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Managing Patient Complaints in Primary Health Care Practices

by

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BS, Wilmington University, 2020

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Abstract

Within the primary health care setting, addressing patient concerns and complaints effectively is vital to improving patient satisfaction and quality of care. This integrative review provided information on management processes within primary health care settings, demonstrating best practices within the industry for addressing patient complaints. The review included the Donabedian model to provide perspectives on how primary health care leaders handle patient complaints to enhance the quality of care. The review examined the characteristics and effective resolutions of patient complaints and explored how such complaints can be used to enhance the quality of primary health care practices. The integrative review included literature published from 2019 to 2023.

Thematic analysis identified five key themes: receive complaints, investigate complaints, resolve complaints, implement improvements, and monitor impact of complaints. The Donabedian model offers valuable guidance for primary health care leaders seeking to effectively handle patient complaints. Leaders in primary health care practices need to proactively devise plans for addressing and managing complaints, because this plays a pivotal role in enhancing patient satisfaction and the overall quality of care provided. The potential impact on positive social change would require leaders in primary health care practices to develop and implement strategies for addressing and improving patient complaints. Doing so, would improve the patient experience and overall patient care.

Part 1: Practice-based Problem

Problem of Interest

Within the primary health care setting, addressing patient concerns and complaints effectively are vital to improving patient satisfaction quality care. The content of this review provides information on management processes within primary health care settings, demonstrating best practices within the industry for addressing patient complaints. Research by Mirzoev and Kane (2018) showed that proper management of patient complaints can increase patient participation in medical services, improve the quality of medical services, and increase patient satisfaction with the services received. The current integrative review could benefit the primary health care system by providing an effective patient management process for patient complaints and improving the overall performance of the primary health care system. The review needed to be conducted because leadership in the primary health care setting is challenged to reduce patient complaints, increase patient satisfaction, and provide rapid organizational feedback (Schaad et al., 2019).

The primary health care industry encounters the challenge of effectively handling patient complaints. Patients who do not receive a response to their complaints may experience frustration and may become disengaged from health care services (Mirzoev & Kane, 2018). Primary health care organizations often struggle to meet patient expectations when responding to complaints. Furthermore, their responses to complaints regarding organizational failures are typically below standard (Martin et al., 2021). Complaints collection is a learning opportunity that general practices can use to identify areas for improvement and reduce the number of complaints received (O'Dowd et al.,

2020). Patients who report complaints about primary health care do not necessarily want to be negative; instead, patients want to see change so the next experience is improved, and others will not encounter similar challenges (Hanganu & Ioan, 2022). To effectively handle the patient complaints, primary health care organizations should establish an efficient patient feedback system that can be promptly used when patients provide feedback on primary healthcare services. The challenges of handling patient complaints in primary health care must be addressed to maintain high-quality health care and increase patient satisfaction (Mirzoev & Kane, 2018).

Health Care Administration Problem

Background

Patient feedback is an essential component for improving the quality of care within the primary health care setting because it can offer valuable insight for enhancement and continual improvement in patient care (Wonget al., 2020). A recent study conducted by Barnhoorn et al. (2021) revealed that patients express dissatisfaction with the management of complaints within primary health care settings. Primary healthcare leaders often face difficulties when it comes to managing patient complaints. The reasons behind these challenges are not fully understood, highlighting the need for improved strategies to effectively address and resolve patient complaints in this setting.

Addressing health care management challenges remains a persistent priority in effectively resolving and managing patient grievances, with the overarching goal of enhancing patient contentment and the delivery of high-quality care. Patient grievances regarding medical practices are an undeniable aspect of health care provision, and patients are entitled to receive clarifications regarding their encounters (Hanganu & Ioan,

2022). Patient complaints increased slightly during the COVID-19 pandemic, rising from 46.6% to 53.4% (Wang et al., 2022). Patients may express concerns for various reasons, including extended waiting periods, inadequate informed consent, substandard service, unresponsive clinical staff, and failure to return patient calls (Bratland et al., 2020).

Healthcare organizations should establish efficient processes and strategies to promptly handle and resolve patient complaints to enhance patient satisfaction, optimize systems, and improve the quality of care provided in primary health care settings.

