




Interpersonal communication in the motor insurance sector during the claims stage



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Orientation: The South African short-term motor insurance industry is highly competitive, offering clients many choices. Therefore, the long-term retention of clients is crucial for an insurance company's sustainability.

Research purpose: The study aims to report on the context-specific communication challenges during the claims stage and to propose recommendations to mitigate them from an interpersonal communication perspective.

Motivation for the study: Studies on client retention have been conducted from a marketing or corporate communication perspective, but it is not known how interpersonal communication during the claims phase could impact long-term relationships.

Research design, approach and method: We followed a qualitative approach, with a single case study design. Semi-structured interviews were conducted with senior management and claims administrators in the motor insurance department of a large South African insurer. The data were inductively analysed through qualitative content analysis from which the challenges were identified.

Main findings: A lack of mutual understanding, ineffective conflict management, a lack of trust and one-way communication were identified as the main challenges experienced by claims administrators in their communication with clients during the claims stage.

Practical/managerial implications: Practical principles such as sympathy and empathy, listening, feedback, respect, providing and clarifying information and providing access to resources, together with ethical and transparent communication, two-way symmetrical communication and dialogue should be included in claims administrators' training to enable them to understand and adapt to the client's needs.

Contribution/value-add: A framework for training claims administrators operating in this context is presented, offering a theoretical and practical contribution.

Keywords: Claims administrators; claims stage; client retention; communication; communication challenges; interpersonal communication; motor insurance; recommendations.

Introduction

South Africa is the highest insurance penetrator on the African continent, with the most established market in Africa (Olayungbo & Akinlo 2016:16; Rudden 2024). Motor insurance is the largest contributor to the non-life insurance market in Africa (Bagus et al. 2020). The number of car accidents in South Africa is at an all-time high (Automobile Association 2023) and, according to the latest annual statistics revealed by the South African Police Service, vehicle thefts and hijackings average 60 cars per day (SAPS 2024) – necessitating motor insurance.

The South African short-term insurance industry, comprising more than 180 registered insurance companies, is highly competitive, complex and cut-throat (Financial Sector Conduct Authority 2023; Van Huyssteen & Rudansky-Kloppers 2024). South African motor insurance clients can choose from a wide variety of motor vehicle insurance policies and companies. Only minor differences exist between the insurance products offered by these companies (Techasurin, Nuangjamnong & Dowpiset 2020:2). Therefore, the long-term retention of clients is crucial for an insurance company's sustainability.

Much research has been conducted on the marketing elements and other factors that influence consumer purchase decisions and retention in the insurance sector in South Africa (Van Huyssteen

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& Rudansky-Kloppers 2024), Africa (e.g., Dansu & Obalola 2018; Langat, Naibei & Getare 2017) and the Western world (e.g., Guan, Yusuf & Ghani 2020; Souiden & Jabeur 2015; Zekaj 2016). The focus of most of these studies was on the context of personal vehicle insurance (e.g., Dallemole & Figueiredo 2020; Tsai & Honka 2019) from a purchasing perspective.

From a corporate communication viewpoint, some researchers have explored the reputation of the insurance industry (e.g., Eccles & Vollbracht 2006), internal and organisational communication (e.g., Chao, Zhang & Yang 2021; Madlock 2018) and relational communication (e.g., Effiong 2019) in the insurance sector. Others have investigated the role that communication plays in customer loyalty in the insurance industry, but these studies were conducted in other countries, such as Portugal (e.g. Marcos & Coelho 2015, 2018) and Saudi Arabia (Alawni et al. 2015). In the South African environment, Du Plessis and Roberts-Lombard (2013) investigated the influence of two-way communication and conflict handling on intentional customer loyalty in the long-term insurance environment and Loots and Grobler (2014) explored how clients in the South African short-term insurance industry could be retained by seeking answers from marketing and communication management literature.

All the abovementioned studies had certain findings in common, namely that effective communication was a key to influencing clients to remain with the insurance company. They argued that communication was a proactive method of preventing clients from considering cancelling policies. Therefore, effective communication contributes immensely to client retention. However, none of the abovementioned studies highlighted interpersonal communication specifically during the claims stage or in the motor insurance sector.

It is against this background that the aim of this study is to report on the context-specific challenges within interpersonal communication during the claims stage relevant to the complex and competitive South African motor insurance sector. These communication challenges and the suggestions to mitigate them are analysed from an interpersonal communication perspective within a qualitative approach, using data from semi-structured interviews with senior management and claims administrators in the motor insurance department at a large South African insurer. Possible solutions to the identified challenges are recommended.

Literature review

Within this literature review, interpersonal communication will be discussed as the point of reference for analysing the communication challenges within the motor insurance sector during the claim stage. The literature review will also elaborate on the specific motor insurer that was used as the case study, and especially the claim stage as the context of this study.

Interpersonal communication

West and Turner (2008:10) define interpersonal communication as the process of sharing a message between two or more parties to create and foster meaning. Troester and Mester (2007:156) assert that it is the most common context of organisational stakeholder relationship building and, as such, it is an important aspect of corporate and professional relationship management and the foundation of success in the corporate environment. Therefore, interpersonal communication is vital to creating long-term professional relationships based on trust and commitment (Olkkonen, Tikkanen & Alajoutsijarvi 2000:404).

