

**NHS Complaints Managers:
A Study of the Conflicts and Tensions in their Role**

by

Clare Xanthos

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**NHS Complaints Managers:
A Study of the Conflicts and Tensions in their Role**

Clare Mariana Xanthos

A thesis submitted to the University of London
for the degree of Doctor of Philosophy

Department of Social Policy
London School of Economics and Political Science
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Please note: the complaints managers' names used in this thesis are pseudonyms.

Abstract

This thesis is an interdisciplinary study of the conflicts and tensions in the role of NHS complaints managers. The thesis sets out to explore the contradictions inherent in the role of complaints managers and the ways complaints managers deal with these contradictions.

The interdisciplinary theoretical underpinning of the research is informed by conceptualizations of the complaints manager in the specific socio-legal sense of ‘complaints handler’/ third-party dispute handler; a broader public administration framework, of ‘administrator’/ bureaucrat, and finally a wide-ranging sociological/ social psychological framework, as ‘social actor’. Thus the thesis draws on an eclectic range of literature from socio-legal studies, public administration, sociology, and social psychology. It also draws on non-theoretical social policy literature in relation to the policy context of the thesis.

In relation to methodology, the research uses a qualitative approach. It is based on in depth telephone interviews recorded with thirty NHS complaints managers, which were transcribed verbatim and are the focus of systematic analysis. The complaints managers’ interviews are supplemented with documentary analysis of job descriptions and person specifications of NHS complaints managers and email interviews with ‘NHS complaints experts’ (who are not complaint managers) who have a specialist knowledge of the complaints manager role.

Three key areas emerged as the principal findings of the research:

- ❑ The complaints manager’s role encompasses inherent contradictions, regardless of the personal style or individual approach of the complaints manager;
- ❑ Complaints managers exhibited opposing stances (that is very different responses/ reactions) to the inherent contradictions in their role in relation to ‘organization orientation’ versus ‘complainant orientation’;
- ❑ There were different types of complaints managers. Accordingly, a typology of complaints managers was generated with specific reference to their responses and reactions to the inherent contradictions in their role, in terms of complainant orientation versus organization orientation.

In conclusion, the thesis argues that there are without doubt fundamental contradictions in the role of NHS complaints managers in terms of reconciling complainants’ rights with organizational requirements. However, ultimately, *individual* complaints managers respond and react very differently to the inherent contradictions in their role.

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I am especially grateful to the thirty NHS complaints managers interviewed in relation to this thesis for sharing their experiences, views and emotions on what was a sensitive issue for many respondents. My thanks also go to the five complaints experts who added useful information to the data collected from the complaints managers.

My greatest thanks are reserved for my mother, Frances, for her continuous emotional support, her belief in me, and the financial sacrifices she has made to enable me to complete this thesis, which is dedicated to her.

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Introduction

This thesis is a study of the conflicts and tensions in the role of NHS Complaints Managers. Complaints managers are faced with a fundamental contradiction: as employees of the complained about organization, how do complaints managers impartially oversee a complaint about it? How do they balance their duty to complainants against organizational loyalty/ organizational constraints? (See Simons 1995; Mulcahy and Lloyd-Bostock 1994). It could be argued that balancing these conflicting obligations entails encountering an inherent contradiction or inbuilt conflict in the role of the NHS complaints manager.¹ These inbuilt contradictions or conflicts may or may not result in the complaints manager experiencing *tensions* as shown in the course of this thesis.² However, it could be argued that *working through these contradictions* is an essential part of the complaints manager's experience. In short, this thesis is about the inherent contradictions in the post of the NHS complaints manager and how the complaints manager responds and reacts to these contradictions.

The importance of the role of the NHS complaints manager in a policy context

Complaints about health care are a fundamental aspect of medical accountability; in any democratic society, there needs to be a system where the public can seek redress for their grievances (See Longley 1993: 67). Also complaints procedures are used by the majority of aggrieved citizens as opposed to legal and quasi-judicial systems used by relatively few (Leabeater and Mulcahy 1996: 1). Additionally the effectiveness of the NHS complaints procedures is particularly important because as a public service

¹ This contradiction or conflict primarily manifests itself in NHS Trusts in terms of a conflict between organizational loyalty and duty to complainants and in NHS health authorities as a conflict between organizational constraints and duty to complainants although there is some overlap between the two sources of conflict.

