Medivance: Journal of Clinical and Health Innovation
ISSN (E): XXXX-XXXX ‖ Volume 1 Issue 2, 2026 ‖ P.07-12
https://cakra-edus.id/index.php/JCHI
cakra.journal@gmail.com ‖ 082348954778

The Effectiveness of Patient Complaint Management in Improving Healthcare Service Quality in Hospitals: A Literature Review

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Received: 03/04/2026 **Accepted**: 15/04/2026 **Published**: 21/05/2026

ABSTRACT

Objective: This literature review aimed to identify and analyze the effectiveness of patient complaint management in improving the quality of healthcare services. **Methods**: A literature search was conducted across several electronic databases using combinations of keywords related to patient complaints, complaint management, patient satisfaction, service quality, and healthcare services. Articles were selected according to predefined inclusion and exclusion criteria and were subsequently analyzed and synthesized using a narrative descriptive approach. **Results**: The review findings showed that effective complaint management is characterized by the availability of easily accessible complaint channels, clear procedures, prompt responses, empathetic communication, systematic documentation, and transparent follow-up. Complaint analysis can help healthcare facilities identify service-related problems, including delays, staff attitudes, insufficient information, administrative errors, inadequate facilities, and noncompliance with established procedures. Complaints that are handled appropriately can increase patient satisfaction and trust and provide a basis for improving service processes. In contrast, delayed responses, lack of follow-up, staffing limitations, and the absence of integrated complaint data can reduce trust and hinder quality improvement. **Implications**: Healthcare facilities should develop integrated, user-friendly, responsive, and patient-centered complaint management systems. Regular complaint evaluation, root cause analysis, staff training, and follow-up monitoring are necessary to ensure that complaints are not merely resolved administratively but are also used as a source of information for continuous service quality improvement.

Keywords: Patient Complaints; Complaint Management; Quality of Healthcare Services; Patient Satisfaction; Quality Improvement.

INTRODUCTION

The quality of healthcare services is assessed not only on the basis of successful clinical interventions but also according to safety, timeliness, communication, respect for patients, ease of access, and the ability of healthcare facilities to respond to users' needs. In patient-centered care, patients' experiences and voices are important sources of information for evaluating gaps between the services expected and those actually received. One form of patient feedback that requires particular attention is complaints or grievances concerning healthcare services (1).

Patient complaints refer to expressions of dissatisfaction, concern, or negative experiences related to the processes or outcomes of care. Complaints should not be viewed merely as threats to the reputation of healthcare facilities but as valuable sources of data that may reveal service weaknesses that are difficult to identify through clinical audits, staff incident reports, or structured satisfaction surveys. Complaint narratives

can provide a more comprehensive picture of the patient journey, including problems occurring during registration, examination, treatment, communication, discharge, and follow-up care (2).

Analyses of patient complaints indicate that the problems reported by patients can generally be grouped into clinical issues, service management issues, and relationships between patients and healthcare professionals. Clinical problems may involve safety, diagnosis, treatment, or the competence of healthcare personnel. Management-related problems include waiting times, access, administrative procedures, facilities, and care coordination. Interpersonal problems, meanwhile, relate to communication, staff attitudes, empathy, respect, and patient involvement. Systematic classification helps healthcare facilities identify patterns, levels of severity, problematic stages of care, and areas that may place patients at risk of harm (1).

Patient complaint management encompasses a broader range of activities than simply providing a response to the patient. The process includes establishing complaint channels, receiving and recording reports, verifying problems, conducting investigations, communicating with the relevant parties, providing responses, resolving cases, documenting outcomes, monitoring follow-up actions, and using the results of complaint analyses to improve quality. An effective complaint management system requires clear procedures, designated responsible personnel, easy access, protection of confidentiality, and escalation mechanisms when problems cannot be resolved at the service-unit level (3).

From the patient's perspective, the effectiveness of complaint management is also determined by the promptness of the response, clarity of information, opportunities to describe their experiences, empathetic attitudes, acknowledgment of the problem, honest explanations, and certainty regarding follow-up actions. The initial response of healthcare professionals can influence the progression and resolution of a complaint. The ability to listen actively, accept the patient's perspective, demonstrate accountability, and offer a sincere apology is essential in preventing conflicts from developing into more serious complaints (4).