Bruning and Ledingham (2000:158) argue that for an interpersonal relationship to exist between an organisation and its stakeholders, it is necessary that both parties should be aware of each other's perspectives, needs and views, and that both parties can influence each other. These relationships should be based on 'common interests and shared goals', which, over time, create mutually beneficial and long-term relationships (Ledingham & Bruning 2014:190). Continual fostering of relationships with key stakeholders is an essential ongoing process, which results in positive added value for the organisation and its key stakeholders (Lindgreen et al. 2012:351).

To build and maintain such long-term and mutually beneficial relationships between organisations and their key stakeholders, interpersonal two-way symmetrical communication should be utilised for continuous dialogue (Grunig 1992:552; ed. Heath 2013:324; Stepinska 2014:115). The seminal work of Grunig and Hunt (1984:41) defines 'dialogue' as interpersonal communication that leads to mutual understanding and responsiveness. It is focused on understanding the perceptions, needs and behaviours of the stakeholders. If the latter's needs are understood, strong, long-term relationships with them can be built and mutually beneficial benefits for both the stakeholders and the organisation can be obtained (Grunig & Grunig 1992:288).

According to Bruning and Ledingham (2000:160), two-way communication between an organisation and its stakeholders that is based on mutual respect facilitates transparency and the freedom to negotiate, work together and resolve the issues and conflicts that affect both parties. Two-way symmetrical communication requires both parties to adapt and change constantly following the communication they receive as they mutually influence each other (Kim 2021:602). In this regard, organisations that adapt to the variety of their stakeholders will be able to manage the relationship successfully, provide guidance, solve conflicts and gain their stakeholders' cooperation and trust, based on mutual respect.

We argue that interpersonal two-way symmetrical communication should be utilised between claims administrators and clients during the claims stage, based on clients' needs, to foster sound relationships and contribute to the survival of the insurer.

Context of the study

The insurer is a leading motor insurance motor company in South Africa that has been operating for more than 20 years. Its motor insurance department was responsible for more than 46 000 policies. This department deals with both low-risk (windscreens, mechanical breakdown, tyres and rims, scratches and dents) and high-risk (serious vehicle accidents, stolen vehicles and hijacking) claims. Both low and high-risk claims invoke negative emotions in clients, resulting in communication challenges that the claims administrators need to manage during the claim stage. These challenges result from the clients having experienced damage or loss, resulting in frustration, anxiety and even trauma. Consequently, engagement is crucial because it influences the clients' perceptions of the insurer's concern for them and, therefore, their loyalty to the insurer (Poudel & Shrestha 2023:2; Yusuf, Ajemunigbohun & Alli 2017:80). Van Huyssteen and Rudansky-Kloppers (2024) state that such engagement should be managed; thus, staff need to be trained to provide service with care and sensitivity, thereby minimising unwarranted conflicts and building positive insurer-policyholder relationships. These relationships should be built and maintained through effective communication, which is necessary for the existence of the insurer through client loyalty (Mubarik, Candran & Devadason 2016:44; Pressgrove et al. 2022:3). Özen and Yurdakul (2020:113) argue that such a positive experience could assist insurance companies to gain a competitive advantage in the market. However, although these scholars argue for effective communication during the claims stage, no research has been conducted on the interpersonal communication between claims administrators and clients during the claims phase. We addressed this gap by following a qualitative research approach to identify the interpersonal communication challenges during the claim stage.

Research design and method

A qualitative research approach was followed for the data collection and analysis with a view to gaining a deep understanding of the participants' motivations, reasons, opinions, behaviour, perspectives and experiences within a specific social context (see Du Plooy 2009:29).

For the social context, we utilised a single case study, which involved an in-depth analysis of a unit relevant to the research (Gustafsson 2017:3). The chosen insurance institution was a leading motor insurance company in South Africa, as explained in the context of the study, making this insurer appropriate for this study. Furthermore, the single case study design and qualitative approach provided an opportunity to gain an understanding of the interpersonal communication phenomenon at hand (Du Plooy 2009:162), specifically to acquire insight into the communication challenges identified in the motor insurance sector during the claims stage and corresponding suggestions. A single case study was thus expected to provide rich insights into complex research themes (Starman 2013:29) and possibly to the discovery of

new themes (Priya 2021:95) and the identification of gaps in the current literature to be addressed in future research (Ozcan, Han & Graebner 2017:108).

Data-collection procedure

Semi-structured interviews were employed for the data collection. Semi-structured interviews are a series of open-ended questions that enable the participants to verbally answer questions in detail. This format also provides the researchers with the option of adapting the questions during the interview and asking follow-up questions if needed (Elhami & Khoshnevisan 2022). Participants were asked how they felt about interpersonal communication with clients during the claim stage and what factors led to their positive or negative views. They were also asked specifically about the challenges they faced, their experiences in the motor claims department and possible suggestions they had to overcome the challenges. Semi-structured interviews were useful in this study because they enabled the participants to share their thoughts, feelings and perceptions of interpersonal communication with their clients during the claims process.

The semi-structured interviews with the management and administrators took place in a scheduled workplace boardroom outside normal operating hours (during lunch hour) to ensure each interview was conducted in a similar fashion and under similar conditions. The interviews were face-to-face and each one took between 40 and 60 min. The interviews were recorded and transcribed verbatim.