² For the purpose of this thesis, *conflict* or *contradictions* will be considered as a distinct construct from *tensions*. Thus, while conflict or contradictions refers to the *situation confronting complaints managers*, tensions, refers to a possible *response/ reaction to the conflict/ contradictions*.

the NHS is in a monopoly position and health care consumers rarely have the opportunity of exiting the service (Allsop and Mulcahy 1998a: 170).

The role of the complaints manager is especially important; the complaints manager is a key player in the NHS complaints procedure as complaints managers are the staff group with the most comprehensive overview of the operation of the complaints procedure (Department of Health 2001a: 39). NHS complaints managers are of particular significance because they oversee the administrative decision-making process at the initial stage of the complaints procedure in which the vast majority of complaints are dealt with; the second stage of complaint handling involves very few numbers of complaints and unlike the complaints handlers in the second stage,³ complaints managers are the only official complaints handling staff that are employed by the complained about organization. Administrative law scholar, Martin Partington (1999: 541-542) argues that the focus of good administrative justice should be on this initial stage of complaints management. He reasons that if complaint handling at this point is satisfactory, the need for further appeal and review might be diminished. In a similar vein, the Department of Health (2001a) observes that a complaint can be escalated and positions entrenched by poor initial handling by frontline staff or managers (2001a: 23). According to the Department of Health (2001a), one of the most common characteristics of long-drawn-out cases is the failure to deal satisfactorily with the complaint at the outset. The Department of Health states that poor initial handling of a complaint often makes the situation significantly worse, adding to the distress of complainants and to the costs of the procedure (2001a: 25). This appears to be a problem particularly where a complaint involves bereavement or other serious incident (2001a: 30). The Department of Health suggests that poor handling of complaints in the critical first few days might increase claims for medical negligence (2001a: 26).

Accordingly it has been argued that a complaint handled well can prevent complaints escalating into legal claims (Nicol 1999: 243). A speedy and sensitive response to a complaint can frequently settle a problem so that issues are not pursued through the

³ 'Complaints handlers' at the second stage of the complaints procedure would include a convener, a lay chair, and an additional nominated person. In addition clinical assessors may be appointed depending on the case. See Chapter Two of the thesis.

more formal mechanisms generating rising costs and adding dissatisfaction *with the complaints process* to the original cause of the complaint (See Allsop and Mulcahy 1999: 124; Lloyd-Bostock 1999: 109); satisfactory management of complaints can avoid significant expense and distress on all sides (Lloyd-Bostock 1999: 122). In short, NHS Complaints managers have an important role to play; indeed, the way complaints are handled could well have a major impact on the public image of the NHS.

In the remainder of this Introduction I will explore the aim of thesis, the scope of the thesis, the contribution of the thesis and the structure of the thesis.

The Aim of the Thesis

The aim of the thesis was to explore three propositions which (in combination) consider the ‘conflicts and tensions in the NHS complaints managers role’. The first proposition is that *there is an inherent contradiction in the role of the NHS complaints manager* due to the likelihood that complaints managers are caught between their duty to complainants and their loyalty to the organization/ organizational constraints. In terms of pressure coming from the organization, it is well documented that medical staff and health service managers tend to respond defensively to complaints (For example, see Lloyd-Bostock 1992: 219; Bristol Royal Infirmary Inquiry 2001: 272). Lloyd-Bostock’s (1992: 213) study of hospital complaints procedures found that the defensive way in which complaints were responded to by the hospital indicated that hospital administrators⁴ tended to think of complaints as: ‘some kind of mini claim’, which had a detrimental effect on their relationship with the complainant. Lloyd-Bostock and Mulcahy (1994) suggest:

Responding to hospital complaints is felt to be a difficult and often unwelcome task ... even in those cases where the hospital feels that a complaint is totally unjustified, understanding of the complainant’s perspective and wishes may nonetheless help the organization to respond to

⁴ Comparable to complaints managers.

complaints in ways that will maximize the complainant's satisfaction and avoid aggravating his or her sense of grievance (1994: 142).

In short, complaints managers operate in an environment which is often defensive towards complainants at the same time as having a duty to complainants to handle complaints impartially. It could be argued that these inconsistencies lead to an inherent contradiction in the role.

