processes meet or exceed the expectation of the customer. The thrust of this paper, therefore, was to ascertain if there is a relationship between service failure handling and outpatient loyalty amongst private hospitals in Obio Akpor, Rivers State. Using a structured questionnaire, primary data was collected from 200 outpatients of these private hospitals and data were analyzed using multiple regression statistic, with the aid of SPSS version 23.1. The study concludes that the dimensions of service failure handling (Attentiveness and Response Speed) relate to outpatient loyalty. Hence, this paper recommends that private hospitals desiring improved patient loyalty should implement speedy and attentive responses when service failures occur.

Keywords: Attentiveness, Loyalty, Outpatients, Private Hospitals, Response Speed, Service Failure Handling

Introduction

Access to healthcare for all Nigerians is a top priority for the country's private healthcare industry, which also makes substantial contributions to GDP growth. According to Bhatta (2001), the private sector is more efficient than the governmental sector because of its market orientation, decentralised business model, and many incentives. Strategic advantages stemming from these underlying distinctions fuel expansion and profit in the private sector. Sixty percent of healthcare in Nigeria comes from the private sector, and half of the country's doctors work for private practices (Nigerian Health Watch, 2021).

Despite the significant role played by the private healthcare providers, there are evidences to suggest that cases of substandard care among private healthcare providers are still prevalent which significantly harms the health of the populace, destroys human capital, reduces productivity and causes unavoidable deaths.

Improving population health outcomes and gaining public confidence in healthcare systems are both made possible by providing high-quality healthcare. In accordance with the most recent scientific findings, the quality of health care is defined by the Institute of Medicine (20108) as the extent to which medical treatments improve people's and communities' chances of experiencing positive health outcomes. Healthcare that is efficient in meeting the demands of its users without causing harm or wasting resources must be delivered quickly while also being safe, patient-centered, efficient, and responsive. Regardless of these principles, new data reveals that inadequate treatment causes preventable deaths and illnesses sometimes even more so than limited access (Kruk et al., 2018; World Health Organization [WHO], 2021). Other than poor health results, poor care also exerts huge financial pressures due to complications that are preventable, loss of productivity and deteriorating social trust of healthcare facilities.

The issue of quality in healthcare provision in Nigeria is manifested in the persistence of medical tourism among the people of Nigeria who require specialized care in other countries. The Nigerians waste colossally on international medical care services especially on complex diseases like cancer, nephrology, heart diseases and orthopaedics which underscores the major loopholes in the home healthcare capabilities and confidence. The Central Bank of Nigeria (CBN) said that in the first half of 2024, the amount of foreign exchange Nigerians used on medical related transactions was about US2.38 million. Later studies confirm the perception that outbound medical tourism is not only a fiscal loss but also signals a dysfunctional state of infrastructure, human resource, and service provision in the Nigerian healthcare system (Onwujekwe et al., 2020; Adepoju et al., 2023). The continuation of this trend, in spite of constant health reforms, implies that the perceived lack of responsiveness, safety, and patient-centred care remain the issues that can generate a lack of trust in local healthcare services (WHO, 2022; Abimbola et al., 2024). Consequently, improving healthcare quality and patient experience has become a major priority for strengthening health system performance and restoring public trust in Nigeria.

It is not possible to create and store healthcare services for later use since they are used all at once. When care is ineffective, that is, when providers do not adhere to evidence-based guidelines, service will be considered to have failed. Since consumers can't evaluate "quality" before buying and using a product, quality control becomes more challenging. If a service provider can't deliver what their customers want, then the service will fail. Since healthcare outcomes cannot be guaranteed which may eventually lead to service failures, recovery strategies are therefore needed to address these failures because a service breakdown in the healthcare sector may result to death. Service failure recovery or handling therefore, indicates the steps taken by the service provider to resolve the occurrence of failure (Hazée, van Vaerenbergh, Armirotto, 2017).