Patient complaints can aid in the identification of issues with health care services (Råberus et al., 2019). Patients want knowledge, an explanation of what happened, and someone to take responsibility, but health care professionals' willingness to acknowledge complaints can vary (Skär & Söderberg, 2018). Furthermore, understanding and implementing steps to resolve valid patient concerns are integral for optimal provision of care. An appreciation for complaint resolution might reveal legitimate concerns in the delivery of health care that traditional quality reporting methods miss (Mirzoev & Kane, 2018). Acknowledging and resolving patient complaints demonstrates health care practitioners' readiness to manage and improve patient care effectively. There are mixed results on whether patient input improves quality of care (Wong et al., 2020). As a result, using patient complaints as an indicator of quality can help primary health care organizations be more prepared to meet patient expectations. Recognizing patient complaints also allows an organization to reply to unsatisfied customers, thereby legitimizing the patient. To better comprehend the impact on a patient that gave rise to the complaint, feedback may also be needed (Skär & Söderberg, 2018).

Understanding patient complaint issues can provide direction for improvement in healthcare organizations (Liu et al., 2019; Råberus et al., 2019). The primary health care sector frequently receives complaints regarding issues such as communication gaps, extended wait times, lack of empathy, negative attitudes, and failure to meet patient expectations (Skär & Söderberg, 2018). Therefore, understanding the patient's perspective of the problematic circumstance is made easier by hearing the patient's story. The concept that hearing patients' stories is essential to good complaint management is supported by recent literature on complaint handling (Mirzoev & Kane, 2018). A better understanding of patient expectations is essential for implementing excellent patient-centered care and services. Regardless of the size and complexity of the facility, managing patient complaints is crucial to health care practice (Lee et al., 2018). However, more details regarding the duration of handling complaints are required.

Ryynänen (2020) stated that previous studies showed more research is needed to investigate how organizations handle the complaint process to reduce complainants' dissatisfaction. Complaint investigation relies on active listening to patient's experiences as the first step in the complaint-handling process (Clavel & Pomey, 2020). Listening to the patient's story helps the provider understand the patient's perspective of the unsatisfactory situation. Recent literature on complaint handling indicated that listening to patients' stories is crucial to effective complaint management. Increased awareness of patient expectations is critical to implementing effective patient-centered care and services. In addition, complaint and grievance handling allows complaint managers to integrate the patient's perspective.

The research conducted by Barnhoorn et al. (2021) indicated a significant increase in grievances reported within general practices, with the average number rising from 24 in 2013 to 79 in 2018 per primary health care setting. Furthermore, health care organizations have observed a consistent increase in patient feedback, prompting heightened focus on analyzing complaints to enhance quality improvement efforts (van Dael et al., 2020). These complaints often provide valuable insights into the perceived shortcomings in health care delivery as experienced by the patients. Complaints are viewed as a valuable source of feedback for several reasons in the workplace. Unlike traditional patient feedback methods such as satisfaction surveys, complaints are unsolicited and often highlight care issues that are significant enough for patients to act. To improve how complaints are handled, theories or approaches to learning from complaints should be based on the specific implementation context of the organization.

Operational Problem

Leaders face challenges in effectively addressing patient complaints, which can have a negative impact on patient satisfaction. According to a study conducted by Skär and Söderberg (2018) findings revealed that primary health care practitioners frequently neglected to respond to patient complaints. This absence of action suggested a lack of accountability among professionals when it comes to addressing patient concerns within healthcare environments. Martin et al. (2021) highlighted that the processes for handling organizational complaints and problems are often complex. Moreover, the challenges stemming from the reactions of primary health care organizations to patient complaints emphasize the potential risks these reactions pose to overall quality of care. Clavel and Pomey' (2020) found that several challenges need to be resolved to make addressing

complaints a more important component of patient engagement strategies in healthcare organizations. Primary health care facilities need to implement better policies and procedures that can help to overcome the challenge of managing patients' complaints (Ryynänen, 2020).