The second proposition is that complaints managers will *exhibit different or opposing responses/ reactions to the contradictions experienced in their role*, which may be indicative of tensions for the complaints managers concerned. Thus, it was important to understand complaints managers' responses or reactions to the inherent contradictions in their role. It was decided to explore this idea by analyzing complaints managers' behaviour, attitudes and emotions with reference to organizational loyalty/ adhering to organizational constraints (instances where complaints managers showed organizational orientation) and with reference to duty to complainants (occasions where complaints managers showed complainant orientation). It is possible to speculate that an orientation towards impartial complaints handling with a regard for complainants' interests is likely to cause tension for the in-house complaints manager in an organization, which may be biased against complainants, as this stance would conflict with organizational norms.

Finally, the third proposition was that there would be *different types of complaints managers* in terms of their responses and reactions to the inherent contradictions in their role.

These propositions are supported by theoretical and empirical literature on complaints handlers, administrators and social actors drawn from a number of social science disciplines including socio-legal studies, public administration and sociology.⁵

⁵ Public administration literature included a significant amount of 'administrative ethics' literature which is a branch of the broader public administration literature. See Chapter One of the thesis.

The methodological approach adopted for the research

This is a study about *social actors* as opposed to a *system*; while complaints managers are actors, complaints procedures represents a system. In relation to the first proposition outlined above (that there were inherent contradictions in the role of the complaints manager), I wanted to provide an account, which demonstrated the inherent contradictions in the complaints managers' role in intricate detail, which highlighted the complex position of the complaints manager. In relation to the second proposition (complaints managers' responses or reactions to the inherent contradictions in their role), I wanted to explore the complexity of complaints managers' behaviour, attitudes and emotions in relation to complainants and the organization complained about. Essentially, how do complaints managers cope with the conflict between organizational loyalty and duty to complainants; how do they handle the conflict between organizational constraints and duty to complainants? Responses and reactions to their role illustrated by complaints managers' behaviour, attitudes and emotions were a key aspect of the thesis. The third proposition (types of complaints manager) also involved exploring behaviour, attitudes and emotions. Because of the focus on behaviour, attitudes and emotions, it could be argued that qualitative interviews would be especially suited to exploring these propositions. As Rubin and Rubin (1995:1) point out:

Qualitative interviewing is a way of finding out what others feel and think about their worlds. Through qualitative interviews you can understand experiences and reconstruct events in which you did not participate.

In-depth telephone interviews were carried out over a two-month period (July and August 1999) with thirty NHS complaints managers. In addition, email interviews were carried out with 'complaints experts' as a means of further validating the complaints managers' interviews. Finally, it was necessary to assess the structural/objective constraints placed on managers and to relate those to the discourses of managers produced through interviews. This was achieved through the

documentary analysis of complaint managers' job descriptions and person specifications.⁶

The Scope of the Thesis

As indicated above, the literature used in this thesis is eclectic. Because this is an interdisciplinary thesis based on the work on a number of disciplines, it is particularly important to make clear the boundaries of the subject areas of the thesis. Due to the wide scope of subjects covered in some of the disciplines reviewed, it was necessary to be selective in my review of the concepts, models and theories used in this study. I have deliberately chosen to confine the literature to that which is manageable, useful and had the greatest opportunity of producing original insights into the conflicts and tensions experienced by the NHS complaints manager. This selective review of the literature does not invalidate other conceptual frameworks, which can be investigated by other researchers.⁷

Additionally, it is necessary to appreciate that the thesis touches on certain issues which are not the focus of the thesis. For example, in relation to the issue of discretion, findings have indicated that the status of the complaints manager has a bearing on what a complaint manager can do, and thus their level of discretion in terms of their duty to complainants. However, the focus of the thesis is on *conflicts and tensions* in the complaints manager role rather than the amount of discretion in the role. Accordingly, I do not attempt to use the literature on discretion as a framework for analyzing conflicts and tensions in the complaints manager's role as this would be beyond the scope of the thesis; although the issue of discretion is alluded to, the thesis is not about discretion or decision-making. Neither is the focus

⁶ See Chapter Three of the thesis for a full account of the methods used in this study.