Abney, Pelletier, Ford, & Horky (2017), Azemi et al. (2019), Azemi, Ozuem, Howell, &

Lancaster (2019), Sreejesh, Anusree, & Abhilash (2019), and Weitzl (2019) are among the many studies that have presented what is known about service failure concerns and recovery solutions. Unfortunately, there is a dearth of high-quality academic research on the efficacy of rehabilitation therapies for outpatients, and what little there is often reports of inconsistent or conflicting results. With the goal of offering a more comprehensive understanding of healthcare service recovery interventions, this paper synthesises a framework in the domain of service failure and recovery and performs a systematic review of the relevant literature. up particular, this work contributes to filling up the gaps in the current literature, which is essential for both the advancement of knowledge in this area and better management practices. In light of the foregoing, the research uses two measures of perceived fairness attention and reaction speed to examine distributional justice and procedural justice, respectively. When a service is seen to have failed, prior research in organisational justice suggests that the two aspects of fairness are interdependent and contribute to a feeling of justice (Cropanzano & Folger, 1991).

Service failure and recovery are widely recognized as critical elements of service quality management, particularly within healthcare environments where outcomes are highly sensitive and directly linked to patient well-being. According to the previous literature, apology, open dialogue, and the introduction of corrective actions in a timely manner are recovery measures that play a crucial role in patient satisfaction, trust, and loyalty (Cheng et al., 2023; Jain et al., 2023). Likewise, it has been demonstrated that recovery responses can be used to reduce the adverse perception due to service failures, as well as enhance the relationships in the long-term between patients and healthcare providers (Santos and Boote, 2022; Vazquez-Casielles et al., 2022). Service failure recovery is defined as the strategic measures taken by the healthcare providers to mitigate issues, compensate the affected patients, and build confidence again after a service delivery lapse (Hazee et al., 2017). Some of the avoidable and unavoidable circumstances that can result in failure in the healthcare sector are the shortage of workforce and the lack of communication and inefficient administrative systems. Therefore, recovery systems are necessary to rebuild patient satisfaction and trust in the institution. Empirical material also implies that early recognition of errors, communication, and corrective measures to patients improve their perceived quality of care and build relational trust between healthcare professionals and patients (Cheng et al., 2023; Fatima et al., 2022). The notion of patient-centred recovery practices, including explaining, apologising and addressing issues actively, have also been associated with better satisfaction, loyalty and intentions to behave in a specific way in healthcare environments (Alzoubi et al., 2023; Lee and Kim, 2024). With the growing focus of healthcare systems on improving the patient experience and ensuring better performance, service recovery has become a strategic requirement of healthcare organizations aiming to achieve better performance results and competitive edge (Fragkiadakis et al., 2025; Wirtz and Zeithaml, 2024).

Although these have been developed, major gaps are still present in the literature. Though past research has addressed the outcomes of recovery satisfaction and loyalty, little has been done on the interaction of recovery strategies on organizational service quality structures in the context of private healthcare institutions. Researchers have thus demanded further

integrative studies connecting service failure recovery measures with other levels of healthcare quality enhancement models and institutional performance results (Borah et al., 2024; Fatima et al., 2023). Moreover, there is limited empirical data that specifically addresses the issue that deals with private hospitals, especially in third-world nations. In Nigeria, healthcare research mostly focuses on the systems of the healthcare public sector at national levels without much focus on the private healthcare providers, which contribute significantly to the delivery of healthcare services at the sub-national levels like Rivers State. Since public and private healthcare organizations are different in terms of structure and operations, contextualized research will be required to produce actionable information that can help to enhance service quality within this setting (Ameh et al., 2023; Oleribe et al., 2022). To fill these gaps, the given study aims to offer empirical data related to service failure recovery practices and their impact on service quality outcomes in the entities of private hospitals in Rivers State, Nigeria, which will help to improve the theoretical framework and practical sphere of managing healthcare services.

Hypotheses Development

Patient Loyalty

Customer loyalty is defined as a long-run intention to continue choosing a preferred product/service even if other better options are available. Oliver (1999) defines customer loyalty as a "firm intention to continue purchasing the entity's products/services in the future, combined with positive word-of-mouth and recommendations." Thus, customer loyalty is "the intention to continue choosing a specific product/service provider even if other better options are available."