Although many healthcare facilities have provided surveys, suggestion boxes, direct complaint services, telephone lines, social media platforms, and digital channels, the information collected is not always used optimally for quality improvement. Several studies have shown that complaints are still frequently handled as individual cases that must be closed as quickly as possible rather than as sources of organizational learning. Other barriers include unclear responsibilities, limited time and staffing, inadequate training, defensive attitudes, a blame culture, weak coordination between units, and the absence of links between complaint data and quality improvement programs (5).

Collecting patient feedback alone is insufficient unless it is accompanied by analysis, prioritization, and corrective action. Systematic reviews have shown that interventions based on patient feedback have the potential to improve patient-centered care, although their effectiveness is influenced by how the data are collected, communicated to staff, translated into action plans, and subsequently reevaluated. Improvement is more likely to succeed when there is supportive leadership, staff involvement, clear objectives, easily understood data, and a closed-loop feedback system (6).

Structured complaint analysis can also reveal hot spots, namely service areas that frequently generate problems or harm, and blind spots, namely issues that are difficult for healthcare professionals and management to observe but are directly experienced by patients. Studies conducted in several hospitals have shown that instruments such as the Healthcare Complaints Analysis Tool enable complaints to be classified according to the type of problem, level of severity, stage of care, personnel involved, and impact experienced by the patient. This information can be used to establish priorities for risk control and resource allocation.

Responsive complaint management is also associated with patient satisfaction and trust. A system that enables patients to report problems easily, receive clear responses, and observe corrective actions can strengthen the perception that the healthcare facility is accountable for the quality of its services. Conversely, ignored complaints, defensive responses, uncertainty regarding resolution, and the recurrence of the same problems may reduce satisfaction and damage the relationship between patients and healthcare facilities (7).

In the Indonesian context, research indicates that the implementation of patient complaint management varies across hospitals. A study conducted at a public hospital in Yogyakarta showed that complaint management could be implemented in accordance with established procedures when clear reporting channels and follow-up mechanisms were available. However, research in other public hospitals identified limitations such as inadequate communication competence, the absence of direct channels managed by the relevant units, unclear allocation of responsibilities, limited training, and inconsistent implementation of

procedures. These findings indicate that the existence of standard operating procedures does not always guarantee effective implementation.

Technological developments provide opportunities to manage complaints through digital platforms and analyze large volumes of data. Complaint data can be mapped according to time, location, type of service, severity, and stage of the patient journey. Recent analyses have shown that complaint patterns can be used to identify high-risk service areas and support more accurate prioritization of improvement initiatives and resource allocation (8).

Although patient complaints have been recognized as important sources of information on quality and safety, research on the effectiveness of complaint management continues to produce varied findings. Some studies focus on the types and numbers of complaints, whereas others examine staff responses, patient satisfaction, documentation systems, or the use of complaint data for improvement. Not all studies have explained whether complaints actually result in policy changes, process improvements, reductions in recurring incidents, or measurable improvements in service quality.

Based on the above considerations, this literature review aims to identify and analyze the effectiveness of patient complaint management in improving the quality of healthcare services. The review examines complaint channels, processes for receiving and resolving complaints, the promptness and quality of responses, supporting and inhibiting factors, the use of complaint data, and its contribution to patient satisfaction, patient safety, organizational learning, and continuous service quality improvement.

METHOD

This study employed a literature review method to identify and analyze the effectiveness of patient complaint management in improving the quality of healthcare services. The processes of searching, screening, and selecting articles followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines, which comprise the stages of identification, screening, eligibility assessment, and article inclusion. The PRISMA guidelines were applied to ensure that the literature selection process was conducted and reported systematically, transparently, and in a traceable manner.

The review question addressed in this study was: “How effective is patient complaint management in improving the quality of healthcare services, and what factors influence its success?” The article search was conducted using PubMed, Scopus, ScienceDirect, and Google Scholar. The search was limited to articles published between 2016 and 2026, available in full-text form, and written in either Indonesian or English. The final search was conducted on July 3, 2026.

The search strategy used the following English keywords: patient complaint, healthcare complaint, hospital complaint, complaint management, complaint handling, patient grievance, patient feedback, patient concern, complaint resolution, complaint response, service recovery, quality improvement, healthcare quality, service quality, patient safety, patient satisfaction, hospital, and healthcare facility. These keywords were combined using the Boolean operators AND and OR.