Sampling

A total of 10 semi-structured interviews were conducted. We first interviewed the three senior managers of the motor insurance claims department. They were purposively selected as a known-group sample (see Du Plooy 2009:114) because they headed the department, were responsible for the claims administrators and could provide an understanding of the interpersonal communication with clients during the claims stage from a management perspective.

Two managers were female and one male, two identified as mixed race and one as a white South African, with an average age of 35. All three had higher education training, with a bachelor's degree being the highest level of education.

It was essential to understand the perceptions of the claims administrators who register, administer and process clients' claims and act as the main communicators with clients during the claims stage. Thus, secondly an invitation to participate in the study was sent via email to all 21 claims administrators working in the motor insurance claims department. The full population was therefore invited to participate (see Du Plooy 2009:109). This qualitative study used the repetition of information (data saturation point), as the guideline for the number of interviews conducted with the claims administrators (Lindlof & Taylor 2019:200). Therefore, data collection ended with the seventh participant, although all the claims administrators agreed to participate.

The sample of the claims administrators was primarily female (six of the participants), and black (four participants). The remaining three participants identified as white (one) and mixed race (two). The ages ranged from 20 to 31, with the average age being 24. All the participants had a Grade 12 or National Senior Certificate, with little additional qualifications. See Table 1 for details on the participants' working experience in the motor insurance claims department.

Analysis

The researchers read through each transcript in full to determine what was applicable to the research question and made notes about ideas related to the participants' words. Thereafter, the transcribed text was inductively analysed by means of qualitative content analysis, from which themes were derived (Du Plooy 2009:33).

Qualitative content analysis is a common method used to analyse data, information and phenomena from transcribed information gathered via qualitative research methods (Elo et al. 2014:10). Through the inductive analysis process the content manifests in the interviews themselves without using original theory (Lindlof & Taylor 2019), meaning that data do not get lost by forcing them to fit into a pre-established theoretical framework. The themes emerged through constant comparison of the interpersonal communication challenges and suggestions that were identified. These were then reduced to the aspects that occurred most often by clustering similar aspects together in overarching themes (see Boeije 2002:393), becoming categories called axial codes (Hesse-Biber & Leavy 2011). To ensure validity and trustworthiness, the researchers continuously and collaboratively identified themes, clustered them together to create the axial codes, discussed the codes and the process and made amendments where necessary (Creswell & Clark 2018). Our continuous discussions about the data interpretations and findings improve the validity of the qualitative approach (Wolcott 2001:79). The overarching themes or categories constitute the interpersonal communication challenges and the suggestions we identified from the case study and present for utilisation during the claims stage of the motor insurance context.

TABLE 1: An overview of participants.

Participant (pseudonym)	Years working in the motor insurance claims department (year)
Manager A	6
Manager B	8
Manager C	4
Claims administrator A	1.5
Claims administrator B	5
Claims administrator C	1
Claims administrator D	1.5
Claims administrator E	2.5
Claims administrator F	5
Claims administrator G	2.5

Ethical considerations

Ethical clearance for the research was obtained in advance according to the directives of the Basic and Social Sciences Research Ethics Committee of the North-West University (ethics number: NWU-01122-21-S7). This research project was classified as a low-risk study. The insurance company that was the case study permitted the research, subject to anonymity. All the participants were informed in advance about the aim and purpose of the research. They signed a confidentiality agreement and informed consent form before the interviews commenced. Their participation in the interviews was voluntary and they knew they had the right to withdraw at any time without consequences; no participant withdrew. The participants were not offered any incentive to participate. Both the insurance company and the participants' privacy were respected by anonymising the data when reporting the findings.

Findings and discussion

Previous researchers established the importance of communication to maintain clients and to build a sustainable business (e.g., Pressgrove et al. 2022; Van Huyssteen & Rudansky-Kloppers 2024). This principle correlated with the management's viewpoint in this study. For example, Manager A highlighted that the claims department was the 'key department to retain the client'. The managers particularly articulated the importance of claims administrators' communication during the claims process. They pointed out that 'the way the client experiences the process' (Manager C) will 'ultimately indicate if the client chooses to remain with the insurance company or cancels his or her policy' (Manager B). Manager A went so far as to say that the communication during the claims process was 'the make or break'.

Although the importance of communication was recognised, several challenges were highlighted which negatively influenced communication with clients during the claims process.

Challenges in the motor insurance sector during the claims stage

Within a high-pressure context and based on the participants' perceptions, it is evident that the claims phase within the motor insurance industry has a unique influence on the communication between the insurer and its clients. The interview data indicated four core issues that negatively influenced interpersonal communication during the claims stage, namely (1) lack of mutual understanding, (2) ineffective conflict management, (3) lack of trust and (4) one-way communication.

A lack of mutual understanding

Many of the participants felt that the clients did not understand the policy wording or the claims process. They explained that the insurance sector was based on rules and regulations, which are stipulated in clients' policies. In many

instances, clients did not have the expertise or knowledge of the claims process, insurance rules and guidelines, the policy wording or policy schedule or the terms and conditions. This negatively impacted the client's experience during the claims stage.

Claims administrator F noticed: '[T]he clients go through so much information [...] It is a lot to take in, especially if you don't have any sort of idea of what's going on'. Claims administrator B explained that 'the policy wording is difficult; they [the clients] do not understand what is going on [...] they do not necessarily know what they are agreeing to'. Claims administrator C supported this argument by stating that 'the insurance policy gets very technical'. Similarly, Claims administrator A mentioned that 'besides the actual accident, when we are talking about the policies, some clients don't understand policies correctly'.