⁷ Indeed, it could be argued that the situation of the individual caught in the middle of two competing demands (in this case the complaints manager caught between the organization and the complainant) is a universal phenomenon in social life. Thus a number of conceptual frameworks drawn from the social sciences could arguably be used to make sense of this phenomenon in a whole range of disciplines, for example, social work, nursing research, management literature, organizational psychology, occupational sociology, human relations literature.

of the thesis on the job stress experienced by complaints managers although, this too, is alluded to in the findings.

Finally, it is necessary to distinguish between research on *complaints/ complaints systems* for which there is little in-depth theoretical or empirical work (see Mulcahy 1996 *et al*: ix) and *complaints handlers* where existing literature is even more limited. Thus there was the necessity to find a suitable conceptual framework (s) for the *complaints handler* as opposed to *complaints/ complaints system*. Because there were not any adequate frameworks in complaints literature for understanding the conflicts and tensions of *complaints handlers* (the subject of the thesis), it was necessary to explore frameworks *outside* ‘*complaints*’ literature; indeed outside of socio-legal studies (the traditional discipline relating to much of complaints literature). Hence, although this thesis is an obvious contribution to the literature on the NHS complaints procedures and the wider complaints literature, the conceptual framework draws from outside this area to a significant extent.

The Contribution of the Thesis⁸

Contribution to the literature on the NHS complaints procedures and the broader complaints literature

As referred to above, in their bibliography of the literature on public sector complaints, Mulcahy *et al* argue (1996: ix) that there is little in-depth theoretical or empirical work, which specifically focuses on complaints as a matter of academic interest (1996: ix). Thus specific references to complaints handling in the NHS are restricted to mainly professional literature in practitioner journals and policy documents; academic theoretical literature and/ or academic empirical literature on complaints in the NHS is limited. In particular a key shortcoming of the academic literature has been the scarcity of both theoretical and empirical work on the role of *complaints handlers* in relation to health service complaints, especially on the

⁸ This section explores the contribution of the study in general terms and differs from the section on the research contribution in the Conclusion (Chapter Seven of the thesis), which considers specific aspects of the findings in terms of their contribution for researchers and policy makers.

conflicts in the role played by organization complaint handlers (See Mulcahy *et al* 1996: xi); we do not yet have a satisfactory explanation of health service complaints handlers, or indeed complaint handlers in general which specifically explores the conflicts and tensions in their role. Indeed, this has been identified as an area, which needs in-depth exploration (Mulcahy *et al* 1996: xi). Mulcahy *et al* (1996: xi) observe that across all disciplines there is a lack of detailed analysis of the roles played by low-level dispute-handlers in public sector organizations, in particular, the conflicts and tensions in the role of complaint handlers:

... little account has been taken of the tensions experienced by complaint-handlers created by factors such as prevailing ideologies, socio-political context, public relations needs, budgetary constraints, requirement of efficiency, professional and managerial culture, promotion prospects, preferences of colleagues and workplace politics. The extent to which these concerns marry or conflict with individual characteristics of actors and their personal morality also needs exploring.

Table 1.1 Comparable studies relating to complaints handlers and third-party dispute handlers

Author		Title
Mulcahy and Lloyd-Bostock	1994	Managers as Third-Party Dispute Handlers in Complaints about Hospitals in <i>Law and Policy</i> (journal)
Kolb	1987	Corporate ombudsmen and organizational conflict resolution in <i>Journal of Conflict Resolution</i> (journal)
Klein	1973	<i>Complaints Against Doctors. A Study in Professional Accountability</i> (Book)
Simons	1995	<i>'I'm not Complaining But ...' Complaints Procedures in Social Services Departments</i> (Book)

This study differs crucially from the most comparable study on hospital managers as third-party dispute handlers (Mulcahy and Lloyd-Bostock 1994) in that this thesis provides a detailed, analytical account of the *conflicts and tensions* in the complaints handlers' role, which is not the focus of Mulcahy and Lloyd Bostock's study.⁹ In terms of other relevant studies, neither Rudolf Klein's (1973) nor Ken Simons' study (1995) make complaint handlers the central focus of their research. Deborah Kolb's

⁹ See Chapter One of the thesis for a review of these studies. See also the Conclusion (Chapter Seven of the thesis).