Most researchers have identified two components of customer loyalty: behavioral and attitudinal loyalty (Amin et al., 2013; Chai et al., 2015; Kandampully et al., 2015; Zeithaml, 2000). Behavioral loyalty examines customer repurchase intentions based on satisfaction with the service provider, whereas attitudinal loyalty examines emotional attachment, commitment, and advocacy towards a service provider (Kim et al., 2004; Rauyruen & Miller, 2007; Reichheld & Sasser, 1990). Recently, it has been found that value perception and trust contribute to behavioral and attitudinal loyalty in a variety of service contexts (Hwang & Seo, 2021; Akroush et al., 2023). Thus, customer loyalty is a combination of behavioral and attitudinal loyalty, which encompasses a psychological element, including a willingness to develop a long-run relationship and recommend a service provider to others.

There is a developmental perspective of customer loyalty, which is a process consisting of cognitive, affective, conative, and action components (Dick & Basu, 1994; Oliver, 1999). Cognitive loyalty is based on customer preferences derived from perceived benefits associated with a product/service provider, whereas affective loyalty is derived from positive experiences that generate emotional attachment and trust (Chen & Quester, 2015; Henrique & Matos, 2015). Conative loyalty reflects a strong intention and commitment to repurchase, whereas action loyalty represents the actual behaviour of repeated patronage supported by motivation and habit (Fraering & Minor, 2013; Strandberg et al., 2015). In the healthcare and service industries, recent studies affirm that positive patient experiences and emotional engagement significantly reinforce loyalty beyond transactional behaviour (Iqbal et al., 2022; Nguyen et al., 2024). In this paper,

however, loyalty is treated as a unidimensional construct reflecting patients' commitment to consistently choose a particular hospital in the future, their willingness to recommend the hospital to others, and their reluctance to switch to competing providers even when service challenges occur (Amin et al., 2013; Henrique & Matos, 2015; Ladhari et al., 2011). Patient loyalty therefore represents a sustained behavioural and attitudinal commitment toward a healthcare provider over time.

Service Failure Handling

Flawless service delivery is the desire of every service delivery organization. Nevertheless, accomplishing this goal appears to be an enormous undertaking because services are created and used in real-time and cannot be saved for later use, rendering service failure inevitable. The relevance of research on service failure and service recovery to service management and the pursuit of customer value by organisations is therefore ever-present (Trianasari, Butcher, & Sparks, 2018; Harrison-Walker, 2019). If the consumer has a negative experience or is unhappy with the service, it is considered a service failure (Bitner et al., 1990). It is when service delivery falls short of initially held perception of quality.

Offman, Kelley, & Rotalsky (1995) and Smith & Bolton (2002) both acknowledge that service failures can be either process- or outcome-related. When problems arise with the main services provided, it is considered an outcome failure. Any problem with the way the service is provided is considered a process failure (Smith & Bolton, 2002). Unresolved service failures are dangerous for providers because they lead to unhappy customers who may decide to go elsewhere, a deterioration in the connection between users and developers, and unfavourable press (Ha & Jang, 2009). Therefore, there is need for urgent failure handling. As part of the service failure handling process, consumers can report incidents and procedures are put in place to fix them and prevent such incidents in the future. Identifying service failure, successfully resolving customer problems, classifying their core causes, and yielding data that can be combined with other performance indicators to analyse and improve the service system are all parts of service recovery, according to Tax and Brown (2000)." In this study, service failure handling involves all the actions initiated by a doctor, nurse and all the frontline staff to ensure timely and quick responses, immediate reactions to emergency situations, unflinching attentiveness and paying rapt attention to patients' complaints.

Service Failure Handling and Patient Loyalty

Attentiveness and Patient Loyalty

The ability to listen patiently and understandingly to a customer's concerns while providing service is known as attentiveness (Davidow, 2000, p. 478). According to Awa, Ukoha, and Ogwo (2016), Battaglia et al. (2012), and Davidow (2003), it represents the delivery of individualized psychological treatment with the goal of alleviating negative feelings and restoring satisfaction. Being attentive in healthcare settings means being sensitive, having good observational abilities, and having an empathic attitude toward patients. This is shown by responding to patients' problems with an individualized approach, being courteous, and having a pleasant encounter overall (Davidow, 2003; Van Vaerenbergh, De Keyser, & Larivière, 2014). It's about healthcare professionals, such as doctors and nurses, being present in terms of mental attention to patients being vigilant and responsive to what has gone wrong so that they can quickly identify the reasons for service failures and take practical actions to prevent

them from happening again. Recent research in health science has built on this by suggesting that where healthcare professionals communicate effectively and provide support to patients, patients are likely to feel that they are being trusted and that they are receiving quality care, and that they are likely to see the relationship between themselves and healthcare professionals as stable and continuous (Alzoubi et al., 2023; Lee & Kim, 2024).