Manager C blamed the clients for not understanding the claims process: 'It is a mess [...] then again, clients do not read their schedules to understand the process'. Claims administrator F added that 'clearly, the clients are either unaware, do not understand or [do] not speak up'.

On the other hand, an argument was raised that the insurer should ensure that the clients are informed:

We don't update them enough, honestly [...] because it sounds to me that they are not very knowledgeable when it comes to the policy [...] and they don't know which documents they must provide, and how long it will take, which email address to use, which cell phone number to even call. (Claims administrator E)

Some managers felt that the high-pressure environment resulted in claims administrators not understanding the needs and expectations of the clients, further contributing to ineffective interpersonal communication. Manager A explained the attitude of the claims administrators as 'let me just get this process over [with], rather than focusing on conversation' and that claims administrators were 'not really interested in what the client has to say'. The communication is thus a rushed process, not giving the client a voice or opportunity for mutual understanding between the client and the claims administrator.

In contrast, some claims administrators do acknowledge the importance of listening and creating opportunities for conversation. Claims administrator F explained: 'I try my best to [...] involve them in the conversation [...] I can't do the whole robotic thing'. This was supported by Claims administrator C, who explained that 'if the client calls, or the client is unhappy, listen to what the client is saying. Be honest with the client [...] listening skills are extremely important'.

A stressful and high-pressure environment can negatively affect people's communication abilities, thus hindering mutual understanding. The above quotations indicate that the participants felt that the clients did not understand the

insurance industry and were, in many ways, uninformed. This contributed to a negative experience during the claims process and could be one of the reasons for which clients were not retained. Furthermore, in the authors' view, part of the problem might lie in how the policy wording is presented. Sometimes the documents and wording could be simply too long and complicated to be assimilated by the client. The conclusion can be drawn that this might be a business communication (language and layout) problem. Another aspect is the rushed environment of the claims process that does not leave time for conversation, resulting in claims administrators not understanding the needs of the clients. This is also supported by theory where dialogue is viewed as an important factor establishing mutual understanding (Grunig & Hunt 1984:41). Thus, claims administrators should be sensitised to creating opportunities for conversation, away from the script, which could lead to mutual understanding.

Ineffective conflict management

It was noteworthy that most of the participants indicated that the claims stage occurred when there was a crisis and the claims department sprang into action when claims were registered.

The participants explained that clients were agitated, frustrated and traumatised because of the circumstances that led to the claim. This created a conflict situation because 'the client is emotional, frustrated, anxious and sometimes angry' (Manager C). Claims administrator D added that the clients were 'very stressed and there is a lot of emotions, a lot of anger' when claims were administered.

The pressure from the clients' side on the administrators in the claims process was explained by Claims administrator E:

They [the clients] are in motor car accidents. And it is irritating, it is frustrating when your vehicle is damaged, or even just your tyre or something [...] because many people live far from where they work, you know, and they need to drive, and it is kind of the only way [...] It is not like these people are happy on the other side of the phone. (Claims administrator E, 2.5 years of experience)

The claims administrators postulated that the motor insurance claims department was 'tough [...] tough [...] It is strenuous. Not because the work itself is complicated, but because it is high-pressure all the time' (Claims administrator A). Claims administrator D explained that the claims environment was:

Stressful and stressful [...] It's stressful [...] In an environment like this, you need like a space or a room whereby someone will [...] check-up [...] like a therapy for the claims department, or what we deal with [...] Even though you do not want to take it personal[ly], it comes to you immediately, you get another call, you get a client [...] and then they verbally attack you. And then you [are] also going through your own personal emotions and issues. (Claims administrator D, 1.5 years of experience)

The pressure and stress that claim administrators experience are not only caused by clients' emotions, but also by the amount of work, as explained by Claims administrator F: '[An] example is that as much as I have tasks and emails to do, I will be receiving, daily, five different lists of things to attend to'.

Moreover, the importance of the finalisation rate and the turnaround time was stressed by the participants. For example, Claims administrator C explained that:

The claim must not be processed [later] than five days. It is a target that you have to go through. And, also, your own finalisation rate and turnaround time impact the monthly one, the team, the team's performance, because even the team has its own turnaround time and finalisation rate. (Claims administrator C, 1 years of experience)

Notably, management perceives the employment of younger people in the motor insurance claims department as part of the problem. All the participants from management found that mostly young people 'who have just matriculated' (Manager A) were appointed as claims administrators and they did not have the necessary work experience, 'the skills nor the maturity' (Manager C) to deal with clients. They argued that the inexperienced, young claims administrators did not know how to handle stressful and high-pressure scenarios and were therefore a barrier to effective interpersonal communication between the insurer and clients during the claims stage.

Manager C explained the situation as follows:

I think especially our younger generation [...] who we are quite [keen] on and pro employing young people [...] a lot of them come directly from school, so they do not have the necessary skills and they haven't been exposed [...] they don't know how to deal with conflict. (Manager C, 4 years of experience)

According to management, the anxiety experienced by the inexperienced claims administrators negatively influences the communication and consequent relationships during the claims process:

The moment that the team is under pressure, we've seen that they somewhat ramble a bit [...] like that month with the Durban floods [...] the handlers go into what I would say a panic mode [...] so they sometimes lose the personal touch (Manager B).

