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Abstract: *Worldwide and throughout the ages, people have been dependent on their physicians and healthcare systems to provide them with accurate, timely and complete information related to their personal health needs. Honesty and transparency are core values considered essential in the normal and wide range of human transactions, and this is especially true in healthcare, where patients and their families place their full trust in their providers and the medical systems. Despite significant advances in science and technology, a large percentage of patients still incur preventable adverse events. Intense worldwide efforts have spotlighted the need to improve patient safety and to reduce errors. "Open disclosure" is an approach that ensures swift and honest discussion of adverse events or harm to the affected patient and the patient's family, that can allow for an apology to be extended and, where indicated, permit an expeditious resolution to settle the matter and to avoid the need for litigation. It is advanced in this article that the structure of the medical system and its ability to organize around an optimal set of resources, herein referred to by the authors as possessing "full risk integration," is key to optimizing the opportunities for success in this area. An optimal degree of risk integration for a healthcare system therefore includes: the fewest number of involved malpractice insurance companies, the fewest number of medical employment/independent contractor arrangements, a lessening of fear of financial catastrophe due to a potentially large malpractice payout, an effective and quick incident analysis, a responsive and humane apology management team, and a regulatory and political environment conducive to risk integration. The need for congruent legislation and comprehensive public policy changes to help with the goal of expansion of open disclosure throughout the world is discussed.*

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Abstract: Higher education, like any other business, should embrace a customer-oriented approach within the marketing concept as perquisite for sustainability. This include implementing the marketing concept which may have raised concerns about academic values and integrity. Thus, it is believed that a thorough understanding of guidance on how a customer-oriented concept should be implemented in higher education is crucial. The study addresses the need to study various higher education industry constructs and attempt to identify in which construct(s) the practice of customer-oriented should be applied. A total of 518 students from Southern Africa and Indonesia representing the management faculties in higher education institution (HEI) were selected. The data was processed with SPSS and tested for relationships between each construct as well as to identify which construct influence student satisfaction most. The study contributes in justifying the constructs in which students expect to be served as customers and be approached and identify which constructs they trust the HEI to conduct according to best practices. The study also highlights the construct which effects students' satisfaction. In addition, it also provides insights on how demographics, namely gender and countries contribute to a different emphases of the students' educational experiences. Lastly, the findings give practical implications and insights to HEI management on how to approach the institution from a marketing perspective

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Abstract: The main purpose of this study was to identify the precursors of disconfirmation and examine the influence of disconfirmation on customer satisfaction in the airline industry of an emerging economy. The target population was airline travellers who had previously experienced service failure with a South African airline. Data was collected from a total of 300 respondents and analysed using structural equation modelling (SEM). The results revealed that positive disconfirmation is influenced by service recovery expectations and the perceived quality of recovery performance; that recovery expectation is positively related to the perceived quality of recovery performance; that service failure severity influences customer service recovery expectations; and that disconfirmation influences customer recovery satisfaction, which in turn affects customer loyalty. The study recommends that airlines establish in advance their customer expectations after service failure so that they can craft appropriate service recovery strategies.

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Nick Delener, Editor-in-Chief

EDITORIAL

The World Health Organization and many other healthcare authorities have acknowledged that medical errors are a serious problem in all countries around the globe, and that when medical errors occur, the results for patients can include compromised health status, suffering, and even death. The tragedy of adverse medical events can be compounded for patients and their families in situations where it is sensed that important information has been kept from them as to how and why the negative medical outcomes occurred. There are competing forces on doctors, hospitals and medical systems related to physicians being forthcoming when medical errors occur. The literature has indicated that four broad domains of facilitating factors exist for complete disclosure, and these were identified as: Responsibility to Patient; Responsibility to Profession; Responsibility to Self; and Responsibility to Community. There were also four domains of impeding factors identified, related to disclosing medical errors: Attitudinal Barriers; Helplessness; Uncertainties; and Fears and Anxieties. In this latter category, the practitioner can experience fear of legal or financial liability, fear of professional discipline or loss of reputation, fear of family's anger, fear of admitting actual negligence, fear of looking foolish in front of junior colleagues or trainees, and fear of negative publicity. In countries where lawsuits for medical malpractice are allowed and are common, there can be fear of dire financial consequences as a result of the system of litigation. It is posited that when one or more malpractice insurance carriers are involved in a medical error situation, less transparency can result. The tendency of insurance carriers is to control information and defense strategy, and to influence medical providers to "deny and defend" as opposed to providing complete information, cooperation and transparency with an actual or potential plaintiff in a lawsuit.