The primary search strategy was formulated as follows: *("patient complaint" OR "healthcare complaint*" OR "hospital complaint*" OR "patient grievance*" OR "patient concern*" OR "patient feedback") AND ("complaint management" OR "complaint handling" OR "complaint resolution" OR "complaint response" OR "service recovery") AND ("quality improvement" OR "healthcare quality" OR "service quality" OR "patient safety" OR "patient satisfaction") AND (hospital* OR "healthcare facilit*" OR "health service*")**

To broaden the search results, additional searches were conducted separately using the following combinations: *("patient complaint" OR "patient grievance*") AND ("complaint management" OR "complaint handling") AND ("healthcare service*" OR hospital*)** *("patient feedback" OR "patient concern") AND ("quality improvement" OR "service improvement") AND ("healthcare facilit*" OR hospital*)**, *("complaint resolution" OR "complaint response") AND ("patient satisfaction" OR trust OR loyalty) AND ("healthcare service" OR hospital)**, ("healthcare complaint analysis" OR "Healthcare Complaints Analysis Tool" OR HCAT) AND ("patient safety" OR "quality of care"), ("service recovery" OR "complaint handling") AND ("healthcare quality" OR "patient experience") AND hospital*, The search for Indonesian-language articles used the following keywords: “patient complaints,” “patient grievances,” “complaint management,” “grievance management,” “complaint handling,” “complaint resolution,” “patient feedback,” “patient satisfaction,” “quality of healthcare

services," "quality improvement," "patient safety," "hospitals," and "healthcare facilities." The keyword combinations were adjusted according to the characteristics and indexing systems of each database.

Inclusion Criteria

Articles were included in the review if they met the following criteria:

1. Original research articles employing quantitative, qualitative, or mixed-methods designs.
2. Examined complaints, grievances, concerns, or negative feedback submitted by patients or their family members.
3. Analyzed the processes of receiving, recording, classifying, investigating, responding to, resolving, or following up on patient complaints.
4. Examined the effectiveness of patient complaint management systems or mechanisms.
5. Linked complaint management to service quality, patient safety, satisfaction, trust, patient experience, organizational learning, or improvements in service processes.
6. The study was conducted in a hospital, community health center (Puskesmas), clinic, primary healthcare facility, referral facility, or other healthcare organization.
7. The study participants or data sources consisted of patients, patients' family members, complaint management staff, healthcare professionals, facility managers, complaint records, or patient complaint databases.
8. Clearly described the methods used to collect, analyze, or classify complaint data.
9. Published between 2016 and 2026.
10. Available in full-text form.
11. Written in Indonesian or English.

Exclusion Criteria

Articles were excluded if they met any of the following criteria:

1. Did not address patient complaints, grievances, or feedback.
2. Examined patient satisfaction only in general terms without assessing complaint management mechanisms or follow-up procedures.
3. Focused solely on communication by healthcare professionals without relating it to complaints or complaint resolution.
4. Focused solely on legal claims, malpractice, or compensation without linking these issues to healthcare service quality improvement.
5. Reported only the number or types of complaints without explaining the handling process, responses, follow-up actions, or implications for service quality.
6. The study was conducted outside the healthcare context.
7. Participants were drawn solely from the general public and had no experience of using healthcare services or submitting healthcare-related complaints.
8. Focused solely on the development of a complaint application without implementation, user testing, or evaluation of its effectiveness.
9. Were literature reviews, systematic reviews, scoping reviews, meta-analyses, editorials, commentaries, books, undergraduate theses, master's theses, doctoral dissertations, or conference proceedings available only in abstract form.
10. Were identified as duplicates.
11. The full text of the article could not be obtained.

Article Selection Process

Article selection was conducted in accordance with the PRISMA framework. During the identification stage, all articles retrieved from PubMed, Scopus, ScienceDirect, and Google Scholar were collected. Articles identified as duplicates were removed before proceeding to the screening stage. During screening, the titles and abstracts were assessed for their relevance to patient complaints, complaint management, healthcare facility responses, complaint resolution, service quality, patient safety, and quality improvement. Articles that were irrelevant to the topic or did not meet the preliminary criteria were excluded.

Articles that passed the screening stage subsequently underwent eligibility assessment through full-text review. At this stage, the articles were examined in greater depth according to the predefined inclusion and exclusion criteria. The assessment covered the type of complaint, data sources, management mechanisms,

response times, investigation processes, forms of resolution, follow-up actions, management involvement, and the relevance of the study findings to service quality improvement.

