Using the Reflective Strategy and the Game Theory Perspective During the Patient Complaint Process

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ABSTRACT

This study aims to investigate health care professionals’ reflections on patient complaints in a specialized medical care organization. Studies on health care and medical education have shown that more research on triggering situations is needed to examine these reflections. In this study, the professionals’ responses are evaluated using reflection theory and its strategies from a game theory perspective. The data from the cross-sectional study were analyzed using qualitative data analysis and quantitative statistical methods (N=245). Four types of patient complaints were analyzed: malpractice, communication, information, and procedures. They were evaluated as reflective targets and strategies that could be used to solve patient complaints. Information plays a central role in the choice of strategies. The results of this study may benefit the development and implementation of gamification strategies for the patient complaint process. Further research on patient complaints is needed to investigate the factors that impact the health care professionals’ responses.

KEYWORDS

Game Theory, Gamification, Health Care Professional, Patient Complaint Process, Patient Complaints, Reflection, Reflective Practice, Strategy

INTRODUCTION

The patient complaint process can be seen as a decision-making process that contains game theory features. Patients and health care professionals are players in the context of the “game” of patient care. Patients have different requests, and health care professionals have to respond to these expectations. These requests focus on a patient’s health, quality of care, and, sometimes, even the costs of care. However, the expertise of the health care professional is questioned by the patient’s complaint process. This causes a situation in which professionals have to manage their reaction in the best possible way in order to handle the patient care process and to avoid other threatening complaints, which, according to the Act on the Status and Rights of Patients 1992 (hereafter, the 1992 Act), patients have a right to make in relation to any matter associated with their care. This study addresses the health care professionals’ use of reflective strategies to improve these complex patient complaint situations.

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In game theory, a strategy is defined as “a complete plan of action a player will take given the set of circumstances that might arise within a game” (McNulty, 2018). The strategies that players use depend on the information they have. Game theory is related to concepts, such as conflict, cooperation, and information (Carmichael, 2005; McAdams, 2014). For example, in a care situation all of the information a player (patient and care provider) has is asymmetrical (Djulbegovic & Hozo, 2012; Djulbegovic, Hozo, & Ionnidis, 2015; Schaad et al., 2015, pp. 775-776). This makes the situation uncertain because the players do not know each other’s objectives and decisions. Furthermore, health care professionals do not have all the correct medical answers for every patient’s illness or symptoms (Djulbegovic & Hozo, 2007). Answers to practical questions could also vary.

Health care systems in different countries usually have procedures in place that enable patients to complain about malpractice related to their care (Reader, Gillespie, & Roberts, 2014; Skålén, Nordgren, & Annerbäck, 2016). In the Finnish health care system, the procedure for patient complaints is provided by the 1992 Act (Vanhala & Palomäki, 2015; Mäkelä, 2015; Palomäki & Vanhala, 2016). However, patient complaints can be handled in a positive and reflective way by promoting health care professionals’ learning and, therefore, their competence, decision-making and cooperation in patient care (Somerville & Keeling, 2004). This requires reflective skills (Schön, 1983, p. 68; Argyris, 2010, p. 64), which are affected by external and internal contextual factors (Koole, et al., 2011). Reflection can be achieved by applying defensive reasoning and productive reasoning and their related theories-in-use (Model I and Model II) (Argyris, 2010, pp. 63-64).

According to Argyris (1999, p. 131), the defensive reasoning values of Model I are understood as: “1) remaining in unilateral control, 2) maximizing “winning” and minimizing “losing”, 3) suppressing negative feelings, and 4) being as “rational” as possible”. These values enable health care professionals to define clear objectives and evaluate whether or not they have achieved these behaviors. Moreover, upholding these values helps professionals avoid threatening situations and cases in which they feel vulnerable or incompetent (Argyris, 1999, pp. 131-132). Defensive behavior hinders a person’s ability to learn. Instead, a person could choose to use productive reasoning (Argyris, 1999, pp. 134-135).

The productive reasoning model is based on hard data, and it is explicated by reasoning. Similar to a scientific method, it is an ideal decision-making process. Its governing values are to seek valid information, to create informed choice, and to monitor vigilantly to detect and correct error (Argyris, 2010, p. 64). The theory of action is pursued to transform it into a theory-in-use so as to handle different situations, such as conflicts (Argyris, 2010, pp. 61-64).

Schön (1987) used the concept of a reflective practitioner in which reflection can be understood as a tool for dealing with complex professional situations. Schön (1983, p. 68) noted:

*The practitioner allows himself to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the phenomena before him, and on the prior understandings which have been implicit in his behavior. He carries out an experiment which serves to generate both a new understanding of the phenomena and a change in the situation.*

The term, patient complaint, refers to the process through which a patient expresses his/her dissatisfaction with received care and its related treatment by health care professionals (Section 10, the 1992 Act). In previous research, patient complaints have revealed health care professionals’ malpractice and defective behaviors (Wessel, Helgesson, & Lynöe, 2009; Veneau & Chariot, 2013; Southwick, Cranley, & Hallisy, 2015; Schaad, et al., 2015). Health care professionals’ reflection during the patient complaint process has not been studied to the same extent as the outcomes of patient complaints or, more widely, reflection in patient care and medical education (Somerville & Keeling, 2004; Koole, et al., 2011; Nuno & Tiago, 2016). Game theory approaches, such as gamification, have been used as a suitable framework in health care research (Djulbegovic, Hozo, & Ionnidis, 2015; Seaborn & Fels, 2015; Johnson, et al., 2016; McKeown, Krause, Shergill, Siu, & Sweet, 2016). Therefore, the phenomenon of reflecting on triggering situations between patients and health care
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