(1987) study focuses on ombudsmen, which while comparable to complaints handlers were not complaint handlers in terms of complaints made by the public. While these comparable studies *touch* on some of the themes of the thesis, they lack the systematic in-depth analysis provided by this thesis. Where there are parallel ideas from previous work, this study develops, adapts and refines these ideas. For example, in the aforementioned study on managers as third-party dispute handlers, Mulcahy and Lloyd-Bostock (1994: 190) draw attention to the notion that third-party roles within the organization being complained about are characterized by ‘inherent tensions’ in trying to promote the interests of the organization whilst dealing impartially with a dispute about it. In a similar vein Klein (1973: 136-137) found that to a certain extent Clerks and their staffs (complaint handlers) had conflicting roles. This thesis has substantially built on this theme of inherent tensions and conflicting roles.

Accordingly, there is a gap in the literature which it is the intention of this study to fill, by exploring the conflicts and tensions in the role of the NHS complaints manager. Thus the thesis is a contribution to the academic theoretically informed empirical literature on the NHS complaints procedure in particular and also on the complaints literature in general.

Contribution to sociological literature

A case could be made that the theme of conflicts and tensions of in-house complaints handlers is an important *sociological* concept that has been hitherto ignored in sociological literature. It could be argued that the theme of role conflict in terms of inherent contradictions in a role and responses/ reactions to contradictions in roles is prevalent in social science literature although the terminology used may differ in different disciplines. As suggested by Berger and Luckmann (1967: 91) roles ‘are an essential ingredient of the objectively available world of any society.’ Kahn *et al* (1964: 3) state that conflict and ambiguity are among the major characteristics of our society. Accordingly it could be argued that the conflicts and tensions of the NHS complaints managers in this study are a microcosm of the conflicts and tensions

experienced by social actors in society and as such this analysis is a contribution to the existing sociological literature on role conflict and roles in society.

Innovation in research methodology

This study shows innovation in research methodology compared with previous practice in the field. First, this is one of the very few academic studies relating to the NHS complaints procedures in which qualitative interviews are the primary source of data. Previous studies have relied heavily on complaints correspondence and complaints files (Lloyd-Bostock 1992; Lloyd-Bostock and Mulcahy 1994; Mulcahy and Lloyd-Bostock 1994; Allsop 1994; Nettleton and Harding 1992). Where qualitative interviews have been used, they have typically been combined with large-scale surveys (See Mulcahy 1996). The only other British study that makes use of qualitative interviews as a primary source of data is Jain and Ogden's (1999) study of GPs' responses to complaints.

Thus, it could be argued that more 'pure' qualitative research is needed on the NHS complaints procedure, i.e. studies where qualitative research is the primary source of data. In a sense, the need for more qualitative research is two fold. With reference to the NHS, health care deals with people and there is a whole set of questions about human interaction which points to a qualitative rather than a quantitative approach (See Pope and Mays 2000: 4). With reference to complaints literature, the study of complaints is a complex and sensitive topic, which also indicates the need for a qualitative approach. Ken Simons (1995: 15) has made the point that complaints research is almost certainly going to be a sensitive issue for the authorities concerned. For example, Simons notes:

The research has a built-in bias. It deals only with situations where something, at some stage, has gone wrong; it does not even begin to look at the things the Department got right.

Thus the *combination* of health care and complaints is likely to relate to highly emotive subjects. As one respondent remarked:

In the NHS, health is such a very personal matter ... and so people do get extremely agitated

really quickly.

Given that health care complaints is such a sensitive topic, it could be argued that it should be explored in studies that probe more profoundly into the experiences of the various actors in the complaints process, namely qualitative research. Indeed, Klein (1973: 130) acknowledges that some statistics obtained relating to (complaints clerks) views in his Clerks survey did not:

... Reveal either the subtlety of the situation or the finer shades of meaning conveyed in the comments of the Clerks. Some of these made it clear that they thought they were being asked to give simple answers to what were complex questions.

In short, 'pure' qualitative research on the British health service complaints system is especially limited. Accordingly, this study endeavours to contribute to the literature in terms of filling this 'methodological gap.' A strong point of this study is the richness of data collected from the interviews.