Ideal State of Operations

According to Hughes et al. (2022), national health surveys showed that individuals in the United States make approximately 500 million annual visits to primary care providers. The valuable insights gained from patient complaints can be instrumental in enhancing the organization's reputation and improving patient satisfaction (Ferreira et al., 2023). In addressing complaints, health care institutions typically initiate a dialogue regarding the issue, conduct a thorough investigation, and work toward a resolution to ensure patient satisfaction (Kwame & Petrucka, 2021). In cases in which a patient expresses dissatisfaction, the facility should offer contact information for external entities such as Centers for Medicare & Medicaid (CMS) and the Office of Professional Regulation.

Effective complaint management is essential for health care organizations to uphold patient satisfaction and loyalty (William, 2020). Establishing comprehensive policies and procedures is crucial for effectively managing and recording complaints. These policies should clearly define the procedures for addressing complaints, including the process for documenting, and resolving them within a set time frame. Furthermore, a patient advocate should be designated to investigate the complaint and collaborate with leaders in primary health care practices to address and resolve the issue (Nkrumah & Abekah-Nkrumah, 2019).

Organizations can only handle complaints about which they are aware. To resolve all patient complaints, health care organizations must take a proactive approach and aggressively solicit input. The CMS has issued a directive stating that it is essential to promptly address and resolve patient complaints, preferably within a 24-hour timeframe. For instance, Quality Improvement Organizations assist Medicare beneficiaries in accessing high-quality health care services (CMS, 2024). A Quality Improvement Organization is a team of health care professionals, clinicians, and stakeholders who collaborate to enhance the quality of health care services provided. Quality Improvement Organizations oversee all beneficiary complaints and conduct reviews of the quality of care to maintain consistency in the review process while prioritizing the needs and preferences of beneficiaries.

Primary health care organizations should create a multidisciplinary team to address and resolve complaints, composed of members from administration, management, physicians, and other staff who interact directly with patients (Anderson & Rose, 2023). The team should thoroughly review both individual complaints and aggregate data for effective resolution. This resolution process should involve the managers, primary physician, and other staff members who may have been present at the time the complaint was made (Health Uconn, 2021). The team should assume that patients have an expectation to receive a response regarding their complaint. If a patient complaint cannot be resolved immediately and involves a primary physician and staff member who is currently present, the complaint will be addressed later. The objective is to create effective strategies that guarantee primary health care practices implement policies, procedures, and solutions for addressing patient complaints. Additionally, it is

essential to provide primary health care leadership with the necessary support to enhance the quality of care. Failure to comply with CMS guidelines will result in accountability for primary health care practices (Limmroth, 2019).

Professional Practice Gap Statement

Evidence showed that challenges in handling patient complaints may affect patient satisfaction with primary health care practice to comply with CMS regulations (Health Uconn, 2021). Furthermore, typically patient complaints have not been proven to improve quality (Mirzoev & Kane 2018). The current integrative review may help primary health care practice to acknowledge the patient's complaints and overcome these challenges to improve patient satisfaction and meet CMS regulations. Once a complaint is received, it may take time to research, gather information, and respond appropriately within 24-72 hours to resolve the issue. Primary health care organizations should promptly contact the patient via email or phone to acknowledge receipt of their complaint (Health Uconn, 2021). Additionally, primary health care organizations provide patients with an estimated time frame for when they can anticipate receiving further correspondence.

Summary of Evidence

Managing patient complaints can be challenging for health care organizations because the consequences can reduce patient satisfaction and quality of care. Handling objections is essential to an organization's success; therefore, addressing this problem would allow learning about the importance of practice to improve patient satisfaction and quality of care. Healthcare organizations must develop a process for handling patient complaints to comply with CMS regulations (Health Uconn, 2021). Care managers face many challenges with managing and addressing patient complaints to meet the rules and

improve patient outcomes. Primary health care clinics experience difficulties in handling complaints compared with other clinics (Endalamaw et al., 2023). Many health care facilities in the United States have a high number of unresolved complaints, resulting in poor quality of care and poor patient satisfaction (Bayer et al., 2021).