Articles that met all eligibility criteria were included in the literature review. The numbers of articles identified, duplicate articles removed, articles screened, articles excluded, full-text articles assessed for eligibility, and articles included in the review are presented in the PRISMA flow diagram.

Data Analysis

The data were analyzed using a narrative descriptive approach. The findings from each article were compared, summarized, and grouped according to thematic similarities. The study findings were categorized into four main themes:

1. forms and mechanisms of patient complaint management;
2. indicators of effective complaint management;
3. the contribution of complaints to improving the quality of healthcare services; and
4. factors that support or hinder the effectiveness of complaint management.

The forms and mechanisms of complaint management were grouped according to the use of direct reporting channels, suggestion boxes, telephone services, email, websites, digital applications, social media, patient experience surveys, complaint units, and customer relations services. The analysis also covered the stages of complaint receipt, recording, classification, verification, investigation, escalation, response provision, resolution, documentation, and follow-up monitoring.

Indicators of effective complaint management were grouped according to the accessibility of complaint channels, clarity of procedures, promptness of responses, appropriateness of resolutions, quality of communication, staff empathy, transparency of information, protection of confidentiality, complainant satisfaction, completeness of documentation, and the percentage of complaints resolved within established time standards.

Types of complaints were grouped according to clinical problems, patient safety, communication, staff attitudes, waiting times, administrative procedures, costs, facilities, cleanliness, medications, food services, care coordination, referrals, privacy, and noncompliance with procedures. When an article used the Healthcare Complaints Analysis Tool, complaints were classified into clinical problems, healthcare service management problems, and problems involving relationships between patients and healthcare professionals.

The contribution of complaints to quality improvement was grouped according to their ability to identify service weaknesses, reveal safety risks, detect patterns of recurring problems, support root cause analysis, improve operational procedures, strengthen communication, inform staff training, improve facilities, and increase patient satisfaction and trust.

Supporting factors were grouped according to leadership commitment, the availability of a complaint management unit, clear standard operating procedures, staff competence, communication training, integrated information systems, interunit coordination, patient involvement, protection of complainants, and regular evaluation.

Barriers were grouped according to staffing limitations, delayed responses, unclear responsibilities, defensive attitudes, a blame culture, inadequate documentation, weak coordination, limited complaint channels, the absence of feedback to patients, and the failure to use complaint data as a basis for quality improvement.

The results of the analysis are presented in a table summarizing the characteristics of the included articles, a table synthesizing the findings, and a narrative description to provide a comprehensive overview of the effectiveness of patient complaint management in improving the quality of healthcare services.

RESEARCH RESULTS AND DISCUSSION

Research Results

Article Selection Process

The article search and selection process was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) framework. The initial search of PubMed, Scopus,

ScienceDirect, and Google Scholar identified 323 articles. After 41 duplicate articles were removed, 282 articles proceeded to title and abstract screening.

During the screening stage, 198 articles were excluded because they were not relevant to the research topic, did not address patient complaints, did not examine complaint management processes, or did not relate complaints to the quality of healthcare services. Consequently, 84 articles proceeded to full-text retrieval. However, six articles could not be retrieved, leaving 78 full-text articles to be assessed according to the inclusion and exclusion criteria.

Following the eligibility assessment, 58 articles were excluded. The reasons for exclusion were as follows: 14 studies were not conducted within a healthcare setting; 13 did not examine the management or resolution of patient complaints; 11 did not relate complaints to service quality improvement; eight addressed only patient satisfaction or feedback without examining complaint-handling mechanisms; seven were not original research articles; and five did not meet the requirements regarding publication year, language, or full-text availability.

Therefore, 20 articles met all eligibility criteria and were included in the literature review. The processes of article identification, screening, eligibility assessment, and selection are presented in the PRISMA flow diagram in Figure 1.