Similarly, Manager C stated that:

[T]he more under pressure a person becomes, taking their age into consideration, and their ability to deal with pressure, they tend to become very robotic almost [...] they want to get through their work so that they do not have to carry anything over to the next day [...] and then what will happen? [...] they will start just ticking the boxes instead of building that relationship. (Manager C, 4 years of experience)

Manager A mentioned that 'this is something that [we] really don't want because if you are robotic, you sometimes forget compassion'. This indicates that the communication is based on emotions.

It seems that the claims process is often stressful and the stress experienced by the claims administrators negatively impacts their communication and relationships with the clients. One party is pressured to finalise claims (claims administrators) and the other party experiences trauma or unforeseen circumstances (clients), which could lead to conflict between the parties.

Furthermore, according to management, the inexperience of young employees in this department hampers efficient communication during the claims process, which could lead to a bad relationship and misunderstandings between the insurer and the client and ultimately the loss of a client to another insurance company. Maybe the department should consider hiring more mature staff, as the employment of young staff members could point to a counter-productive cost-cutting policy, seeing that management acknowledges a high staff turnover rate.

It is evident that the mental health and well-being of the claims administrators also comes into play when one considers the stressful and pressured environment perceived by the administrators, which has a direct impact on the effectiveness of their interpersonal communication with clients. We therefore argue that training in conflict management is crucial as theory indicates that conflict handling directly influences customer loyalty in the insurance industry (Roberts-Lombard 2013).

A lack of trust

During the interviews with the managers, it became clear that they believed that their clients did not trust insurance companies. The managers assumed the insurance industry's reputation was to blame for these trust issues. They thought that the clients had difficulty believing that the insurance industry had integrity and was reliable and competent. For example, Manager C stated:

[M]y general opinion is that the majority of South Africans believe that insurance companies are crooks. So, when a client calls in, they are already somewhat on the backfoot [...] So, for us in the claims department, clients initially do not have trust [in us]. (Manager C, 4 years of experience)

Manager C also mentioned that '[from] a recent conference that I attended [...] research has shown [...] and it is now known that people have [attached] this negative connotation [to insurers].

Manager B further explained that:

[I]n the insurance industry as a whole, I think there have been some broken trust relationships [...] clients are wary [...] they might have the impression that, 'yes, I pay my insurance [premiums]', but they might have had a bad experience previously [...] and they feel that the insurance company is out to find a reason to reject their claims. (Manager B, 8 years of experience)

Interestingly, when the issue of trust was raised, the claims administrators argued that it was the clients who were not to

be trusted. These participants argued that clients were often unethical and not transparent in their communication during the claims stage. Claims administrator C explained that 'you [the claims administrator] must set a platform for honesty. However, many clients are not transparent or ethical as they lie about alcohol abuse during the vehicle accident'.

Similarly, Claims administrator E stated that 'many clients are not honest because they are scared of the outcome. This leads to clients being dishonest, which affects their claim'. Claims administrator B also explained:

Last year I had a client that used alcohol. We did assist her [...] I had to determine if she [the client] was in the wrong or if she was in the right. She was shocked [...] however [...] I need[ed] to determine if she was lying or [if she was] telling the truth, because it is part of the claims process [...] because remember, she could be lying, [she] could be saying that she was sober. But she was heavily intoxicated. (Claims administrator B, 5 years of experience)

In short, the management and claims administrators acknowledged that there were trust issues in their relationships with their clients. However, the parties to blame differed, in their perception. This is a major challenge as long-term professional relationships, necessary for the sustainability of insurance companies, should be created based on trust (Olkonen, Tikkanen & Alajoutsijarvi 2000:404).

One-way communication

To create long-term relationships, build on mutual understanding, proper conflict management and trust, two-way symmetrical communication should be utilised to ensure continuous dialogue (Grünig 1992:552; ed. Heath 2013:324; Stepinska 2014:115). However, the claims administrator communicates with clients using a standard script that contains questions clients are required to answer. It can, therefore, be seen as 'question-and-answer communication' (Claims administrator B), leaving no room for dialogue. Questions such as the client's identity number, how the accident happened and other security questions are asked. This indicates a monologue by the claims administrator that is perceived by Manager C as 'they will start just ticking the boxes instead of building that relationship'. Such one-way communication negatively influences mutual understanding by limiting the flow of information and feedback.

Furthermore, the claims administrators are the main communicators and role players in the claims process, as stated by Manager C: 'I don't believe this is quite an organisation or a situation where you can have an equal communication system because, ultimately, your administrators are in control of the process'. The communication is, therefore, unbalanced, seeing that clients are expected to react to instructions without having a voice or opinion in the claims process. It seems as if the clients'

needs are often not understood because little dialogue or symmetrical communication takes place. The participants noticed that sometimes the administrators were not 'in touch with the communication' (Claims administrator A) or 'the needs of the client [...] who probably needs help' (Claims administrator C) or 'their questions are not met or answered [...] But, yeah, we are not even trying' (Claims administrator F). However, Claims administrator A explained that communication is not 'about speaking and listening 50/50; it's about understanding the dynamic of the relationship between you and the client'. The importance of the interpersonal communication process towards relationship building is, thus, viewed as important.