Purpose of the Integrative Review

This integrative review's objectives were to research the nature and resolution of patient complaints and to investigate the use of complaints as a tool for primary health care practices to drive quality enhancement. This analysis concentrated on what patients anticipate the health care provider should do in response to the complaint. Most patients prefer complete disclosure of occurrences, which may boost patient satisfaction (Ferreira et al., 2023). Furthermore, the study investigated how patients demand an explanation from their doctor and a full comprehension of what transpired.

Integrative Review Question

What are the best practices and processes for addressing patient complaints and implementing quality improvement in a primary health care setting?

Conceptual Framework

Organizations are attempting to improve health systems and quality of care by applying quality-improvement initiatives (Santana et al., 2018). Complaint handling procedures should be implemented as part of initiatives to improve the quality of primary health care services (Endalamaw et al., 2023). The Donabedian model is regarded as a reliable quality-measuring methodology that provides evidence of care quality to assist in identifying difficulties that require improvement. The Donabedian model distinguishes three aspects of high-quality care: structure, process, and outcomes (Donabedian, 2005).

Establishing structure, for example, is required for real processes, and effective processes are required for high-quality results. Quality of care refers to the amount to which health services improve health outcomes for individuals and populations, and it is congruent with the Donabedian model's expanding knowledge (LoPorto, 2020).

Part 2: Literature Review, Quality Appraisal, and Thematic Analysis

Literature Search Strategy

A comprehensive literature review was conducted using the online library, focusing on articles published between 2018 and 2022 in English. The databases included Cochrane Database of Systematic Reviews, CINAHL Plus, PubMed, Public Administration Abstracts, MEDLINE, ScienceDirect, and CINAHL & MEDLINE Combined Search. Google Scholar was also used to find articles available in open access. The search terms used in this integrative review were as follows: *primary healthcare*; AND *patient complaints*; OR *physicians* OR *doctors*; OR *managements* AND *leaderships*; OR *handling complaints*; OR *best practice*; AND *communication*; OR *strategies*; OR *feedback*; OR *patient advocate* OR *improve quality of care* OR *improve patient outcomes*. The search terms were employed to identify pertinent articles that discussed effective approaches for addressing patient complaints in primary health care (see Appendix A).

The inclusion and exclusion criteria, outlined in Table 1, were used to select the documents included in the integrative review. Inclusion criteria included articles published from 2019 to 2023 in English with human patients (15 years of age or older) and a focus on primary health care practices complaints. Exclusion criteria include articles published before 2019, book chapters, and articles not in English.

Table 1*Inclusion and Exclusion Search Criteria*

Inclusion search criteria	Exclusion search criteria
Articles from 2019-2023	Article before 2019
English language	Book chapters
Primary healthcare practices	Articles not in English
complaints	Patients' population (average age > 15 years old)
Human patients (15 years of age or older)	Focus on non-patient complaints
Patient Experience Journal	Focus on non-health-care or customers complaint related
Factors affecting improve patient complaint	
Enhance the standard of care	
Enhance patient satisfaction	
Enhance the process of managing patient complaints	

The search strategy yielded 500 articles to be reviewed. The process commenced by carefully reviewing the titles and abstracts of all articles to identify the ones that were relevant. All articles were reviewed to determine whether they were relevant to the present study. After removing the duplicates and articles that did not meet the search criteria, I screened 420 articles via title and abstracts using the inclusion and exclusion criteria. A total of 334 articles were excluded, and 86 articles remained for further analysis. The integrative review encompassed studies that examined prevalent themes in relation to primary health care patients' needs and strategies to enhance patient satisfaction and improve the quality of care when addressing patient complaints. Further 59 articles were excluded from the study for reasons such as their lack of emphasis on factors impacting the enhancement of patient complaints, lack of focus on patient

complaints within health care or primary health care settings, and limited data availability (see Appendix B).