There is another way. "Open disclosure" (OD) systems are found in a relatively few locations around the world and they are designed to normalize transparency and the allowance of expressions of remorse after the discovery of adverse medical/clinical events. To this end, the authors identify the following operational elements that should be in place to achieve an optimal open disclosure program within a healthcare system: OD Element 1 - The open disclosure program must specialize in the ability to provide a timely apology, and to operate with complete honesty and humility. OD Element 2 - There must be ownership of an acknowledged mistake, and the physician or another clinical leader must accept responsibility for being the person in charge of a patient's care, and there must be no "finger-pointing." OD Element 3 - The open disclosure program must be intentional, well-organized and properly resourced. OD Element 4 - The open disclosure program must have someone clearly designated to provide oversight over each designated adverse event episode. OD Element 5 - The open disclosure program must have the drive to learn from errors and near-errors and apply lessons throughout the system in a continuous-improvement environment. OD Element 6 - The open disclosure program must strive to drive out fear of consequences on the part of physicians and other providers and ensure peer and institutional support for clinical providers. In three identified healthcare systems within the United States with active open disclosure programs (the VA Medical Center in Lexington, Kentucky, the University of Michigan Health System, and Stanford University), the results have been very encouraging, with decreased overall risk management costs, decreased in-court litigation; increased settlements in quicker time frames; and even decreased claim frequency.

The healthcare organizations that are better-positioned are referred to by the authors as possessing "full risk integration," as compared to most medical organizations that know only partial risk integration. It appears that full risk integration healthcare systems have an advantage in the development and sustainment of an OD approach to risk management and quality improvement. For the first article by Mark Cwiek, George Kikano, Marcia Novaretti, & Jacob Klaus, "full risk integration" represents healthcare organizations that have fewer independent parties to work with and the ability to exert great systemic control. Employment of physicians within a large, financially successful system can be an important component, as doctors otherwise might fear financial ruin from offering an apology to a patient when a mistake has occurred, and the healthcare system's ownership of a malpractice insurance company (or having the ability to "self-insure") can provide the ability to conduct a quick and complete analysis of risk and culpability, and yet do this in an atmosphere of transparency. The authors provide the following seven factors leading to full risk integration (FRI): FRI Factor 1: Full risk integration requires the fewest number of involved malpractice insurance companies; FRI Factor 2: Full risk integration encourages the fewest number of medical employment and/or independent contractor arrangements; FRI Factor 3: Full risk integration necessitates the mitigation of fear of financial catastrophe due to a potentially large judgment in a court of law; FRI Factor 4: Full risk integration requires an effective and quick incident research and assessment capability; FRI Factor 5: Full risk integration engages a responsive and humane apology management team; FRI Factor 6: Full risk integration ensures that clinical errors remain opportunities to improve the system; and FRI Factor 7: Full risk integration is advantaged in a jurisdiction that has statutes in place that favor the goals of open disclosure.