Second, the main source of data collection utilizes an innovative method of social research: qualitative telephone interviews. I consider that the use of telephone interviews was a strength, in terms of the sensitive nature of complaints research. Telephone interviews have been noted for the evidence of smaller interviewer effects on responses (See Frey 1983: 47 and Chapter Three of the thesis). As indicated above, complaints research is particularly sensitive. The interviews explored in-depth issues (previously uncovered) on NHS complaints handlers' behaviour, attitudes and emotions. The sensitivity issues described above are particularly pertinent with regard to the organization's complaint handlers, as it could be argued that the complaint handler would be expected to show loyalty to the organization complained about. In this study, some questions were particularly sensitive in that they required complaints managers to discuss conflicts, which may have occurred with members of their organizations. In short, the challenging nature of this research provided an opportunity to employ qualitative telephone interviews as the primary source of data, showing innovation in research methodology.

Contribution to the policy context

As far as the writer is aware, this is the first study of NHS complaints handlers in the post 1996 complaints system.¹⁰ In addition, the designated post of complaints manager became a standard role in the post 1996 complaints procedures. The NHS Executive (1996:10-11) stated that each Trust/ Health Authority must have a designated complaints manager, readily accessible to the public. Complaints managers were established to fulfill the role of ‘complaints officer’ detailed by the Wilson Committee (Department of Health 1994: 52; Department of Health 2001a: 47); the prime role of the complaints manager was to oversee the complaints procedure.¹¹ Thus, from a policy perspective, the research is particularly important as it looks at the functioning of a relatively new post. Additionally, in focusing on complaints handlers, the research throws light on an area which has been given little consideration by practitioners or policy makers;¹² policy literature relating to NHS complaints tends to focus on complaints systems rather than complaints handlers. Moreover, the research raises important policy issues relating to the impartiality and neutrality of a paid official when attempting to resolve a complaint against the employing institution.

An innovative conceptual framework

This study differs conceptually from previous comparable work in so far as this is very likely to be the first study on NHS complaints handlers to draw from *three* social science disciplines, and as far as the author is aware, the first study on complaints handlers per se to draw from three social science disciplines. This study

¹⁰ The NHS complaints system was reformed in 1996 (and later in 2003).

¹¹ Prior to 1996, hospital complaints were supposed to be handled by a designated officer but in practice, were often handled by a number of different staff other than the designated officer (Longley 1992: 22; Nettleton and Harding 1994: 43).

¹² Also see the earlier section in this chapter on the importance of the role of the NHS complaints manager in a policy context.

conceptualizes complaints managers using socio-legal, public administration¹³ and sociological perspectives;¹⁴ former studies are much narrower in their focus. For example, although the managers handling complaints are important legal actors as argued by Mulcahy and Lloyd-Bostock (1994: 185), it could be argued that the confinement of this analysis to a 'legal' perspective is restrictive. Managers handling complaints are also important *administrative actors* and important *social actors*. Thus, it follows that a purely socio-legal approach would not adequately explain the range of behaviour, attitudes and emotions expressed by complaints managers in responding to the contradictions in their role; it does not adequately conceptualize the *tensions* (strain, pressure) possibly caused by the conflict or contradictions in the role. Neither would it explain the contradiction inherent in the role adequately (administrative ethics literature in particular is a useful additional framework for exploring the inherent contradiction in the NHS complaint manager's role). Thus in my view the existing 'socio-legal' literature on complaint handlers and third-party dispute handlers does not provide an adequate framework for exploring the conflicts and tensions in the role of complaints handlers.¹⁵

Drawing from public administration and administrative ethics concepts such as 'organizational loyalty' and from sociology, theories of 'responses/reactions to role conflict,' it was possible to generate an in-depth, all-encompassing account of the conflicts and tensions in the complaints manager's role. In this way it was possible to 'deconstruct' the role of the complaints manager in order to fully understand the role played by these actors in the complaints system. This approach is in keeping with Mashaw's proposition in *Bureaucratic Justice: Managing Social Security Disability Claims* (1983: ix) of integrating administrative law and organizational theory. Kagan describes this proposition as the need to merge administrative law with the disciplines of administrative science and organizational behaviour in order to develop appropriate principles to govern the behaviour of lower-level administrators (Kagan 1984: 828). According to Kagan, administrative law needs to develop a framework, which

¹³ Including administrative ethics (a branch of public administration).

¹⁴ Including social psychology.

¹⁵ On the other hand, the socio-legal framework was useful for explaining the *contradictions (conflicts/inconsistencies)* in the complaints managers' role.

incorporates bureaucratic principles and the realities of organizational life (Kagan 1984: 816). In a similar way, this study's synchronization of disciplines (broadly socio-legal studies, public administration and sociology) is an attempt to capture the complexity of the complaint handler's role.