Quality Appraisal

Twelve articles were selected for quality appraisal. Each article was appraised using the Johns Hopkins Nursing Evidence-Based Practice Model and Research Evidence Appraisal form. The tool was used to assess the quality and level of evidence of the studies. Five articles were appraised at Level V, six articles were appraised at Level III, and one article was appraised at Level I. In terms of quality assessment, seven articles were appraised as high quality, and five articles were appraised as good quality. Articles on health care settings and primary health care complaints were included, encompassing a range of individuals such as managers, patients, clinical staff, physicians, and nonclinical staff. The studies considered were conducted in primary healthcare practices, patients' complaint settings, and clinics. Studies occurring in non-health-care settings and unrelated to patient complaints were excluded (see Appendix C).

Thematic Analysis of Literature

The included articles focused on several steps and strategies for how to approach patient complaints. Two articles were qualitative and two were systematic reviews. Other articles included a cross-sectional study, scoping reviews, retrospective studies, mixed-methods study, and a case study involving interviews and questionnaires. The articles included in this integrative review were published in English and the search was conducted across several databases. The findings of the four articles may be influenced by selection bias and a lack of variables. In three articles, the authors did not include studies that examined the impacts of different types of patient feedback. Additionally, the

authors stated that there had not been a comprehensive evaluation to determine the effects of formal patient feedback in the field of general practice. Two authors demonstrated that there was a lack of qualitative studies examining patient complaints. A further limitation of the current study was that three authors discussed the research conducted on a data sample of small size, resulting in preliminary findings (see Appendices C and D).

Part 3: Presentation of Results and Interpretation of Findings

Presentation of Results

This integrative review included a thematic analysis. Five primary themes and corresponding subthemes were identified from the analysis of 12 articles. Codes were extracted from the 12 studies to assess their alignment with Donabedian's structure, process, and outcome quality of care model. In addition, the coded findings were derived from the 12 articles and demonstrated a correlation with factors that impact the improvement of patient complaints (see Appendix D).

Example codes for the 4 articles included in the Thematic Analysis Matrix:

- *Clinical practice*: quality of medical staff and physicians, nurses' technical and non-technical skills that compromise patients' safety.
- *Ideal of patient-centered care*: expressed needs, respect patient's value, improve healthcare outcomes, enhance patient satisfaction and access to care.
- *Primary healthcare quality indicators consist of three components*: structure, process, and outcome. These indicators assess various aspects such as safety, effectiveness, timeliness, patient centeredness, efficiency, and equitability.
- *Grievance handling*: primary healthcare, time for resolving, follow-up, and process for investigation.

After identifying all of the codes from the 12 articles, I determined that the analysis revealed a framework of five overarching themes and their corresponding sub-themes. The main themes, pertaining to the management of patient complaints in primary health care practices, include receive complaints, investigate complaints, resolve

complaints, implement improvements, and monitor the impact of complaints. The sub-themes are categorized under these main themes (see Appendix E).

Receive Complaint

- Acknowledge receipt of complaint: Leaders must ensure effective communication with patients who have lodged complaints, assuring them that their concerns have been duly received and are being actively addressed.
- Report: This document serves as a comprehensive record of the investigation process and its outcome related to the complaint.
- Request information: As the investigation of the complaint is ongoing, the patient is asked to submit a written complaint if necessary.

Investigate Complaint

The process of investigating complaints entails collecting comprehensive information.

- Record complaint: The complaint process commences by documenting the patient's concerns and identifying the individuals involved in the complaint.
- Primary care practice approach: A primary health care practice approach involves documenting patient complaints, actively listening, and acknowledging them.
- Witnesses and accurate information: The patients' complaints are thoroughly reviewed to fully grasp their concerns.
- Inadequate explanation of complaint: This may lead to subsequent impacts on patients and organizations.

Resolve Complaints

- Implementing feedback: The primary health care practice should consider the feedback provided, promptly address any concerns or issues raised, and effectively manage the process of handling complaints.
- Lack of knowledge: Insufficient understanding of the subject matter may result in patient grievances, causing frustration potentially stemming from breakdowns in communication.
- Lack of communication: Ineffective communication may result in a reduced level of patient care, reduced patient satisfaction, and less-than-ideal patient outcomes.
- Lack of patient centeredness: The absence of patient-centered health care significantly impacts the overall quality of health care.

