



## ANALYSIS OF PATIENT COMPLAINT HANDLING MANAGEMENT REGARDING HEALTH SERVICES IN MAINTAINING HOSPITAL QUALITY

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### ABSTRACT

Complaints received by hospitals from patients and their families have the potential to provide (early) warnings that, if followed up, can prevent patient safety incidents. Complaints about services can be used to improve the standard of health facility services. Therefore, organizing complaint forms for hospitals minimizes complaints in the hope of reducing the risk of patient safety hazards and improving the quality of hospital services. This study aims to analyze and explore the management of complaint handling at Balikpapan Baru Hospital. Using a qualitative research method with a phenomenological approach with researchers as instruments. In-depth interviews with 5 informants through purpose sampling techniques. Data sources in the form of patient complaints for the period July-November 2023. Most patient complaints were related to the behavior (communication method) of health workers, patients who submitted complaints were directly directed to fill in and there were obstacles in the form of differences in perception of complaint categories by health workers. Complaint handling management at Balikpapan Baru Hospital is managed by team and involves various units. There were obstacles in the form of different perceptions in filling out the form and different responses regarding complaint handling related to communication between health workers.

Keywords: communication; complaints; handling complaints; hospital

### How to cite (in APA style)

Ekawati, M. F., Bakhtiar, R., & Sedionoto, B. (2025). Analysis of Patient Complaint Handling Management Regarding Health Services in Maintaining Hospital Quality. *Indonesian Journal of Global Health Research*, 7(4), 509-516. <https://doi.org/10.37287/ijghr.v7i4.6326>.

## INTRODUCTION

Hospitals as one of the institutions engaged in health services are inseparable from patient complaints about hospital services. Filing complaints about the quality of service obtained is the right of the patient (Permenkes 4, 2018). Complaints can come from patients or patients' families (Aan Adriansyah et al., 2023). Hospitals are obliged to improve the quality of health services continuously and sustainably internally and externally. Complaints received by hospitals from patients and patients' families have the potential to provide (early) warnings which, if followed up, can prevent patient safety incidents (Kroening et al., 2015). Complaints about services can be used to improve the service standards of health facilities (Raberus, 2019). The handling of patient complaints about health services has a positive relationship with patient satisfaction. Patient satisfaction has a relationship with loyalty to the patient (Fatonah & Palupi, 2020). Customers/patients who use services often make consumption decisions based on the brand name or reputation of the service product, especially in the medical care service industry which has high credibility (Cham, 2021). Proper complaint resolution was very important for hospitals. Because complaints that are handled appropriately will reduce the negative image that will emerge in a society that was all about technology (Cham, 2021). For this reason, organizing complaints for hospitals is very important (Aan Adriansyah et

al., 2023). Hospitals are required to provide complaint service units (Permenkes 4,2018). Complaint services include collecting information, clarifying and resolving patient complaints about dissatisfaction with the services provided by Health Workers in the Hospital and/or service procedures in the Hospital (Permenkes 4, 2018).

Patient satisfaction survey for the 16th period October 2023 - October 2024 (375 patients), 98.7% stated satisfaction and 1.3% answered dissatisfaction. For the period of July - October 2024, there were 27 complaints. 31.03% of complaints were directed at emergency departments and 86.2% of complaints were related to the attitude of officers. Officers' attitudes include officer communication, officer skills, responsiveness to calls and accuracy of practice schedules. The satisfaction rate is more than 90%, but there are still complaints at Balikpapan Baru Hospital. Therefore, a deeper understanding or knowledge is needed regarding the management of patient complaint handling that is currently running at Balikpapan Baru Hospital through this study. The results of this study are expected to provide insight to hospitals in improving the management of patient complaints in hospital practices can provide implications in increasing patient satisfaction and loyalty while improving the quality of services at Balikpapan Baru hospital.

## **METHOD**

The method is to conduct in-depth interviews and document reviews (complaint forms). The sampling technique is purposive sampling. This study uses a qualitative method with thematic analysis. The informants consisted of 5 people who were selected using the purpose sampling technique. The five informants are members of the complaint handling team, have worked at least 2 years in the hospital, are willing to provide information to researchers and can tell their experiences smoothly and informants who agree to the recording process and the results of the research will be published. The five informants consist of the Head of the compliance handling team (also the Head of the Medical Department), the Head of Inpatient Installation, the Head of the Emergency Room, the Head of the Inpatient Room and the Head of the Reception Team. The department or unit chosen was the room that the researcher considers to be most related to handling complaints, because it was the destination unit for patients who complained. Room head and team leader had the authority to collect complaints experienced by themselves and also from their staff. Each team leader has more than 5 staff. The research instruments were the researcher himself, in-depth interview guide, observation guide, note-taking tool, notebook and recording tool ( phone celluler).