Cwiek, Kikano, Novaretti & Klaus provide several recommendations for hospital executives and board members seeking full risk integration within a healthcare system. The decision to proceed in this direction should be part of a multi-year strategic plan and the board of directors should identify key steps that need to be taken over time to achieve full risk integration and true open disclosure. "Champions" of this change effort should be identified, including the President and CEO of the organization, as well as the Medical Director and Risk Manager, and each of these champions should be held accountable by the board in terms of goals and objectives to be achieved in an identified time frame. A team of professionals within the organization should be established that can rapidly respond to suspected or actual errors made by caregivers, and to analyze reported incidents quickly and determine if an actual clinical error took place, or if the standard of care appears otherwise to have been met. If sound clinical care was provided, free of demonstrable error, then the clinicians would be supported fully in the defense of the case. If error is indicated, then an apology from the care giver(s) would be forthcoming and the claims appraisal and management functions would be initiated. Should actual clinical error be found, a fair settlement can be discussed with the patient and the patient's family, and if legal counsel has been engaged by the patient, this attorney can be included in the discussions. The goal would be to share information freely, and to engage in fair and realistic offers of compensation. The organization would look at errors in care as opportunities to teach others in the system how to avoid future mistakes, and to continuously bolster the quality improvement function. It is advanced herein that patients and their families would appreciate knowing that as a result of the medical error they experienced, specific improvements in the healthcare system were being made to lessen the likelihood of the same mistake being repeated with future patients.

The authors advocate for various legal and public policy changes in order to advance the aims of open disclosure around the world. In Australia, the goal of open disclosure has been endorsed in various ways, including the declaration of the National Open Disclosure Standard, and the incorporation of open disclosure into the Medical Board of Australia's publication *Good Medical Practice: A Code of Conduct for Doctors of Australia*. Even so, physicians in Australia and Tasmania "have been slow to embrace the practice of OD." There is no single, national statutory requirement for implementation of OD, but there is a mixture of "apology laws" in the various states and territories within Australia. In Canada, most of the provinces and territories have various forms of apology laws in place, which protect against having an apology from a caregiver being used in civil litigation as an admission of fault or liability. There is no national law mandating OD from physicians and hospitals, although disclosure of adverse events is certainly seen as a strong professional and ethical obligation of Canadian health professionals. In the United Kingdom there had been less than successful application of OD under the National Health Service (NHS) constitution, and so a strategy was developed to include OD principles within contractual instruments with NHS healthcare providers starting in 2013. A paradigm-altering approach has been in existence in Denmark since 1992, which approximates similar statutory changes that have been made in Norway, Sweden and New Zealand, in which the medical malpractice litigation system has been replaced by an administrative process and where a panel of experts determines whether patients can collect compensation for errors made in their healthcare delivery.

The United States is a country of many jurisdictions, including the federal system and the fifty individual states. There is no single, comprehensive legislative development that brings congruence to the development of open disclosure for all these jurisdictions. Thirty-six states and the District of Columbia have "I'm sorry" laws that allow medical providers to make apologies or sympathetic gestures, and most of these states protect an expression of sympathy and not an admission of fault. The authors maintain that the "I'm sorry" apology laws have had some positive effect in recent years with helping remorseful caregivers to explain their regret to the affected patients and their families, but the application of the laws and the various court decisions related to these laws have left uncertainty in the field. This, however, seems to miss the mark. The goal of tort reform legislative law should go beyond apology laws and be toward the development of fully transparent healthcare systems, toward the development of more open disclosure opportunities and organizations that possess full risk integration, and toward fair and expedited settlement of claims.

Mozambique is a country in South Eastern Africa, which recorded an impressive 80% of mobile phone penetration rate by 2014. In the same year, about 87% of the population were however unbanked. With most of Mozambican banks established mainly in a few big cities, many of the citizens living out of the cities are excluded from banking services. Considering that the high percentage of unbanked population own mobile phones, an adoption of mobile banking by the banks can overcome the problem of financial service exclusion.

The second study by Helen Inseng Duh & Arsenio Fabiao investigated whether Mozambican banks have adopted mobile banking for broader financial service inclusion. It then applied the Technology-Organisation-Environment (TOE) framework to examine the organizational and market factors impacting on Mozambican banks' adoption of mobile banking. This was because there were limited studies on mobile banking adoption from a firm's perspective and the TOE provides factors impacting on firms' adoption of technology or innovation.

Inseng & Fabiao surveyed 112 employees at various levels and departments, including administration, IT specialists and business analysts from 10 out of the 19 retail banks in Mozambique's capital, Maputo. Maputo houses most of the banks head offices. The descriptive statistics revealed that about 90% of the respondents agreed to have adopted mobile banking. Findings have shown that banks' efforts to serve customers electronically through mobile devices can reduce their operating cost. The impact of the organizational and market factors on the mobile banking adoption was tested with structural equation modelling. The results revealed that financial resources, customer and competitive pressure, and IT vendor support significantly drove the banks' mobile banking adoption. Top management support and employee capability did not make significant impact.