Implement Improvements

Ensure prompt and thorough resolution of patient concerns by assuming ownership and consistently monitoring complaint cases.

- New policy quality of care improvement - Analyzing the trajectory and schedule of quality enhancement initiatives within primary health care practices.
- Action plan - Establishing timelines for the necessary steps, addressing the issue at hand, and providing a suitable response to the grievance.
- Handling complaint - To gain a comprehensive understanding of the reasons behind a patient's complaint, the primary health care should carefully examine the

underlying causes. These causes may include staff performance, the work environment, communication practices, and the outcome of the situation.

Monitor Impact of Complaints

Primary health care practices consistently track the time required to address complaints and enhance patient satisfaction rates and experiences.

- Negative effect on quality - Inefficient communication practices when addressing patient complaints may negatively affect the outcomes.
- Increase quality care - Effective communication is crucial when addressing and resolving complaints, because it directly impacts the quality of care, patient outcomes, and the overall functioning of the organization.
- Improve patient satisfaction - The primary health care practice should leverage patient feedback to evaluate levels of patient satisfaction.

Interpretation of the Findings

This review was guided by the Donabedian model, which offered a structured approach for evaluating primary health care processes in addressing patient complaints. Donabedian assessed the quality of health service delivery by analyzing the elements of structure, process, and outcome as outlined by McCullough et al. (2023). Effective healthcare delivery relies on a well-organized structure that integrates physical infrastructure and knowledge, enabling primary health care professionals to effectively address patient complaints (Endalamaw et al., 2023). The process encompasses all activities involved in managing patient complaints, including communication. Outcome is often considered a critical element in providing high-quality care (Moayed et al., 2022). Every patient desires a superior level of satisfaction when receiving care within

healthcare facilities. The outcome can be seen as the final goal, with the structure and process seen as the methods to achieve that goal (Opele & Adepoju, 2024). The current integrative review aimed to examine the characteristics and effective resolutions of patient complaints from the primary health care perspective, analyzing the aspects of structure, process, and outcome through five main themes.

Process

The process of addressing patient complaints consisted of three main themes: receive complaints, investigate complaints, and resolve complaints each with their own sub-themes. The process of addressing patient complaints required collaboration among members in primary health care practices to promptly respond, gather accurate information, and document details upon receiving patient complaints (LoPorto, 2020).

Receive Complaint

Process measures provide insight into the actions taken by a primary healthcare setting to address and enhance patient complaints (Endalamaw et al., 2023). Receiving complaints can be a challenge and it is an effective way for primary health care practices to analyze patient satisfaction. This theme was identified to help primary health care practices to address common problems that affect patients' satisfaction and loyalty, improve services, set goals for improvement, communicate, and collaborate with team and other departments to share information and best practices (Omari & Ya'akub, 2023). Upon receipt of the complaint, the patient relations executives will commence documenting the duration dedicated to each case (Lee et al., 2018). The sub-themes were primary health care practice approach, recording complaints, acknowledging receipt of complaints, and requesting information.

Acknowledge Receipt of Complaint

Acknowledging a patient complaint involves communication to the patient that the complaint has been received and is being actioned. Issues relating to the acknowledgment of patient complaints were identified because patients value primary health care providers acknowledging their feedback (Brickley et al., 2020). Primary healthcare practice leaders should acknowledge receipt of the complaint and thank the patient for taking the time to submit (Endalamaw et al., 2023). An apology for the experience should be included but this is not the same as apologizing for wrongdoing and accepting fault. Examples might include a letter acknowledging the complaints.

Report

The document should include a report on a particular complaint, documenting the investigation process and its outcome. Patients receiving primary health care should have a reasonable expectation of receiving thorough and attentive care and treatment (Fujita et al., 2021; Hannawa et al., 2022). However, primary health care providers often experience heavy workloads and have limited time to dedicate to individualized patient care, leading to an increase in reported complaints.