From management's perspective, it is evident that the clients do not have an environment in which to express their feelings and concerns openly because the communication is mainly based on policy wording and insurance-related rules and regulations, which are, in turn, based on the Financial Sector Conduct Authority (FSCA) rules and regulations. Manager B observed that 'it is sort of robotic, which we don't want; something that [we] really would not want because if you are robotic, you sometimes forget compassion'. Manager C alluded to the influence of dialogue to build a relationship with the client:

The better the trust relationship is going to be with the client because you can have a bit of narrative and then find a dialogue. And you are going to build a relationship that is going to make them trust us and stay. (Manager C, 4 years of experience)

The nature of the specific context (the claims stage in the motor insurance industry) therefore has a direct impact on the way communication is perceived and the direction it takes. This perceived communication has a direct influence on the client's choice to remain with the organisation, as explained by Manager A:

Funnily enough, it is in cases where we pay the claim in full, but we still lose the client due to the claims administrator not giving enough feedback to the client [...] so which way it may go, at the end of the day, it is about how we treat the claims process that counts [...] but I do believe that people want to build a long-term relationship with their insurance company. (Manager A, 6 years of experience)

In the authors' view, the relationship between a lack of mutual understanding, one-way communication, conflict and trust is closely intertwined. One-way communication often leads to a lack of mutual understanding, resulting in conflict because each party feels misunderstood or disregarded (Kim 2021). Conflicts rooted in misunderstandings erode trust because trust relies on clear, honest and reciprocal communication (Bruning & Ledingham 2000). Thus, one-way communication can create a cycle of misunderstanding and conflict, ultimately undermining trust and effective collaboration.

Based on the above perception, we argue that one-way communication is the main challenge that informs the other

challenges because the dominant communication from the claims administrator results in imbalanced communication and, thus, imbalanced relationships that contribute to the abovementioned challenges. Therefore, the following section contains some suggestions in this regard.

Managerial suggestions for interpersonal communication in the motor insurance sector during the claims stage

The participants also shared some recommendations for effective communication and the purposive use of interpersonal communication during this stage.

The main recommendation from the participants pertained to training. There are rules and regulations under which the insurance industry operates that are regulated by the FSCA and the claims administrators should be coached thereon: 'We've got specific regulations and rules that we need to abide by. We need to make sure that our consultants are well versed in what you can, what you should, say to a client' (Manager C). However, it was argued that within these rules and regulations, claims administrators should be trained in facilitating communication with clients to address the identified challenges because 'you need a specific skill set' (Manager C) when communicating interpersonally with clients during the claims stage. This correlates with Van Huyssteen and Rudansky-Kloppers' (2024) assertion that staff should be trained to provide a service with care and sensitivity, thus minimising unwarranted conflicts and building positive insurer-policyholder relationships.

Likewise, to address the issue of mutual understanding, it was argued that claims administrators should be trained to be 'sympathetic and empathetic. It is not something that comes naturally to everybody, but it is something that can be trained' (Manager A). Manager A further linked *sympathy and empathy* with understanding by advising that 'instead of saying "(sigh), here is the client unhappy again" [...] try to understand where the client is coming from'.

Claims administrator C explained that listening skills were crucial for understanding: 'Listen to what the client is saying.' Claims administrator A alluded to 'giving them feedback' because the claims administrator has a responsibility to create understanding. We recommend training for claims administrators to enhance their *listening* skills and provide them with mechanisms to actively seek *feedback* from their clients to create better mutual understanding. This recommendation is supported by various authors, who argue that active listening and feedback are necessary for the interpersonal communication process to establish an understanding between organisations and their stakeholders (Grunig 1992:552; Sutton, Kloppers & Bezuidenhout 2024:10) that could contribute to the success of organisations (Heino & Anttiroiko 2015:220).

Training in conflict management was also suggested by both the managers and claims administrators. Manager B believed that:

We can definitely spend more time in terms of conflict management. I think we can teach them how to deal with stress. Again, they come from an environment, most of them [...] going to school is the most stress that they've seen. But suddenly you are in an environment, we are responsible for more [...] and you are responsible for retaining clients and you're responsible for following rules and processes. So, I think we have more work to do in terms of stress management in terms of conflict resolution. (Manager B, 8 years of experience)

According to Mihaylova (2020:226), training is considered the most effective tool to deal with workplace conflict successfully. The theory further guides us on how conflict should be addressed through *open dialogue, displaying respect and empathy, providing enough information, clarifying the information, listening skills* and providing *access to the resources* needed for a positive outcome (Adham 2023:159; Aghaei, Haghani & Limunga 2022:46–48; Szamburski & Bodarski 2023:201).

It is also recommended that the insurance company should invest in training their claims administrators (irrespective of their age or experience) on how to deal with stressful situations and effectively resolve conflict, to improve both the overall well-being of the administrators and their interpersonal communication with clients.

Trust is based on an organisation and its stakeholders' perceptions of the integrity, reliability and competence of one another. These perceptions are formed based on the engagement of all parties in the exchange of information (Hon & Grunig 1999:3; Landsberg 2020:80; Sisson 2017:3). Therefore, it is suggested that interpersonal communication during the claims phase should be guided by the following:

- *Integrity* engenders the belief that one party will act fairly and ethically towards the other party and with no deception. This is especially important in the Motor Insurance Claims Department because claims administrators must act fairly and ethically towards their clients during the motor claims process.
- *Reliability* refers to behaviours and communication being constant and consistent. The key focus area here is constant communication with clients during the whole claims process and not merely in the registration phase.
- *Competence* is when the party is able to do what it has undertaken to do. The other party thus has confidence in the first party's skills, abilities and performance. Clients must feel that their claim is in good hands and believe that the Motor Insurance Claims Department and its claims administrators will do as it has promised.

