

Complaint Management At Public Hospital Banjarmasin

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Abstract: The hospital service has been a concern for the public, because they were not satisfied with the service. Complaints were still found consequently, so the clients felt dissatisfied. This study aimed to look at the complaint management at Public Hospital of Dr. H. Moch Anshari Saleh Banjarmasin. This was a qualitative study with phenomenology design. Data collection was undertaken by in-depth interviews with eight participants. The participants of this research were five middle service managers, one middle manager in administration and finance, one head of the complaints unit, and one financial staff. **Results:** There were five themes identified based on the findings, namely; the actions undertaken for preventing complaints, the actions undertaken for resolving complaints, the hospital service improvement, the factors influencing preventive actions and complaint fulfillment, and the expectations in the prevention and fulfillment of complaints. The result showed that if the management complaints were taken attention of the action undertaken for resolving complaint and professional, customer complaint management would have been increase patients' satisfaction.

Keywords: Satisfaction, Complaint management, Patients' satisfaction

1. Introduction

Hospital managers are required to have a paradigm that must focus on patients. Nowadays, hospital services has become a public concern, because they are not satisfied with the services. If the patient is dissatisfied, it can have an impact on the quality of the services. The Law of the Republic of Indonesia Number 44 of 2009 stated that hospitals must be able to improve the quality services. The efforts to improve both the quality of hospital managers and the rights of the patients.

The quality service is the key to the hospital. If the hospital has good quality, the patients will be satisfied, have positive image, and have loyalty. Researches by Setiyowati, Pasinringi, & Irwandy (2015), Zhou, Wan, Liu, Feng, & Shang (2017), Juhana, Manik, Febrinella, & Sidharta (2015), Amin & Nasharuddin (2013) mentioned that the better image of the hospital the better the patient felt satisfied and loyal.

Data from the complaint unit of Dr. Hospital H. Moch. Ansari Saleh Banjarmasin in 2014 was 79 complaints, in 2015 was 131 complaints, in 2016 was 156 complaints, and in 2017 January June was 75 complaints.

South Kalimantan Governor Regulation number 188.44/ 0549/ kum/ 2012, mentioned that the main performance indicator for Dr. H. Moch. Ansari Saleh Banjarmasin are an index of community satisfaction and the purpose of the hospital is to create community satisfaction. So,

the expectations of the government and hospital are equally patient satisfaction. Therefore, the hospital is demanded to meet the expectations of the community by minimizing complaints.

Based on the description above, it can be seen that there were gaps between the expectations and realities of the services for clients at Dr. H. Moch. Ansari Saleh Banjarmasin. As the focus of the problem, complaints were still found consequently, so the clients felt dissatisfied. Research by Hsieh (2012), Ofori-okyere & Kumadey (2015) patient dissatisfaction was caused by poor services.

Service quality is one of accreditation assessment indicators. If the hospital has a good accreditation, it has a positive impact on services and also patients' satisfaction. Research by Schmaltz, Williams, Chassin, Loeb, & Wachter (2011), Almoajel (2012), Ajarmah, Hashem, & Jordan (2015), Melo (2016) showed that accreditation significantly increased patient satisfaction and improved service quality.

Hospitals as providers of health services are now being highlighted as a result of patient dissatisfaction. Nowadays the patient is aware of his rights that need to be respected by the service providers. In the patients' point of view, the quality of service is both healing and patients' satisfaction. Looking at the problems mentioned above raises the suspicion that the hospital has not been able to manage patient complaints properly. Therefore, this study aimed to look at the complaint management at Public Hospital of Dr. H. Moch Anshari Saleh Banjarmasin.

2. Materials and Methods

This was a qualitative study with phenomenology design. Data collection was undertaken by in-depth interviews with eight participants. The participants of this research were five middle service managers, one middle manager in administration and finance, one head of the complaints unit, and one financial staff. In this study, the analysis was carried out by structured and specific analysis methods from Creswell (2015) including verbatim transcripts, verbatim transcript analysis, and thematic analysis.