Zemke and Bell (1990) argued that where customers are unhappy following service failures, they expect a personalized touch some empathy and courtesy from the staff. Where such personalized service is provided, however, it has been shown that customers are likely to be satisfied with how the recovery has gone (Davidow, 2000; Goodwin & Ross, 1989). Better customer relationships, more favourable word-of-mouth, and more likely to buy again are all outcomes of attentive service (Bowen & Lawler, 1992), implying that attentiveness from healthcare professionals during service recovery can influence patient loyalty. Attentive interactions between patients and healthcare providers may also stimulate positive emotions that contribute to psychological comfort and healing. Employees create memorable experiences for consumers by attending to their individual needs and going above and beyond (Bitner, 1990), according to Pullman and Gross (2004), thereby fostering emotional connections and shared identity that strengthen loyalty outcomes. Contemporary evidence similarly indicates that patient-centred communication and empathetic engagement significantly predict loyalty intentions and continued healthcare utilization (Fatima et al., 2022; Nguyen et al., 2024). Thus, it is hypothesized that:

H1: There is no relationship between attentiveness and patient loyalty.

Response Speed and Patient Loyalty

Time is a precious commodity in healthcare that, if wasted, may have devastating consequences. In the healthcare industry, patient discontent is most often caused by hospitals' responses (or lack thereof) to failure situations. For dissatisfied consumers, the speed of recovery can be a deciding element in the servicescape, as it is typically associated with the efficiency of the service provider (Wirtz & Mattila, 2004). Quickness of reaction refers to the readiness to assist patients in receiving timely medical treatment in cases of extreme urgency. The capacity of nurses and doctors to manage their patients' unforeseen health changes and difficulties, to withstand extraordinary health risks, and to adequately handle challenging times. According to Barclay, Poolton, and Dann (1996), responsiveness is the capacity to proactively respond, within a reasonable amount of time, to important opportunities, dangers, or events in order to get the desired result. According to Andreassen (2000), Swanson & Kelly (2001), Davidow (2000), and Boshoff (1997), a prompt response is essential for resolving customer concerns. What it also means is that the service provider acted quickly and courageously in an effort to fix the problem (Ennew & Schoefer, 2003). According to Battaglia et al. (2012), it's the capacity to promptly address consumer concerns. Research on recovery time mostly compares the outcomes of fast and slow recoveries (Crisafulli & Singh, 2017; Gohary, Hamzelu, & Alizadeh, 2016).

Prompt resolution increases the likelihood of a successful resolution to a service breakdown, according to Hart et al. (1990). The objective, according to them, is to find the issue and fix it before the consumer even knows there's a problem. We contend that consumers' perceptions of satisfaction are influenced by the

speed of recovery, which is seen as an efficiency cue. The speed with which issues are addressed and responses are made can impact patient happiness and loyalty, as demonstrated by Mostafa, Lages, and Sääksjärvi (2014). Recent healthcare studies (Reader, 2025; Cheng et al., 2023) have extended this by arguing that delays in detecting errors or complaints, or in implementing corrective measures, can lead to further patient damage, loss of trust, and negative effects on the patient experience and outcomes. Other researchers (Fatima et al., 2022; Alzoubi et al., 2023) have revealed that when health organizations react quickly to adverse occurrences or patient complaints, patients tend to perceive the recovery experience as transparent and patient-centered, thus increasing relational trust and credibility of the health organization. Conversely, slow or ineffective responses may intensify dissatisfaction and contribute to negative behavioural intentions, including service avoidance and negative word-of-mouth (Lee & Kim, 2024). This underscores the importance of integrating efficient recovery mechanisms within healthcare quality management systems to minimize preventable harm and improve patient outcomes. Hence, we hypothesize that;

H_2: There is no relationship between response speed and patient loyalty.