These suggestions are supported by the participants, who highlighted the importance of *ethical and transparent communication* in the following statements: 'Honesty, being open and honest from the beginning' (Manager A); 'You [the claims administrator] must set a platform for honesty'

(Claims administrator C); 'Making promises and keeping them' (Claims administrator E); 'open communication, creating trust and understanding' (Manager B); 'We need to at all times remain ethical in what we say to a client' (Manager C).

It is argued that applying all the guidelines and suggestions discussed earlier in the text would also contribute to positive perceptions about the integrity, reliability and competence of the organisation.

Furthermore, we maintain that the perceived one-way communication during the claims process influences all the other challenges identified because the interpersonal communication is unbalanced and uneven (Makwambeni & Matsika 2022:10). Ideally, the communication should create a 'safe space' for the clients (Claims administrator C), in which 'clients feel safe and comfortable [...] feel like their claim is safe in my hands [...] it's about serving them [...] it's about helping them out of a difficult situation (Claims administrator A). To create such a safe space, it is recommended that *two-way symmetrical communication* is practised, whereby the clients are involved in the conversation (Claims administrator F) because of the administrator listening to what they are saying and responding accordingly (Claims administrator A). Claims administrator C felt that a platform should be created for clients who gave them 'a wonderful experience to be part of the family and not just about the money'. These perceptions are supported by authors who argue that two-way symmetrical communication puts organisations and their stakeholders in conversation with one another (Kent & Lane 2021:7), whereby the organisation and clients adapt to each other's needs and perceptions, which creates long-term, mutually beneficial relationships (Bruning & Ledingham 2000:160). It is further argued that *dialogue would aid in*

understanding and addressing stakeholders' needs, perceptions and expectations (Landsberg 2020:26). Once the clients' needs are understood, positive changes in attitudes, perceptions and behaviours, both for the organisation and its stakeholders, will develop (Grinig 1992:29; Makwambeni & Matsika 2022:8).

We argue that training in fostering mutual understanding and conflict management would also aid in addressing trust issues and one-way communication. The principles of sympathy and empathy, listening, feedback, respect, providing and clarifying information and providing access to resources would apply, together with ethical and transparent communication, two-way symmetrical communication and dialogue to understand and adapt to the client's needs. It is, thus, recommended that insurance companies develop very specific training opportunities for their claims administrators that will enable them to apply these principles within the claims phase.

Based on the challenges and recommendations, the following framework (see Figure 1) is suggested for interpersonal communication in the motor insurance sector during the claims stage.

Conclusion

The current researchers aimed to identify interpersonal communication challenges during the claims stage from the perspectives of senior management and claims administrators' responsible for the motor insurance department at a large South African insurer, using a qualitative research approach to data collection and analysis. Based on the identified challenges, possible solutions are recommended, with a framework for training claims administrators operating in this context.

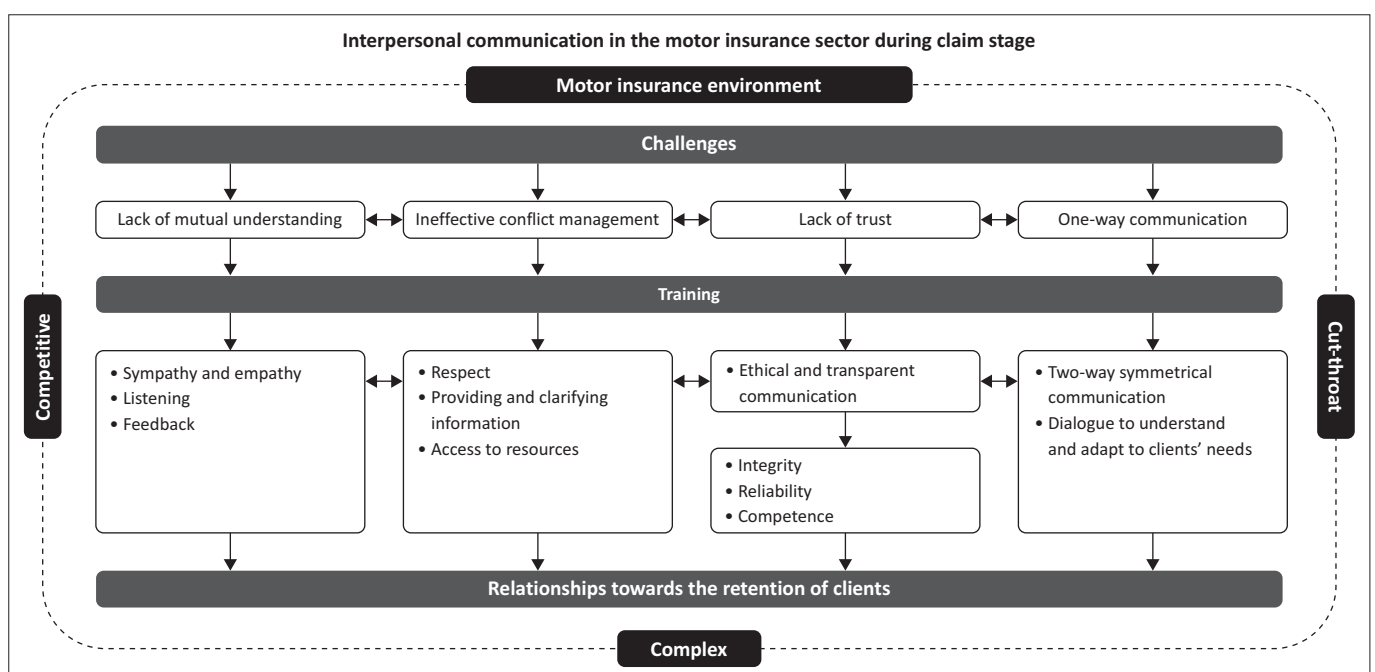


FIGURE 1: Proposed conceptual framework.