The interview was conducted by means of an in-depth interview regarding the perceptions and experiences of the informant and the informant's team or subordinates in handling complaints in their unit. The interview was conducted individually and was conducted in the informant's workspace. The maximum interview duration for each informant was 60 minutes. Interviews with semi-structured questions related to complaint handling include complaint incidents according to informants, the most frequent factors or causes of complaints, then the flow or stages in complaints as well as obstacles and challenges in handling complaints. Considering that interview data collection was carried out during the informant's working hours with the aim of providing comfort and the hope that the informant can provide true information freely. Interview data in the researcher's transcript without adding the researcher's perception (purely the informant's response to the questions) in microsoft word format. The data sources in the form of summarized complaint data and interview transcripts will be processed using Nvivo series 15 software. Data presented in the form of thematic analysis.

## RESULT

In this case, the Hospital Director established a Complaint Handling Team which was responsible for managing complaints handling at the Hospital. The team formed has the same commitment and views regarding the importance of proper complaint handling. team whose members consist of unit/room heads and public relations. 20 unit heads, 3 department heads, 1 public relations and 1 admin. This team was headed by one person. The rest have automatically become members of the Balikpapan Baru Hospital complaint handling team. Also it was recognized because complaint handling was very important for forming the hospital's branding. This was conveyed by the respondent who was the head of the Complaint Handling Team (and Head of Medical Department) with the following expression: ".....proper complaint handling was very important. Unhandled complaints mean low patient satisfaction levels, which will result in a decrease in trust. It will also affect the number of visits to the hospital. Not to mention those (patients/patient families) who complain will post negative sentences on social media. The level of trust will decrease even further."

At the Balikpapan Baru Hospital, almost every day there are patient complaints about the unit's services. The 5 informants agreed on this. The time also could not be determined. However, it was different from 2 informants who said that complaints were often received at 3-8 pm every day. The number of patients at that time has a fairly large number of patients compared to the morning 2-3 times. Complaints were also received more about the attitude of the officers. The attitudes of these officers vary. Low tone of voice, unresponsive / indifferent when patients come to the unit (ER), unfriendly faces, and there was a tendency to judge patients with certain words that cause dissappoint for patients. Data processing through Nvivo software in data source processing by researchers obtained the most frequently appearing words are the words not. Not friendly, not polite, not caring, not available, inadequate, not appropriate. Not friendly when providing services, not polite in speaking (high tone), not caring even though the patient has explained, not providing facilities or medicines. Repeated words are unfriendly words. Unfriendly was most often meant as words that are quickly impressed by patients such as cornering patients accompanied by unfriendly facial expressions. Speech and gestures are part of communication.

*"Being unfriendly and impolite are also part of communication. The point was communication from friends. Patients do not know that the class difference was not seen from the room rate but from the INACBGs rate. In addition, there are also complaints because friends such as nurses are rude to patients, attitudes, words or sometimes mwasperceptions are not wrong but more or less right from the position that according to the complainant was impolite".*

When patients complain about the services provided in the hospital, such as the problem of communication between health workers, the steps taken by the health workers on duty are to respond to the complaint by explaining or responding to the complaint with a solution or way out. When the officer who receives the complaint, whether the complaint was directed at himself or another person or even another unit, the officer will also apologize for the uncomfortable conditions that arwaself it was not completed at that time in one explanation, the patient will be asked to fill out a complaint form that has been placed in each unit. In data processing through the Nvivo series 15 software, there was the second most repetition of the word "form". This was in line with the fact that the implementation of complaints / complaints was adminwastrative management that prioritizes documentation, namely by filling out forms This was also a commitment of the hospital in terms of complaint facilities. Completing the complaint form directly, writing a sheet in the mailbox, complaints with social media provided officially by the agency are part of the implementation of public services Government Regulation No. 47 of 2021 concerning the provision of complaint

mechanisms and complaint channels. In the Emergency unit and inpatient units there are differences in forms. The Emergency Unit uses a form that was issued earlier than the form used in the inpatient unit