While competition is often viewed negatively, this study revealed that the pressure from competition can be good for the adoption of innovations. The banks in Mozambique do not only have to conform to this competitive pressure, but would also have to excel by formulating and implementing strategies that give them first mover advantages. In addition to the importance of competitive pressure, customers' pressure, as found in this study, also forces banks to become strategically innovative and socially accepted. This is particularly important to the growing number of young adult customers, who are highly techno-savvy and techno-smart. Thus in this era of digital transformation, when change happens fast, banks in Mozambique and in other countries should not only monitor and conform to changes that happen in the environmental, technological and organizational spheres, they also need to stay abreast with the fast changing lifestyle and socio-demographic characteristics of the growing number of demanding young adult customers.

Technology vendors' support had the greatest impact on Mozambiccan banks' mobile banking adoption. This can be explained from the fact that in Mozambique, most of the banks and technology vendors are foreign based firms with limited presence in the country. Therefore their support are not only deemed limited, but very important. Mozambican banks need to continuously establish good relationships with technology vendors to provide continuous technical support to the organization. The importance attached to the support from technology vendors for technological innovation adoption has also been found to be critical in other studies. The studies have not only found vendor support to be important, but also added that vendor support plays an important role in minimizing or mitigating the lack of internal technical expertise and skills in firms. Even in a developed country like Canada and about internet/e-business acceptance, it has been found that the support from vendors significantly influenced adoption decision. Thus, since firms will be more willing to adopt technology if the support from vendors is available, this factor should be considered in the planning phase of technology adoption.

Given the need for financial resources to invest in technology spaces, this study confirmed that financial resources are critical for an organization to decide on the adoption of new innovations. Other studies have also found financial resources to be signicant in motivating managers in manufacturing firms to adopt B2B e-commerce. Inseng & Fabio study's finding also supports a findig in Taiwan which showed that financial resources have positive correlation with the adoption of cloud computing. Thus while management succumb to competitive and customers' pressure to embrace new technologies and innovations, they should remember to budget and make financial resources avalible to invest in technology. Financial resources would also be needed to develop mutually beneficial innovative marketing communication networks with employees and customers.

Higher education should like any other business embrace a customer-oriented approach within the marketing concept as prerequisite for sustainability. This includes implementing the marketing concept which may have raised concerns about academic values and integrity. Thus, it is believed that a thorough understanding of guidance on how a customer-oriented concept should be implemented in higher education is crucial. The third study by Johan de Jager & Nuri Wulandari is based on an explorative study conducted by Koris and Nokelainen (2015) focussing on Student-Customer Orientation in a European setting. The study focusses on 14 constructs on educational experience in higher education industry. These constructs are divided into two categories of experience. The first part is the experiences related to the Institutional Network and the second part, is the experience related to the Learning Situation Network. The Institutional network include aspects such as Admission, Student Feedback, Graduation, Curriculum Design, Communication with Service Staff and Rigour. The Learning situation network includes, Grading, Class Behaviour, Relational Level of Communication with Teacher, Class Study, Individual Study, Teaching Method and Course Design.

The study addresses the need to study the abovementioned constructs in the higher education industry and attempt to identify in which constructs the practice of customer-oriented should be applied. A total of 518 students from Southern Africa and Indonesia were selected representing the management faculties in higher education institution (HEI). All selected respondents were requested to voluntarily participated to the survey and were issued with a questionnaire. The survey questionnaire was constructed and contains multiple choice questions with 1 to 6 Likert scale measures. The data was processed with SPSS and tested for relationships between each construct as well as to identify which construct influence student satisfaction most. The study contributes in justifying the constructs in which students expect to be served as customers and be approached and identify which of the constructs they trust the HEI to conduct according to best practices. The study amongst others found that students expect that classroom study, relational level and student feedback to be attended and well addressed. Regarding satisfaction, there are two elements that education managers should be paying attention to in any situation. Firstly, there is the classroom behaviour. A conducive classroom situation of other students determines the students' overall satisfaction for the HEI. Secondly is the course design which has the right balance of theory and practice is found also affecting overall satisfaction of the students.