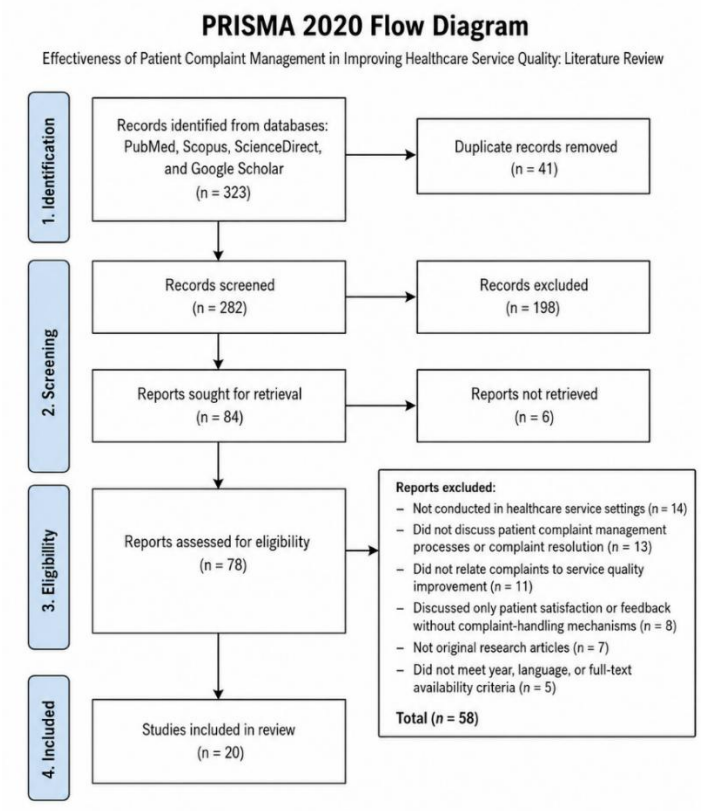

Figure 1. PRISMA Flowchart

Article Characteristics

A total of 20 primary research articles were analyzed to describe the effectiveness of patient complaint management in improving the quality of healthcare services. The articles were published between 2016 and 2025 and originated from various countries, including the United Kingdom, Australia, Ireland, Denmark, Indonesia, Japan, Sweden, South Korea, China, and Switzerland. Most studies were conducted in general or teaching hospitals, whereas others were carried out in primary healthcare facilities and regional healthcare systems. The diversity of study settings indicates that patient complaint management is an issue across healthcare systems and is influenced by organizational structures, service culture, regulations, and the availability of resources (9).

The study designs were predominantly retrospective analyses of complaint letters, complaint databases, compensation claims, and incident reports. Several studies employed qualitative approaches, including in-depth interviews, focus group discussions, discourse analysis, and grounded theory. Other designs

included feasibility studies, mixed-methods studies, the development of complaint classification instruments, and cross-cultural adaptation of the Healthcare Complaints Analysis Tool (HCAT) (10).

The data sources included complaint letters submitted by patients and their families, hospital response documents, customer relations unit records, formal complaint databases, patient safety reports, compensation claims, and interviews with patients, family members, healthcare professionals, complaint management staff, hospital leaders, and public relations personnel. The volume of data varied considerably, ranging from dozens of letters or informants to hundreds of complaints and datasets collected over several years. McCreaddie et al., for example, analyzed 60 complaint letters, whereas Morsø et al. examined hundreds of compensation claims related to emergency care (10).

The most frequently identified analytical instrument was the HCAT. This instrument classifies problems into three main domains: clinical problems, healthcare service management problems, and problems involving relationships between patients and healthcare professionals. The categories analyzed include safety, quality of care, the care environment, institutional processes, listening, communication, respect, and patients' rights. The HCAT can also be used to identify the stage of care, level of severity, and impact reported in a complaint.

The outcomes examined extended beyond the number of complaints resolved and included response times, communication quality, complainant satisfaction, procedural changes, identification of safety risks, improvements in coordination, organizational learning, and the prevention of recurring problems. Several studies showed that complaints can complement staff incident reports because patients often disclose incidents, impacts, or sequences of problems that are not documented in hospitals' internal reporting systems (11).