3. Results and Discussion

3.1 Results

The results of qualitative data analysis collected through in-depth interviews with eight participants were five themes identified based on the findings, namely; the actions undertaken for handling complaints, the actions undertaken for resolving complaints, the hospital service improvement, the factors influencing preventive actions and complaint fulfillment, and the expectations in the prevention and fulfillment of complaints.

Theme 1, The actions undertaken for handling complaints. This theme 1 illustrates the steps taken by the hospital management in handling complaints at the hospital.

Step 1 Listen to complaints:

"The patient is bekisah (telling stories)" (P8).

Step 2 Filling in the form:

"As evidence for our follows up, we give the form" (P1).

Step 3 Clarification of complaints:

"So, usually we will do coordination to find out what the complain about" (P4).

Theme 2, The actions undertaken for resolving complaints. Theme 2 describes the steps taken by the hospital management in resolving complaints.

Step 1 analyze complaints:

"Look for the possible solution, then analyze the fact about the form of the solution" (P4).

Step 2 Provides solutions:

"There are those who ask for compensation in form of money, at the most is hospital payment waiver at least the hospital costs" (P3).

Step 3 Explanation and apology from the hospital:

"Resolve complaints by giving answers" (P2).

Step 4 Mediation:

"If it turns out the complaint is major and legal, it needs mediation" (P5).

Theme 3, The hospital service improvement. There are 4 sub-themes related to the hospital service improvement. Sub-theme 1, namely improvement in the field of nursing with the category of competency assessment, laboratory practices, training and placement of rooms.

Category 1, Competency assessment:

"We call the person who got the complainant, then interview him or her, what competencies that they can do" (P5).

Category 2, Laboratory practice:

"Then we try the competence again at Panthom" (P5).

Category 3, Training:

"There are certain actions that require more training" (P2).

Category 4, Placement of rooms:

"We rotate the person, we place them in another department, usually around 1 to 3 months" (P4).

Sub-theme 2, namely improvement in the medical field with a category of case surgery and transfer of knowledge.

Category 1, analyze the case in depth:

"for example there is a case, we usually analyze the case in depth not to blame, but to study about the problem" (P3).

Category 2, transfer of knowledge:

"We have a program, called the development of transfer of knowledge" (P3).

Sub-theme 3, namely the improvement of the financial section. Efforts to improve the financial sector are systems for inputting data and outputting data.

"In fact, we arrange the cut-off, when the data should be entered" (P7)

Sub-theme 4, namely; improvement of human resources with a category of minor, moderate and mayor disciplinary punishment.

Category 1, Minor disciplinary punishment:

"If it's just misscommunication, it's can be solved right away. Find out, then warned"(P3).

Category 2, moderate disciplinary punishment:

"If he is a civil servant, the risk is that there will be a delay in promotion" (P2).

Category 3, mayor disciplinary punishment:

"If it is mayor, if he is a civil servant, it might be a termination, if he is temporary employee, the contract extension for the following year will be considered" (P2).

Theme 4, The factors influencing preventive actions and complaint fulfillment. There are 2 sub-themes, sub-themes 1, namely Priority with a category of urgency and time.

Category 1, Urgency:

"Which is related to patient safety, because we are concerned about it" (P2).

Category 2, Time:

"A maximum of 7 days, we have 2 to 7 days to address complains" (P1).

Sub-themes 2, namely organizing and manager style with a category of low power, a way of communicating, a complicated bureaucracy, and not his job.

Category 1, low power management:

"If the complains about medical specialists' services, this is happened to our director also, yes, it is a delay in service hours, frankly talking it's not a secret of any hospital where the medical specialist is a problem" (P1) (Participants smile).

Category 2, A way of communicating:

"All is going back to the core of the complaint about our communication if we master how to communicate plus psychology" (P3).

Category 3, A complicated bureaucracy:

"Long bureaucracy is an obstacle, long coordination that makes the solution rather complicated" (P5).

Category 4, Not his job:

"Because we have to coordinate with other fields (P5).

Theme 5, The expectations in handling and resolving of complaints. There are 4 categories, namely: have the competences, have the power, the complaints can be resolved, and the complaints will not be repeated.