It became evident that the specific context of the insurance sector and the claim phase within the insurance company contributed to the interpersonal communication challenges. The relationship between the claims administrators and their clients is imbalanced, because the insurance sector is based on rules and regulations, stipulated in clients' policies, and only the claims administrator has the necessary expertise and knowledge of the claims process, insurance rules and guidelines, policy wording, schedule and terms and conditions. The claims administrators are the main communicators and are the ones who set the tone during the claims process. Clients generally do not have any insurance-related knowledge. They pay a monthly premium but there is no guarantee that their claims will be approved and paid out, leading to frustration and conflict. Clients need financial payouts and claims administrators have targets to reach. The claims administrators are in full control and make the decisions. Therefore, these are one-sided needs that do not benefit both parties. Only one party will benefit, depending on the outcome of the claims. Claims administrators might meet their targets, but that does not mean that the clients' will be paid out. This is a business-based situation and is financial in nature. Therefore, there is no relationship based on care for each other. These needs do not benefit both parties mutually.

Furthermore, it was found that there was pressure on the claims administrators to finalise claims within 5 days and to finalise as many claims as possible. Moreover, the clients tended to be agitated, frustrated and traumatised because of the circumstances that led to the claim. This created conflict between the two parties and the clients became furious when their claims were not approved, and they often cancelled their policies. In short, emotions ran high in this communication. The young individuals who were appointed as claims administrators had just matriculated and might not have had the skills or maturity to handle difficult clients. In addition, they had a script containing the questions the clients were required to answer, which guided the communication, resulting in an unbalanced one-way communication structure.

Because the motor insurance claims department practised one-way interpersonal communication, long-term relationships could not be built or maintained. This dynamic was purely about financial payouts and targets being reached, which was not a sustainable relationship. It led to a loss of clients because the claims administrators did not fully understand what the clients needed and where their concerns lay. Therefore, the clients struggled and, ultimately, had a negative experience. The claims administrators should, therefore, develop interpersonal communication skills to build long-term relationships with clients if the company is to be sustainable.

We acknowledge that non-communication factors, such as the payout of claims, also influence the retention of clients

during the claim stage. However, the findings show that claims administrators should be trained in the following specific effective interpersonal communication principles to mitigate the challenges of mutual understanding, conflict management, trust and one-way communication: Sympathy and empathy, listening skills, feedback, respect, providing and clarifying information, access to resources, ethical and transparent communication, two-way symmetrical communication and dialogue to understand and adapt to clients' needs.

Our research not only advances academic understanding but also provides tangible solutions that address real-world challenges. The conceptual framework makes a theoretical contribution by clarifying the relationships between the challenges and recommendations as well as integrating new insights to support and expand on existing theories. The practical contribution of this framework lies in its applicability to addressing the real-world communication challenges facing insurance companies during the claim stage, providing actionable insights for the insurance industry to apply the research findings within their specific contexts.

Limitations and future research

Owing to the individual clients' *Protection of Personal Information Act* (POPIA) choices related to their policies, the insurance company is legally obligated to protect the personal information of its clients. It was therefore not possible to contact these clients; thus the clients' perspectives could not be investigated in this study. The study was also conducted within one company and one department (the motor insurance claims department). Therefore, the findings might not be generalisable to other insurance companies or departments.

However, this qualitative research, which was not intended to be generalisable but rather to gain an in-depth understanding of the specific case study (Lindlof & Taylor 2019:20), contributes to the body of knowledge by presenting interpersonal communication challenges for the insurer in a competitive environment and suggestions to mitigate these challenges with clients in the claims phase of the motor insurance process. On a practical level, these suggestions could contribute to more effective interpersonal communication with clients during the claims process, which could ultimately ensure sustainability and survival for these agencies. Therefore, it is suggested that insurers in other contexts aiming to facilitate interpersonal communication with their clients during the claims stage take cognisance of the challenges and recommendations we provide and see how they can be adapted and applied in their sectors and contexts. Future researchers could quantitatively test the interpersonal communication challenges identified in our study and the recommendations in the proposed framework to generalise the findings in the insurance sector during the claims stage.

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Competing interests

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Authors' contributions

L-M.S was responsible for data collection, initial data analysis and implementation of the research, under the supervision of L.B.S and L.B. Further contributions by L.B.S. and L.B. included conceptualisation, the design of the research, the analysis of the findings, and the co-writing of the manuscript.

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Data availability

The authors confirm that the data supporting the findings of this study are available within the article (direct quotes from participants). The recordings and transcriptions of the semi-structured interviews are not publicly available because of ethical restrictions, as they could contain information that could compromise the privacy of research participants.

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