Additionally, I have made use of a typology to further interpret the findings of the empirical research. The typology of complaints managers generated in this study differs substantially from the typologies in previous relevant studies in that the typology draws from public administration literature. The existing comparable studies focus largely on 'legal' typologies, which while appropriate for the studies in question were not adequate for this study in terms of the conflicts and tensions of the complaints handler. As argued earlier, a purely legal framework does not provide an adequate account of the conflicts and tensions in the NHS complaints manager's role.

In short, in searching for an all-encompassing conceptualization of the conflicts and tensions in the role of in-house complaints handlers, I have employed applicable concepts, models and theories from a number of disciplines. Accordingly, a contribution of this study is that it draws on a wide range of social science disciplines to provide a multifaceted analysis of the role of the complaint handler in the NHS as well as in-house public sector complaints handlers in general.

The Structure of the Thesis

Chapter One sets out an interdisciplinary conceptual framework for the thesis, which comprises three core themes, consistent with the three propositions outlined earlier:

- The inherent contradictions in the role of complaint handlers;¹⁶
- complaint handlers' possible responses/ reactions to the inherent contradictions in their role;

¹⁶ The term *complaint handler* as opposed to *complaints manager* is used in Chapter One of the thesis to reflect the conceptual nature of the chapter.

- applicable typologies for understanding complaints handlers' responses/ reactions to the inherent contradictions in their role.

This chapter also draws on relevant empirical studies, exploring four comparable studies in depth. NHS complaints managers are referred to as 'complaints managers' as opposed to 'complaints handlers' from Chapter Two onwards.

Chapter Two places the study in its policy context. It looks at the impact of medical self-regulation on the complaints system, sets out the NHS complaints procedure at the time of the study;¹⁷ and provides an analysis of the key problems of the current complaints system.

Chapter Three describes the methods adopted for this study. The chapter begins with a reiteration of the conceptual framework and states the research questions. The qualitative approach adopted is then discussed. This is followed by an account of the research process relating to the complaints manager interviews (sampling, data collection and data analysis). The other methods of data collection are described next (the content analysis of complaints managers' job descriptions and person specifications and the 'complaints experts' interviews). The chapter ends with a consideration of the methods used.

Chapters Four to Six present the findings of the study. Chapter Four demonstrates that there are inherent contradictions in the NHS complaints manager's role. It begins with an account of the complaints manager's role drawing from job descriptions and person specifications. It then systematically explores the inherent contradictions in the complaints manager's role with reference in broad terms to the limits of the complaints managers impartiality; and specifically relating to negotiating with staff in relation to complaints investigations in trusts; the complexity of mental health cases in trusts; constraints to investigating practice (primary care) complaints; constraints to being proactive in using complaints to improve service quality; and withholding information from complainants.

¹⁷ Changes were taking place in national policy even as this research was being completed.

Chapter Five considers NHS complaints managers' *responses/ reactions* to the inherent contradictions in their role with reference to key conflict variables in terms of organizational versus complainant orientation. It was shown that complaints managers exhibited opposing stances on all the 'conflict variables,' that is, issues, explored. Essentially, on all issues, complaints managers demonstrated opposing standpoints in terms of organizational orientation and complainant orientation. The following issues were considered: advising/ supporting complainants; investigating complaints in trusts; 'unjustified' complaints; being proactive in using complaints to improve quality of services; fairness and justice in the complaints system; mental health cases; withholding information from complainants; and emotional reactions to complainants and complained against staff.

By exploring the interrelations between organization oriented stances and complainant oriented stances, combining different standpoints, and drawing from the public administration typologies described in Chapter One, a typology of complaints managers' responses and reactions to the inherent contradictions in their role was generated. Chapter Six presents this typology of five types of complaints managers. These were the 'institutionalized person', accommodators (complainant oriented accommodator and indifferent accommodator), the 'split personality,' and the reformer'.

Chapter Seven, the Conclusion to the thesis, provides an overview of the research. It then considers the limitations of the study and makes suggestions for further research. This is followed by setting out the research contribution in terms of the implications of the research for researchers and finally the research contribution in terms of the implications of the research for policy makers.