*“..... We provide a form for complaints. With the old form. Still using the old one.....”*

In the new form, in the final table section there was a colored box that must be circled by the receiving officer to classify complaints as mild, moderate and severe. Socialization related to the details of this classification was not yet included in the written procedure for handling complaints. The recommendation to sort the colors filled in by health workers was only based on in-house training provided by the complaint handling team in mid-2022 and new employee orientation in the form of verbal language only. Discussion regarding special socialization related to the complaint form has not been carried out. Different perceptions between employees are possible.

*“.....Then the challenge in carrying out complaint handling was that the categories of large and small differ according to people's perceptions. Some people underestimate the big ones or make them small, or even exaggerate them. The main thing was to determine whether it was light or heavy”.*

In addition, when complaining, not all patients are willing to write a complaint form. The reasons for not being willing vary. The most common was the emergence of an uncomfortable feeling towards the officer on duty. An uncomfortable feeling can also be caused by the perception of getting different treatment after complaining.

*“Patients do not want to be asked to write, sometimes patients feel uncomfortable. Because it was impossible for nurses to help fill it in. In my opinion, the one who writes should be the one who complains because to get a point of view it must be from the patient themselves or from the one who complains. If the one who writes was a nurse or hospital staff, then it can be reduced or even added”.*

Patients who have completed the complaint form will receive further treatment. With the same health worker or with a different person. The patient's agreement that the second explanation or treatment was received, then the complaint in question was considered complete. However, if the patient has not expressed satisfaction or verbally the patient says they do not accept the explanation, then this complaint will be escalated to a higher stage. The complaint form will then be given to the head of each unit, and will be posted in the complaint handling team group. So that when there was input related to the complaint in question and requires coordination with other units, the head of the intended unit will understand and respond. In the group which was also a membership, there was the head of the medical department who was also the head of the complaint handling team, the head of the personnel department, the head of the medical support department who can provide input and direction if the handling requires a decision based on the basic rules of the Hospital. In addition, in the whatsapp group, direct discussions can take place in writing. Units related to the purpose of the complaint but do not respond will be called by the head of the complaint handling team.

Patients who complain with complaints that must be handled with the escalation path, will be asked to wait in the inpatient room. If not from an inpatient, the complaining patient is directed to the Administration section where there are tables and chairs specifically for patients / families of complaining patients. Handling more complex complaints sometimes takes more than 24 hours. This is because it is known that hospital services require comprehensive action handling. Hospital services are continuous and gradual so that one episode of care affects other units. Complex complaints (escalation) related to communication

between patients and nurses, patients and doctors, patients and other health workers, as a further stage will be met with the aim of a peaceful path. The patient agrees with the agreement on the peaceful path where health workers and patients are met, then the complaint is marked as resolved. However, if it is not resolved, the Hospital will provide alternative solutions. Alternative solutions are provided such as priority patient registration with the next nurse or administrative assistance to hand over care to another doctor and so on. If the patient agrees, the complaint is marked resolved. However, if not, then the final way is that the Hospital will convey an apology for the inability to fulfill what the patient wants. Patient complaints have different purposes. It can be caused by a request for compensation or special consideration, because of retaliation, because of the order so that the problem does not recur, or because it requires an explanation or simply to get an apology from the health worker (Matsoso,2017)

Problems related to communication (unfriendly officers, rude officers) there is no feedback documented in the form. So that good recommendations from the head of the complaint handling team, or perhaps officers who receive complaints or input from various unit heads do not appear. This is an opportunity for the same complaint to recur. Therapeutic communication in the nurse-patient relationship is the exchange of information between a nurse and a patient based on mutual respect and involvement in managing the patient's health concerns. Therapeutic communication is the core of patient-centred care (Catrina, 2021). For the complaint management aspect itself, which is explained in the results, a scheme can be created.

