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Research Article

ANALYSIS OF COMPLAINT HANDLING SYSTEM IMPLEMENTATION IN IMPROVING SERVICE QUALITY AT THE OUTPATIENT INSTALLATION OF HOSPITAL X IN LAMONGAN REGENCY

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Abstract:

Background: Complaint handling is an important component of hospital service quality improvement. Patient complaints can provide valuable information for identifying problems in healthcare services and determining areas for improvement.

Objective: This study aimed to analyze the implementation of the complaint handling system at the outpatient installation based on the dimensions of responsiveness, fairness, accessibility, and feedback communication. Methods: This study employed a descriptive quantitative design with a cross-sectional approach. The sample consisted of 37 outpatients who had submitted complaints and were selected using accidental sampling. Data were collected using a questionnaire and analyzed using frequency distributions and percentages.

Results: The overall implementation of the complaint handling system was categorized as good, with a percentage of 75.7%. Based on each dimension, responsiveness was categorized as good at 75.7%, fairness at 70.3%, accessibility at 73.0%, and feedback communication at 75.7%.

Conclusion: The complaint handling system was generally implemented well. However, improvements are still needed in response speed, accessibility of complaint submission, and follow-up communication to support continuous improvement in hospital service quality.

Keywords: Accessibility; Complaint Handling; Fairness; Feedback Communication; Responsiveness

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1. INTRODUCTION

Complaint handling is an essential component of hospital quality management and patient-centered care. Patient complaints provide valuable information about service deficiencies, unmet expectations, communication problems, and potential patient safety risks that may not be identified through routine hospital monitoring. A realist review by van Dael et al. (2020) highlighted that systematic complaint management, including accessible reporting channels, standardized complaint classification, appropriate responses, and organizational learning, can support healthcare quality improvement. More recent research by Qin et al. (2024) demonstrated the value of analyzing hospital complaint patterns to identify specific service

problems and guide targeted management improvements. Furthermore, Aydin Teymourifar (2026) emphasized that patient complaints should be treated not merely as administrative matters but as important sources of organizational learning and early indicators of potential patient safety risks. Therefore, an effective complaint handling system requires not only timely responses and fair treatment but also accessible reporting mechanisms and clear feedback communication to support continuous improvement in hospital service quality.

Hospitals are required to provide mechanisms that allow patients to submit complaints. Complaint management includes the processes of receiving, recording, following up, resolving, and reporting complaints. Therefore, complaint handling is not only a mechanism for resolving patient dissatisfaction but also an important component of hospital quality management.

Based on the preliminary data presented in the study, 62 internal complaints were recorded during the period from January 2024 to July 2025. These complaints consisted of issues related to human resources, facilities and cleanliness, and administration and procedures. Human resource-related complaints accounted for 41.9%, facilities and cleanliness for 35.5%, and administration and procedures for 22.6%. Several recurring complaints, including physician delays, staff attitudes, toilet conditions, and facility problems, indicate the need for continuous evaluation of the complaint handling system.

The implementation of the complaint handling system in this study was assessed using four dimensions: responsiveness, fairness, accessibility, and feedback communication. These dimensions were used as the assessment framework to describe patients' perceptions of the hospital's complaint handling practices. Data for each dimension were obtained through a Likert-scale questionnaire and analyzed descriptively to determine the level of implementation. The assessment focused on patients' experiences of how complaints were responded to, handled fairly, submitted through accessible channels, and followed up through appropriate communication.

Based on these conditions, this study aimed to analyze the implementation of the complaint handling system at the outpatient installation based on the dimensions of responsiveness, fairness, accessibility, and feedback communication. The findings are expected to provide an overview of the aspects that have been implemented effectively and those that still require improvement to support hospital service quality.

2. MATERIAL AND METHODS

2.1 Study Design

This study employed a descriptive quantitative design with a cross-sectional approach to describe the implementation of the complaint handling system at a specific point in time, without follow-up observations.

2.2 Research Population and Sample

The study population comprised outpatients who had submitted complaints. A total of 37 patients were included using accidental sampling, based on the study's inclusion criteria.