Table 1. Synthesis of the Effectiveness of Patient Complaint Management

Synthesis Theme	Main Findings	Effectiveness Indicators	Implications for Quality
Access to Complaint Channels	Easily accessible channels, such as in-person services, telephone lines, email, applications, suggestion boxes, and customer relations units, increase patients' opportunities to report problems. Insufficient information about complaint channels may result in some problems going unreported.	Ease of access, accessibility, availability of multiple channels, confidentiality, and patients' understanding of complaint procedures.	Complaints can be detected earlier before they develop into conflicts or legal issues.
Initial Reception and Communication	An empathetic, non-defensive initial response that respects the patient's experience helps de-escalate conflict. Patients expect their concerns to be heard, acknowledged, and explained honestly.	Promptness of the initial response, staff attitudes, opportunities for patients to describe their experiences, and clarity of information.	Increases trust, patients' sense of being valued, and acceptance of the resolution outcome.
Recording and Classification	Structured documentation and the use of taxonomies such as the Healthcare Complaints Analysis Tool (HCAT) facilitate the identification of patterns in clinical, administrative, and interpersonal problems.	Data completeness, consistency of classification, level of severity, service unit involved, and stage of care.	Facilitates risk prioritization and the development of evidence-based improvement plans.
Investigation and Resolution	Complaints are handled more effectively when they are verified, investigated across units, assigned to clearly responsible personnel, and resolved within established time limits.	Accuracy of the investigation, resolution time, involvement of relevant units, and compliance with standard operating procedures.	Reduces delays, unclear responsibilities, and the recurrence of problems.
Transparency and Feedback	Patients require explanations regarding the results of investigations and the actions taken. Closing a case without	Clarity of written or verbal responses, provision of reasons, apologies, and information regarding corrective actions.	Restores relationships and strengthens the accountability of healthcare facilities.

	providing adequate feedback may perpetuate dissatisfaction.		
Integration with Patient Safety	Complaint data can reveal diagnostic errors, delays, problems in care transitions, poor communication, and incidents that were not reported by staff.	Number of identified risks, linkage with incident reports, and identification of hidden problems.	Expands sources of patient safety information and supports incident prevention.
Organizational Learning and Improvement	Complaints improve quality when the results of analyses are translated into procedural changes, training, facility improvements, and follow-up monitoring.	Corrective actions, revisions to standard operating procedures, reevaluation, and reductions in recurring problems.	Transforms complaint management from an administrative resolution process into an instrument for quality improvement.
Leadership and Organizational Culture	Leadership support, an open culture, coordination, and staff competence determine the success of the system. Defensive attitudes and a blame culture hinder learning.	Leadership commitment, staff training, clear policies, and staff involvement.	Creates a safe environment for reporting and using complaints as a source of improvement.
Digital Analysis and Trend Monitoring	The use of databases, language analysis, and trend mapping enables hospitals to detect changes in the types and frequency of complaints.	Dashboards, trend analysis, automated classification, and monitoring by time period or service unit.	Supports faster responses and objective prioritization of improvement initiatives.

Source: Results of the literature review synthesis.

Literature Synthesis Results

Forms and Mechanisms of Complaint Management

The synthesis findings showed that complaint management mechanisms varied across healthcare facilities. Complaints could be submitted directly to staff, customer relations units, dedicated complaint services, or through telephone calls, letters, email, websites, suggestion boxes, applications, and social media. In systems such as the Patient Advice and Liaison Service in the United Kingdom, staff not only receive complaints but also provide information, help patients navigate healthcare services, mediate communication, and resolve problems before they develop into formal complaints. However, the effectiveness of these services is limited by insufficient understanding among patients and healthcare professionals regarding their functions, as well as the suboptimal analysis of the data collected (12).

Systematic complaint management generally includes the receipt, recording, verification, classification, investigation, and escalation of complaints to the relevant units, followed by response preparation, resolution, and follow-up monitoring. The literature emphasizes that the mere availability of reporting channels is insufficient. Healthcare facilities require designated responsible personnel, standard operating procedures, established time limits, coordination mechanisms, and clear links between complaint management units and organizational leadership.

Types of Patient Complaints

The content of complaints can be classified into clinical problems, service management problems, and interpersonal relationship problems. Clinical problems include delayed diagnosis, medication errors, inappropriate procedures, patient safety concerns, and outcomes that do not meet expectations. Management-related problems include waiting times, scheduling, administrative procedures, financing, the care environment, facilities, discharge processes, and coordination between units. Relationship-related problems include communication, lack of empathy, staff attitudes, failure to listen to patients, respect, privacy, and patients' rights.

Complaints often involve more than one problem. A single patient experience may comprise a sequence of delays, inconsistent information, inappropriate staff attitudes, and clinical or emotional consequences. Analyses that merely count the number of complaints without examining the narratives and the patient journey risk overlooking the relationships among these problems. Complaints may reveal problems occurring upon admission to a healthcare facility, during transfers between units, throughout the discharge process, and during follow-up after the patient has left the hospital.