De Jager & Wulandari study aims to address the issue of contributing to the practical implementation of the marketing concept to the higher educational experience. It has achieved its objective by three means. First by identifying categories or construct where customer-orientation are needed. Second by validating constructs related to satisfaction of the students and third by giving insights on demographic differences of the students using data from two regions/countries, namely, Indonesia and Southern Africa. The study has also contributed to the literature by adding evidence from the Asian and African higher education industry, as well as strengthening similar studies from Estonia on educational experience of HEI.

The main purpose of the forth study by Rosemary Matikiti, Mercy Mpinganjira & Mornay Roberts-Lombard was to identify the precursors of disconfirmation and examine the influence of disconfirmation on customer satisfaction in the airline industry of an emerging economy. The study also investigated the influence of recovery satisfaction on customer loyalty in the airline industry as well as the influence of service failure severity on recovery expectation. In this competitive environment organisations strive to find ways of satisfying customers even after service failure. Service failures are inevitable in service organisations and if not well addressed can result in negative disconfirmation, which will eventually lead to dissatisfaction. In order to test the applicability of the expectancy-disconfirmation theory, data were collected from airline travellers who had previously experienced service failure with a South African airline. Data was collected from a total of 300 respondents and analysed using structural equation modelling (SEM).

The results obtained revealed that recovery expectations and the perceived quality of recovery performance influence positive disconfirmation and recovery expectation is positively related to the perceived quality of recovery performance. It was also revealed that service failure severity influences customer service recovery expectations; and that disconfirmation influences customer recovery satisfaction, which in turn affects customer loyalty. In terms of research findings Matikiti, Mpinganjira & Roberst-Lombard propose the recommendations below:

- Airlines should focus more on how to satisfy dissatisfied customers and retain loyal customers through offering service recovery strategies which surpass the customers' expectations.
- Airlines should strive to offer quality service delivery which will minimise failures. When a service failure has already occurred, airlines should provide quality recovery performance which sticks in the minds of the customers, thereby erasing their memories about the service failure.
- Airlines should strive to establish in advance what their customers normally expect so that they can use this information when crafting a service recovery strategy. This would assist them to perform to the expectation of their customers, thereby reducing the gap between customer expectation and actual recovery performance.
- Airlines should make sure that the best service providers also become members of the recovery team to ensure quality of recovery performance. They would assist in providing the best recovery performance, which would satisfy customers so that they become loyal to the company.

The results of the study by Matijiti, Mpinganjira, & Roberts-Lombard support the underlining aspect of the Expectancy-Disconfirmation theory that recovery expectation influences customer disconfirmation which in turn influences customer recovery satisfaction. Airlines are recommended to establish in advance their customer expectations after service failure so that they can craft appropriate service recovery strategies as well as to reduce severe service failures.

Nick Delener, Ph.D.
Editor-in-Chief

NOTE FROM THE EDITORS

As an interdisciplinary indexed journal, *The Journal of Global Business and Technology (JGBAT)* serves academicians and practitioners in the fields of global business and technology management and their related areas. JGBAT is also an appropriate outlet for manuscripts designed to be of interest, concern, and applied value to its audience of professionals and scholars.

Readers will note that our attempt to bridge the gap between theory and practice has been successful. We cannot thank our reviewers enough for having been so professional and effective in reiterating to contributors the need to provide managerial applications of their research. As is now obvious, the majority of the articles include a section on managerial implications of research. We wish to reiterate once again our sincere thanks to JGBAT reviewers for having induced contributors to answer the "so what?" question that every *Journal of Global Business and Technology* article is required to address.

Thank you for your interest in the journal and we are looking forward to receiving your submissions. For submissions guidelines and requirements, please refer to the Manuscript Guidelines at the end of this publication.

Nick Delener, Ph.D., Editor-in-Chief
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