2.3 Data Collection and Instrument

Data were collected using a Likert-scale questionnaire covering four dimensions of complaint handling: responsiveness, fairness, accessibility, and feedback communication. The completed responses were edited, coded, tabulated, and scored before analysis.

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2.4 Data Analysis

Data were analyzed descriptively using frequency distributions and percentages to summarize the implementation of the complaint handling system overall and across its four dimensions.

2.5 Ethical Considerations

The study followed the ethical principles of respect for persons, beneficence, and justice. Participants were informed about the research before data collection, and participation was voluntary.

3. RESULTS AND DISCUSSION

3.1. Result

Respondent Charasteristics

The study involved 37 outpatients who had previously submitted complaints. Respondent characteristics included age, sex, education, and type of payment.

Table 1. Characteristics of Respondents

Age	n	%
17–25 years	16	43.2
26–35 years	15	40.5
36–45 years	5	13.5
>45 years	1	2,7
Sex	n	%
Male	20	54.1
Female	17	45.9
Education	n	%
Junior High School	1	2.7
Senior High School/Vocational School	16	43.2
Diploma	5	13.5
Bachelor's/Master's Degree	15	40.5
Payment Type	n	%
BPJS	17	45.9
General/Private	20	54.1
Other Insurance	0	0

The largest age group was 17–25 years, consisting of 16 patients (43.2%). Regarding sex, 20 patients (54.1%) were male and 17 patients (45.9%) were female. The most common educational level was senior high school/vocational school, with 16 patients (43.2%), while the most common payment type was general/private payment, with 20 patients (54.1%).

Implementation of the Complaint Handling System

Table 2. Distribution of Complaint Handling System Implementation by Dimension

Dimension	Good n (%)	Fair n (%)	Poor n (%)
Responsiveness	28 (75.7)	8 (21.6)	1 (2.7)
Fairness	26 (70.3)	11 (29.7)	0 (0)
Accessibility	27 (73.0)	7 (18.9)	3 (8.1)
Feedback Communication	28 (75.7)	9 (24.3)	0 (0)

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The results showed that the responsiveness dimension was categorized as good by 28 patients (75.7%), fairness by 26 patients (70.3%), accessibility by 27 patients (73.0%), and feedback communication by 28 patients (75.7%).

Overall, the implementation of the complaint handling system was categorized as good at 75.7%. The highest percentages were observed in the responsiveness and feedback communication dimensions, both at 75.7%, while the lowest percentage was found in the fairness dimension at 70.3%.

3.2 Discussion

The results showed that the responsiveness dimension was categorized as good at 75.7%, while 21.6% was categorized as fair and 2.7% as poor. This finding indicates that most patients perceived the staff as responsive to the complaints they submitted.

Responsiveness refers to the ability and willingness of healthcare providers to address patients' needs and concerns through timely and appropriate responses. In complaint handling, this dimension involves receiving complaints, responding to the issues raised, and providing appropriate follow-up. Patient responsiveness is an important aspect of healthcare service quality because it reflects patients' experiences of interactions with healthcare providers and the extent to which their concerns are addressed (Gillespie & Reader, 2018; van Dael et al., 2020). The responsiveness of a healthcare service also involves feedback processes that enable patients' concerns to be communicated and addressed by the organization (Khan et al., 2021).

Although the results indicate that complaint handling was generally good, the presence of patients who rated the dimension as fair or poor indicates that improvements are still required. Response speed, accuracy of follow-up, and consistency of service should therefore continue to be improved while maintaining the existing level of performance.

The fairness dimension showed that 70.3% of patients rated the complaint handling system as good, while 29.7% rated it as fair. No patients rated this dimension as poor. Fairness refers to providing patients with equal, objective, and non-discriminatory treatment during the complaint handling process. Every patient should have an equal opportunity to submit a complaint and receive appropriate treatment according to the problem encountered.