Timeliness and Quality of Responses

Response time is one of the principal indicators of effectiveness; however, a prompt response does not necessarily constitute a high-quality resolution. Patients expect opportunities to explain their experiences, acknowledgment of the problem, easily understandable explanations, an apology when appropriate, and assurance that the issue will be followed up. A system may be considered ineffective when it merely sends a formal response without addressing the main issue or demonstrating that corrective action has been taken (10).

Research on patient experiences shows that the decision to submit a complaint is influenced by vulnerability, dependence on healthcare professionals, perceptions of the seriousness of the problem, and confidence that reporting the issue will lead to change. Therefore, defensive attitudes or the dismissal of patients' experiences may reduce trust and discourage patients from reporting future safety concerns (13).

Complaints as a Source of Patient Safety Information

Patient complaints provide information that differs from staff incident reports. Analyses integrating these two sources found that only a small proportion of cases appeared in both systems. However, overlapping cases tended to be more serious, and patient narratives often provided additional information about events occurring before or after the incident, the consequences experienced, and the reasons the problem occurred (13).

The use of the Healthcare Complaints Analysis Tool (HCAT) to analyze compensation claims related to emergency care in Denmark demonstrated that structured analysis could identify risk points, diagnostic errors, problems during the examination stage, and errors resulting from the failure to perform necessary interventions. Similar analyses in Ireland and South Korea also showed that classification according to the type of problem, stage of care, and level of harm could help identify areas requiring immediate improvement.

Complaints as a Basis for Quality Improvement

Complaint management is most effective when complaints are incorporated into a quality improvement cycle. Data are collected and analyzed, root causes are identified, corrective actions are implemented, and the outcomes are subsequently monitored. These actions may include revising standard operating procedures, improving service workflows, providing communication training, strengthening coordination, upgrading facilities, adjusting staffing arrangements, or developing information systems.

Nevertheless, collecting feedback data does not automatically lead to improvements in service delivery. Studies conducted in several hospitals found that data were often fragmented, difficult to interpret, perceived as the responsibility of a particular unit, or not communicated to staff with the authority to implement changes. Limited time, resources, leadership support, and analytical capacity also resulted in complaints being resolved only at the individual case level (14).

Factors Supporting Effectiveness

Consistently identified supporting factors included leadership commitment, clear procedures, designated staff, communication training, ease of access, standardized documentation, interunit coordination, confidentiality protection, and regular evaluation. Systems were also more effective when staff were authorized to resolve minor problems promptly and had clear escalation pathways for more serious clinical or patient safety issues. Evidence from Indonesia highlights the importance of standard operating procedures and well-managed complaint channels. Hastuti et al. showed that complaint procedures could be implemented in accordance with established standards, although the management of suggestion boxes and the promptness of follow-up actions still required attention. Nugraha et al. identified barriers such as inadequate knowledge of communication and public relations, as well as limited training for staff responsible for handling complaints (15).

Barriers

The main barriers included defensive attitudes, a blame culture, unclear responsibilities, delayed responses, staff shortages, limited training, and weak coordination. Complaint management systems may also fail when they prioritize administrative compliance and the protection of the organization's reputation over understanding patients' experiences, restoring relationships, and learning from the causes of problems.

Another barrier is the lack of integration between complaint data and incident reports, patient experience surveys, clinical risk data, and quality indicators. The separation of these data sources prevents organizations from obtaining a comprehensive understanding of service-related problems. Research has shown that integrating complaints with staff reports provides a more complete understanding of the causes and consequences of unsafe care.

Use of Technology and Data Analysis

Technological developments enable complaints to be monitored according to time, unit, category, level of harm, and resolution status. Content analysis and linguistic analysis can also be used to identify emotions, dominant topics, and changes in patterns of dissatisfaction. Research in Japan showed that letters from patients and their families could be systematically transformed into useful information for hospital management, whereas research in China used emotional language analysis to support complaint handling and hospital quality improvement (16).

Changes in complaint trends should be interpreted carefully. A seven-year study conducted at a Swiss hospital found an increase in complaints following the pandemic, particularly concerning relationships, communication, and human interaction. This finding indicates that an increase in complaints does not necessarily signify a decline in clinical quality but may instead reflect changing expectations, emotional distress, or greater patient sensitivity to a lack of empathy in healthcare services (17).

Discussion

The review findings indicate that the effectiveness of complaint management cannot be assessed solely on the basis of the number of cases closed. Administrative closure may occur without restoring patient trust or bringing about improvements in service delivery. Based on the synthesis, effectiveness should be assessed at three levels: transactional, relational, and organizational. The transactional level encompasses timeliness, procedural accuracy, and case resolution. The relational level includes active listening, empathy, openness, apology, and relationship restoration. The organizational level involves using complaints for learning, corrective action, and the prevention of recurring problems.