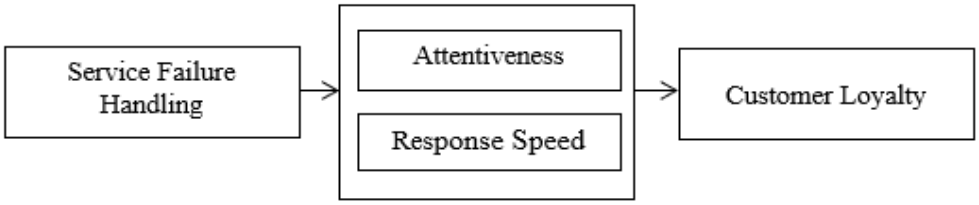

Figure 2.1 Conceptual Framework explaining the relationship between Service Failure Handling and Outpatient Loyalty amongst Privates Hospitals in Obio Akpor, Rivers State.

Research Methodology

From 38 private hospitals in Obio Akpor LGA, 228 outpatients participated in a self-administered survey. Only 228 out of 266 outpatients were deemed to have provided sufficiently meaningful replies to warrant included them in the analysis; the other 66 were not contacted. We employed a mall-intercept approach with a purpose. Since a sample frame was not available, this method was used in this work. One component of purposeful sampling is recruiting a pool of people who are likely to have the knowledge and experience to answer the research questions (Yin, 2003). As a result, we didn't include respondents with low levels of education in our sample since we think they would introduce bias into our responses. Participants were eligible for the study provided they had a bachelor's degree or higher in a relevant field. In addition, the study just included participants who had used the hospitals' services for at least a year.

Not only that, but a seven-point Likert type scale with "Negligible Extent" and "High Extent" at each end was used to quantify the conceptualised notions of reaction time, attention, and apologies. Because it gives respondents more alternatives, the seven-point Likert scale is popular; also, research suggests that more points on a scale means it is more reliable (Malhotra, Agarwal, & Peterson, 1996). All of the statement

items were used in the study once they were adjusted to fit. The study used a scale for attention that was adapted from Awa et al. (2016) and a scale for speed of reaction that was created by Wirtz and Mattila (2004). As a last step, we used and adjusted the loyalty scales proposed by Oliver (1999).

The operationalised constructions were tested using a total of 32 scale items (see). Previous research informed the adoption and modification of several of the scale items. Both convergent and discriminant validity were used while evaluating the construct validity. According to Fornell and Larcker (1981), in order for convergent validity to be proven, all constructs' AVEs must be greater than 0.5 and the indicators' loads on their theoretical constructs must be substantial. On the other hand, discriminant validity can be proven if there is a higher degree of variance sharing between each construct and its assigned indicators than between other constructs. Both the concept and discriminant validity were found to be valid, since they reached the necessary level. The reliability of the scale was further evaluated using Cronbach's α test of internal consistency. The results of the reliability tests showed respectable measures of internal consistency. The multiple regression approach was used to test the hypotheses and find out the direction, intensity, and association of the variables.

Data Analysis

Two hundred patients who were outpatients at these private hospitals in Rivers State were the subjects of the main data collection, which was conducted using a structured questionnaire. The correlation between how you handle service failures and client loyalty was examined in this study using SPSS version 23.1. Attention had a Cronbach Alpha of 0.812, response speed of 0.804, and customer loyalty of 0.788, all of which are significantly higher than the generally recognized threshold of 0.70, according to the reliability test. To examine the combined effect of attention and reaction speed on customer loyalty, a multiple regression statistic was employed. You may see the outcomes in section below.

Results of Hypotheses Testing

Attentiveness, Response Speed and Customer loyalty

Table 4.1 Regression Analysis showing the relationship between Attentiveness and Response Speed on Customer loyalty.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.942[a]	.888	.875	21.78348

a. Predictors: (Constant), Attentiveness, Response Speed

As evidenced in the above model summary, is the list of the predictors which all are predictor variables for service failure handling. The R output indicated 0.942 which is an indication that there is a robust and favourable correlation between responsiveness and client loyalty. The value of 0.888 is indicated by the R squared result. In other words, 88.8 percent of the

variation in the customer loyalty was being significantly expounded by s attentiveness and response speed.