Category 1, Have the competences:

"If there are complaints, the person who got the competent will handle it" (P1).

Category 2, Have the power:

"Handling complaints really need someone who have power" (P1).

Category 3, The complaints can be resolved:

"Hopefully the complaints will be resolved well" (P3).

Category 4, The complaints will not be repeated.:

"Hopefully there will be no more complaints and any similar complaints" (P5).

3.2 Discussion

Based on the findings that the actions were undertaken for preventing complaints starting from listening to complaints, filling in form and clarifying of complaints. Based on the theory of Kaihatu, Daengs, & Indrianto (2015) listening and understanding, clarifying, and agreeing of perceptions.

The first step in handling the complaints at Dr. H. Moch. Ansari Saleh Banjarmasin is listening. According to Kaihatu et al., (2015) the main key in handling clients is listening. A Good listening process will lead to good communication between officers and patients complaints. In the patient's perspective, patients will feel valued and can even make patients feel satisfied with handling complaints. Afidah (2013) in her research shows that with empathy, that is related to the willingness of officers to listen to complaints, then the customer will feel valued and satisfied with the services.

The second step is to fill in the form as a complaint unit documentation at Dr. RSUD H. Moch. Ansari Saleh Banjarmasin. The study by Bendall-Lyon & Powers (2001) stated that there is a fifth step in complaint management, namely: developing a complaint database. Documentation is an obligation in the present, because documentation proves what has been done, make it easier for complaint units to track which location is the patients' complain, and to look for the previous data of any complaints.

The third step is the clarification of complaints. According to Kaihatu et al., (2015) the clarification process is a continuation of the process of listening and understanding. Clarification can prevent differences in perception, make information, and reduce a patient's sense of disappointment.

Based on the findings that the steps were taken to resolve the complaint began from analyzing complaints, providing solutions, explanations and apologies and finally mediation.

The first step is analyzing complaints. In medical services, the medical field coordinates with the medical committee in handling and resolving complaints. But in the field of nursing services, there is less coordination with the nursing committee in handling and resolving complaints, so that the follow-up in handling and resolving complaints as if the nursing field is running on its own.

The second step is to provide a solution. Solutions offered to patients, in the context of negotiation and seeking a middle ground, so that the solution given can be in accordance with the wishes of the patient and in accordance with Standard Operating Procedure (Kaihatu et al., 2015).

If there is a complaint from the patients in the hospital, they tried as much as possible to provide the best solution in terms of a win-win solution. According to Kaihatu et al., (2015) the solutions offered to clients are usually beneficial to the client. However, not all solutions will be approved directly by the client.

The third step is an explanation and an apology from the hospital management. The hospital made an explanation of the causes of client dissatisfaction from the perspective of the hospital. It should be noted that once again, the process requires diplomatic discussion (Kaihatu et al., 2015). Explanations and apologies are things that really must be done to give satisfaction to patients.

Based on the research by Friele, Sluijs, & Legemaate (2008) clients' complaints considered the most important thing to get an explanation as much as 65% and apologies as much as 41%. According to Al-Qur'an in the Surah Al Baqarah verse 263, apologizing is the absolute thing that is done if indeed the hospital carries out negligence or error that causes the patient to complaints.

If the explanation, apology and the solution given by the hospital to the patient still not satisfied, it will continue to the legal path. In the legal path can be mediation or directly into the court. Based on the research of Widiastuti, Hartini, & Kusdarini, (2017), Riyadi (2016), mediation is an alternative to resolve health disputes. According to Al- Quran Surah Al-Hujurat verse 9, problems of patients and hospitals are asked for *islah* or mediation as an alternative solution to problems before going to the court.

Efforts to improve the field also vary from the field of service, nursing itself is an improvement effort by evaluating nurse competencies. Hernandez, Cayuela, Beneit, & Gonzalez (2012) stated that with nurse credentials, one of the efforts to maintain professional nurses. Research by Lin, Lee, Ueng, & Tang (2016) states that clinical nurse competencies can be measured through a scale to assess competence.