The findings concerning the HCAT demonstrate the importance of standardized classification. Without a classification system, hospitals may merely count the number of complaints and fail to identify patterns of problems. Classification according to clinical, management, and relationship-related problems, stages of care, and levels of harm enables organizations to distinguish minor complaints from issues that indicate patient safety risks (18).

However, classification is not the ultimate objective. Categorized data must be translated into priorities for improvement. For example, an increase in communication-related complaints requires an evaluation of communication competence, workload, the information provided, and the service culture. Complaints regarding delays should be analyzed in relation to patient flow, staffing availability, referral processes, coordination, and scheduling systems. Patient safety complaints require integration with risk management and incident reporting systems.

Complaints should also be regarded as a complement to, rather than a replacement for, other quality indicators. Not all patients who experience problems will submit complaints. Some patients may fear that complaining will affect the care they receive, may be unaware of the relevant procedures, may doubt the benefits of reporting, or may lack the ability to formulate a formal complaint. Therefore, a low number of complaints does not necessarily indicate high-quality care (19).

In the Indonesian context, hospitals need to strengthen the competencies of complaint management staff, particularly in interpersonal communication, mediation, documentation, and root cause analysis. The existence of standard operating procedures should be supported by training, supervision, resolution time limits, and clearly defined authority. Complaint data should be discussed regularly in quality improvement meetings and forwarded to units with the capacity to implement changes.

The recommended complaint management model consists of the following pathway: easy access → empathetic reception → recording and classification → risk assessment → interunit investigation → response and resolution → corrective action → feedback to the patient → monitoring of recurring problems. This model constitutes closed-loop complaint management, a system that does not end once a response has been provided but ensures that organizational learning and service improvement take place. This recommendation is synthesized from the findings of various studies on complaint management, patient feedback, patient safety, and quality improvement (20).

Study Limitations

This review has several limitations. First, there was heterogeneity in the definitions of complaints, data collection methods, classification systems, and indicators of effectiveness. Some articles examined formal

complaints, whereas others included concerns, negative feedback, compensation claims, or patient safety reports. These differences limited direct comparisons across studies.

Second, most studies employed retrospective designs and were conducted in one or several hospitals. The data were strongly influenced by reporting systems, organizational culture, regulations, and facility characteristics; therefore, the findings should be generalized to the broader healthcare system with caution.

Third, complaint data represented only patients or family members who decided to submit a report. The experiences of patients who were unaware of complaint channels, felt afraid, were unable to prepare a report, or lacked confidence in the resolution process may not have been recorded.

Fourth, many studies assessed the number, types, and processes of complaints but did not directly measure whether follow-up actions resulted in improved quality indicators, reduced recurrence of incidents, enhanced patient safety, or long-term changes in patient satisfaction. Previous systematic reviews have also indicated that evidence regarding the effectiveness of patient feedback-based interventions remains limited and that the methodological quality of the available studies is not consistently robust.

Fifth, this review was limited to Indonesian- and English-language articles available in full-text form. Articles that were not indexed in the databases searched or were published in other languages may not have been identified.

Sixth, heterogeneity in study designs and outcomes required the findings to be synthesized using a narrative descriptive approach, and no meta-analysis was performed. Consequently, this review did not produce a quantitative effect estimate of the influence of complaint management on the quality of healthcare services.

CONCLUSION

Patient complaint management can effectively improve the quality of healthcare services when it is accessible, responsive, empathetic, transparent, and integrated with quality management and patient safety systems. Its effectiveness should be assessed on the basis of the accuracy of investigations, the quality of communication, satisfaction with complaint resolution, corrective actions, and the prevention of recurring problems.

Complaints can reveal clinical, administrative, and interpersonal problems that are not always detected through internal reporting systems. Successful complaint management is supported by leadership commitment, clear standard operating procedures, competent staff, interunit coordination, integrated information systems, and regular evaluation. Conversely, defensive attitudes, delayed responses, staffing limitations, and inadequate follow-up can hinder organizational learning.

Therefore, healthcare facilities should implement a closed-loop system in which every complaint is recorded, analyzed, resolved, followed up, communicated back to the patient, and monitored to prevent the recurrence of similar problems.

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