The findings showed that most patients perceived the fairness of the complaint handling system positively, although some respondents considered its implementation only fair. This finding is consistent with the importance of equitable and transparent complaint management highlighted by Mirzoev and Kane (2018), who emphasized that healthcare facilities need systematic mechanisms to ensure that patient complaints are handled appropriately. Similarly, Gillespie and Reader (2018) explained that patient complaints provide valuable insights into healthcare experiences and can help identify areas requiring service improvement. In this context, maintaining fairness in complaint handling requires hospitals to provide patients with equal opportunities to express their concerns and ensure that complaints are addressed objectively and consistently. Therefore, strengthening transparency and consistency in the complaint handling process may improve patients' perceptions of fairness and support the use of complaints as a basis for evaluating and improving hospital services.

The accessibility dimension was categorized as good by 27 patients (73.0%), fair by 7 patients (18.9%), and poor by 3 patients (8.1%). This finding indicates that most patients

considered the complaint handling system reasonably accessible. Accessibility refers to the ease with which patients can obtain information about and use complaint submission channels. An accessible complaint handling system allows patients to communicate their problems effectively and enables hospitals to obtain information that can be used to improve services.

Although most patients rated accessibility as good, some patients still experienced limitations. Therefore, hospitals should ensure that information regarding complaint mechanisms is easily understood and that complaint submission channels can be accessed without unnecessary barriers.

Feedback communication was categorized as good by 75.7% of patients, while 24.3% rated it as fair and none rated it as poor. These findings indicate that most patients perceived the communication regarding complaint follow-up as good.

Feedback communication refers to the process of providing patients with information concerning the follow-up or outcome of their complaints. Effective feedback communication is important because patients need to know that their complaints have been received, processed, and followed up by the hospital.

The findings indicate that feedback communication has been implemented well. Nevertheless, the 24.3% of patients who rated it as fair indicates that follow-up communication should be conducted more consistently, clearly, and promptly. Improving feedback communication may strengthen patients' trust in the hospital's complaint handling system.

Overall, the findings demonstrate that the complaint handling system was implemented well. All four dimensions were categorized as good, namely responsiveness at 75.7%, fairness at 70.3%, accessibility at 73.0%, and feedback communication at 75.7%. Nevertheless, the findings also indicate opportunities for improvement, particularly in aspects that were still rated as fair or poor.

3.3 Implications

The findings suggest that the hospital should maintain the existing complaint-handling practices while reviewing the dimensions that received fair or poor ratings, particularly accessibility and responsiveness. The recommendations should be aligned with the specific questionnaire items and operational processes identified by the hospital.

3.4 Research contribution

This study provides a descriptive account of patients' perceptions of four complaint-handling dimensions—responsiveness, fairness, accessibility, and feedback communication—in the outpatient setting of a hospital in Lamongan Regency. Its contribution is context-specific and should not be generalized beyond the study setting without further evidence.

3.5 Limitations

This study employed a cross-sectional design involving 37 patients, with data collected based on patients' perceptions. Therefore, the findings provide a description of the implementation of the complaint handling system at the outpatient installation of Hospital X during the study period and do not reflect changes in the system over time. Furthermore, the relatively small sample size, the inclusion of respondents from only one hospital, and the use of accidental sampling may limit the representativeness of the findings and their generalizability to other healthcare settings.

3.6 Suggestions

Hospital management may review complaint-response timelines, ensure that complaint-submission channels are easy to identify and use, and provide consistent information about complaint follow-up. Future studies may include larger samples, probability-based sampling, and additional objective indicators of complaint resolution.

4. CONCLUSION

The implementation of the complaint handling system at the outpatient installation of Hospital X in Lamongan Regency was generally perceived as good by the respondents, with an overall score of 75.7%. Based on the four assessed dimensions, responsiveness and feedback communication each received a score of 75.7%, accessibility received 73.0%, and fairness received 70.3%. All four dimensions were categorized as good. These findings describe patients' perceptions of the implementation of the hospital's complaint handling system during the study period.

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AUTHOR CONTRIBUTIONS STATEMENT

All authors contributed to the conception and design of the study, data collection, data analysis, interpretation of the results, and manuscript preparation. All authors reviewed, revised, and approved the final version of the manuscript and agreed to be accountable for the integrity and accuracy of the work.

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