Table 4.2 indicates that the Standardized Coefficient of response speed is 0.909, while that of attentiveness is 0.035, meaning that response speed contributes more than attentiveness to the variations in customer loyalty. None of these Coefficients is equal to zero. Also, the table shows that Model 2 has a t-value of 2.713, which is greater than a/2 (0.01/2= 0.005), at the 0.05 and 0.01 levels of significance, the p-value is less than 0.000. Again, t-value = 2.713, with p-value = 0.000, meaning that if this study is conducted on the same population a hundred times, the t-value will never be equal to zero, but will always have absolute values that are as high as 2.713. These indicators are sufficient empirical evidence that enabled us to accept the alternate hypotheses that:

H01: There is a significant relationship between Attentiveness and Customer loyalty.

H02: There is a significant relationship between Response Speed and Customer Loyalty

Furthermore, Model 2 is set as follows:

Customer loyalty = Bo+B1AT +B2RS + e

Where, AT = Attentiveness: and RS = Response speed.

Regression Model: customer loyalty = -8.185 + 0.045IJ + 1.122DJ, where AT is Attentiveness, and RS is Response Speed.

Table 4.2: Coefficients

Coefficients[a]								
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	-8.185	7.206		-1.136	.007	-23.388	7.018
	Attentiveness	.046	.445	.035	.104	.000	-.892	.985
	Response speed	1.122	.414	.909	2.713	.000	.249	1.995

a. Dependent Variable: Customer loyalty

Thus, from the unstandardized value of attentiveness and response speed in Table 4.2, Model 2 becomes: customer loyalty = -8.185 + .046IJ + 1.122DJ. This means that if there is a 1unit improvement in both attentiveness and response speed, customer loyalty will appreciate by 0.046 +1.122 = 1.168, thus, making model 2 to be: customer loyalty = -8.185 +1.168 = -7.017. Therefore, both attentiveness and response speed can be used by private hospitals in Rivers State to enhance outpatients' loyalty.

Discussion of Findings

The purpose of this work was to investigate the link between the handling of service failures and the loyalty of outpatients. We developed and tested hypotheses based on the results of our literature review. Herein, we will talk about some novel results that were produced. The effects of attention and response speed on outpatient loyalty were tested in Hypotheses H01 and H02, respectively. There was a favourable and statistically significant link between attention and reaction speed and

outpatient loyalty, according to the results (R.942a and R Square.888). In relation to H01, the findings provide credence to the claims made by researchers such as Davidow (2000), Goodwin and Ross (1989), Lam and Zhang (1999), Bowen & Lawler (1992), Fatima et al. (2022), and Nguyen et al. (2024) that attentive medical staff members foster loyalty among outpatients.

Similarly, hypothesis (H02) which examined the relationship between response speed and outpatient loyalty. Response time and outpatient loyalty were shown to have a favourable and statistically significant association. This study's results are in line with those of earlier research. Consider the following works: Blodgett et al., (1997); Tax et al., (1998); Mostafa, Lages, and Sääksjärvi (2014) (Fatima et al., 2022); Alzoubi et al., 2023) confirmed that response speed increases customer loyalty. Hence, response speed will positively influence patient loyalty.

Conclusions and Recommendations

The results of this study offer valuable information for the administration of private hospitals that are desirous of increasing the level of their customer loyalty. On this basis, conclusions were drawn:

1) Attentiveness has a strong and favourable correlation with outpatients' loyalty amongst private hospitals in Obio Akpor, Rivers State.
2) Response speed is significantly related to outpatients' loyalty amongst private hospitals in Obio Akpor, Rivers State.

Recommendations

1) Private hospitals in Obio Akpor, Rivers State that desire to beef up the level of their outpatients' loyalty, should ensure their nurses, doctors and other frontline staff engage attentive recovery actions to avoid casualties which may hamper loyalty.
2) Specifically, private hospitals in Obio Akpor, Rivers State that genuinely intend to create a lasting and positive legacy in the healthcare sector, should implement functional strategies to ensure service failures are quickly responded to by the doctors, nurses and other health assistants.

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