The field of nursing seeks improvement by conducting training. According to Karimi, Aghabarari, Norouzinia, Samami, & Shiri (2015), so that nurses are trained effectively in communication skills and are encouraged by continuous monitoring of the skills acquired. Research by Rarasati, Apriono, & Joko (2016), Majid & Sani (2016), and Hasanah (2015) mentioned that training has an effect on nurses' performance.

Improvement in the field of nursing by placing workspaces. Research by Luh, Yuanda, Salit, & Netra (2016) stated the analysis can be seen that placement partially positive and significant effect on employee performance. So, management must look at the level of education, knowledge, experience of a person.

The effort to improve the medical field is to analyze the case in depth and to transfer of knowledge. With analyzing the case in depth, we can organize general practitioners and medical specialists in sharing knowledge and experiences to learn together. When a medical error occurs, the benefits of analyzing the case in depth can train the situation analysis skills of the cases. Analyzing the case in depth is also a preventative effort before a medical error occurs and the doctor's learning related to rare cases that found.

Transfer of knowledge is similar to analyzing the case in depth, because both share knowledge and experience between general practitioners and specialist doctors. Therefore, the role of general practitioners and medical specialists is needed in improving the quality of services that can satisfy the public. Research by Lutakwa & Parumasur (2012) stated that knowledge transfer plays a crucial role in the everchanging organization, the organization is significantly dependent on its ability to transfer its knowledge. The success of transferring knowledge is significantly dependent on the ability of the organization to create and shape an environment of knowledge sharing.

The field of nursing should carry out what is done by the medical field. By dissecting nursing care cases, transfer the latest skills so that the nurses' abilities are most uneven. By dissecting cases and transfer of knowledge at least prevents errors that can cause patient complaints.

Improvement of human resources has been commonly carried out by hospitals such as minor, moderate and mayor disciplinary punishment. In accordance with the Government Regulation of the Republic of Indonesia Number 53 of 2010 article 7 that there are levels and

types of disciplinary penalties, namely the level of punishment of minor, moderate and major discipline.

Factors that influence the handling and resolution of complaints, there are priorities. Referring to the Big Dictionary of Indonesian Language, priority is something that takes precedence and priority. Determining the priority of the process identifies important activities in the hospital. Priority determination is developed as the basis for decision making. Priority should be arranged based on the level of need and adjusted to the vision, mission, and objectives to be achieved by the hospital.

An organization and managerial style also became factors that influencing preventive actions and complaint fulfillment. In the organization and style of managers, there are ways to communicate because communication is one of the central points to resolve complaints. Research by Aris Febri Rahmanto (2004) mentioned that communication in organizations becomes a central point in creating a conducive situation and environment. As research by Aguerrebere (2013) stated that communication spreads positive beliefs to influence patient perceptions and hospital image.

A manager in handling and resolving complaints must not only be good at choosing words but also must pay attention to tone of the voice and body language. Robbins (2015) stated that managers must develop interpersonal communication skills namely nonverbal communication, assertive communication, and listening skills.

In the Islamic perspective, communication is an integral part of human life because all of our activities are always accompanied by communication. The point of communication here is Islamic communication, namely communication with the character of “al-karimah” or ethical. Communication that has the character of al-karimah means communication originating from Al-Qur'an and Sunnah.

The expectations in the prevention and fulfillment of complaints are that they are have the competences, have the power, the complaints can be resolved and the complaints will not be repeated. Completing the complaint should not only highlight competency but also behavior. So, that the settlement of complaints is not only used IQ (Intelligence Quotients) but also ESQ (Emotional and Spiritual Quotient). So the expectation is satisfaction between patients and hospital management.

Hopefully, the leader has the power to resolve complaints so that there is no diverse news circulating in the hospital and the leader is also not wishy-washy in making decisions in resolving complaints. According to the study conducted by Ghiasipour, Mosadeghrad, Arab, & Jaafari-pooyan (2017) proved that the importance of using educated leaders who are capable of understanding, analyzing, and dealing with such complex challenges.

4. Conclusion

The results showed that if management complaints were taken into account and actions were taken to resolve complaints with professional ways, management of customer complaints would increase patient satisfaction.

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Conflict of Interest

There is no conflict interest in this research.

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