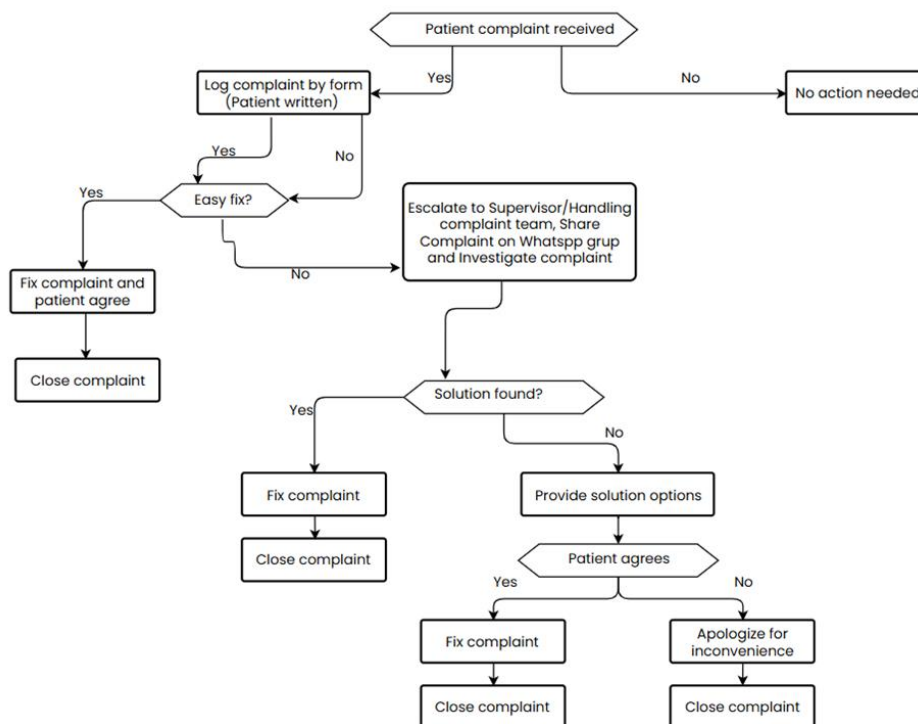


Figure 1. Management handling complaint at Balikpapan Baru Hospital

From the side of complaint handling management where management includes organizing, planning implementation and evaluation. Organization and planning formed a complaint team and a procedure pattern that can be schemed by researchers. What is missing is support in handling complaints such as flyers or complaint explanation boards in the strategic area.

*“...Only socialization can be done. If there are flyers or standard regulations in the inpatient unit, then there are none”.*

The implementation aspect of complaint handling can also be done. However, from the evaluation and monitoring it cannot be described yet.

*“... The challenge for human resources, socialization has been done, but there are still complaints about human resources, it needs to be refreshed again after that what. There are still those who feel with 'their own self,': "I am like this", if necessary, an IHT is made that focuses on the practice of how to handle it because not everyone understands. There are even those who are wrong but do not know and do not want to know if they are wrong”.*

*“.. The expectation is that the management of complaint handling runs according to what *dwasosialwasakan*, and if it is serious it is handled immediately. Coordination of related units regarding the complaint form, *dwasosioalwasasakan*, category and handling time. For clarity of handling as well. Must often practice determining which ones should be handled immediately and which ones should not.*

## **DISCUSSION**

Proper and effective communication can increase service satisfaction (Alfarizi, 2019). Recommendations for improving services at Balikpapan Hospital can only be raised in evaluation activities in handling complaints. This can prevent repeated complaints. Because evaluation and monitoring are not carried out, the development of complaint forms that result in different units using different forms is very possible. In addition, the evaluation is not carried out, the ability to resolve complaints between officers is not the same and recommendations for action on the most frequent complaint factors (communication) cannot be reported for follow-up development of hospital human resources.

## **CONCLUSION**

Complaint Handling at Balikpapan Baru Hospital was agreed to be an important thing to be resolved. In the management of complaint handling, the health workers on duty already have the same understanding, namely the initial stage of handling . The filling form was offered to patients if they still do not receive an initial explanation or initial handling. In terms of management, it was quite good in organizing and planning. However, in its implementation, it was necessary to have supporting facilities for flyers and a written complaint flow at the unit. While in the management of the relationship between evaluation and monitoring of complaint handling has not been implemented. So that the management of complaint incidents occurs repeatedly (communication of health workers)In this study, it was expected to add complaint data sources with details of the variations in types of complaints systematically in the hospital. In addition, interview data sources are also needed as triangulation of sources by looking at the perspective of the hospital leadership in this case the Hospital Director and the perspective of several patients who complained. Both of these are limitations of researchers that can be opportunities in further research

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