Request Information

The third sub-theme pertaining to primary health care involved the necessity of promptly gathering information during the investigation of a complaint and ensuring that the patient submitting the complaint formally documents their concerns. This is crucial in effectively managing patient complaints. Important information from complaints should be recorded in a reliable and standardized manner (van Dael et al., 2020). This subtheme was connected to the record of complaints subtheme because they both pertain to the

content of documents that address complaints. The primary health care leaders should ensure that a clear procedure is in place for handling complaints, including documenting the process and outcomes. This should involve reaching out to patients via phone or mail to gather additional information about the situations that have occurred (Skär & Söderberg, 2018). A checklist can be used to guide managers in properly addressing the complaints, such as reviewing the patient's records and contacting the healthcare professionals involved.

Investigate Complaints

The strategies to improve patient complaints start with taking responsibility and monitoring complaints continuously. The key strategies for addressing a complaint in a professional manner involve taking several points into consideration (Behrens, 2018). Primary health care practices should clearly identify the concerns raised by the individual lodging the complaint, establish an effective investigation process, and evaluate the relevant evidence. Additionally, primary health care practices may need to provide a clear explanation of the incident based on the available evidence, while attentively considering the patient's experience.

Primary Healthcare Practice Approach

The primary health care practice approach involves documenting the complaint, listening, and acknowledging the patient's complaint. Proper handling of complaints plays a significant role in enhancing the overall patient experience, which prioritizes teamwork and empathy (Bayer et al., 2021). Health care systems routinely gather complaints to address patient concerns, enhance their experience, and reduce financial burdens associated with lawsuits and legal expenses. Effectively addressing patient

complaints at a practice level can mitigate their escalation and provide valuable information to enhance patient care (Wright & Haysom, 2023). Identifying the obstacles that hinder patients from voicing their concerns allows practices to develop strategies to overcome these barriers and provide necessary support to patients and staff. Successful approaches encompass process enhancements, organizational changes, and support for complaint management (Garrubba & Melder, 2019).

Record Complaint

This process should begin by recording the patient's concerns and the party involved in the complaint. Patient complaints are commonly filed through the patient advocate (Skär & Söderberg, 2018). The patient advocate assumes the responsibility for addressing and resolving patients' concerns, representing either the patients themselves or their family members, in collaboration with the healthcare professionals involved. The feedback received highlighted issues related to inadequate documentation and insufficient evidence supporting the complaints (Brickley et al., 2021). Additional issues within this subtheme include a lack of feedback provision and failure to communicate complaints with the teams, both of which have been identified as contributing factors to complaints. Complaints can thus be utilized in a constructive manner to identify unfavorable incidents and enhance the quality of care moving forward.

Inadequate Explanation of Complaint

An inadequate explanation of the patient complaint can result in downstream effects on patients and organizations. Patients in primary health care settings may often perceive that their appointments are rushed, leading to feelings of inadequate communication and a lack of thorough explanation regarding their complaints or

treatment processes (Bujoreanu et al., 2020). When this occurs, there is a perceived lack of adequate explanation of the complaint by the health care professional (Francis & Robertson, 2023). Effective health care encounters for patients necessitate thorough and effective communication as well as the provision of sufficient information (Baines et al., 2019).

Witnesses and Accurate Information

Collecting accurate information requires carefully reviewing the patient's complaints to fully grasp their concerns. To effectively communicate and validate the accuracy, it is important to have information shared among colleagues (Hannawa et al., 2022). All patient complaints should be formally recorded and addressed, regardless of their significance, to ensure there is a well-defined protocol for handling these matters internally. For instance, if it is communicated to the patient that further contact will be made, it is imperative to fulfill this commitment promptly (Adams et al., 2018).

Resolve Complaints

According to Donabedian (2005) the evaluation of processes is closely linked to assessing the quality of care, as processes encompass all activities related to health care delivery. This theme explored barriers to address patient complaints in primary health care practices. The subthemes included: lack of knowledge, lack of communication and lack of patient centeredness.

Lack of Knowledge

There is a limited understanding of the communication and response practices of health care professionals toward patient-reported complaints. Complaints from patients regarding insufficient knowledge about their concerns may result in incomplete

information and could signal a breakdown in the communication process (Hannawa et al., 2022). Patient feedback is a valuable tool for enhancing the quality of healthcare interactions (Skär & Söderberg, 2018). Therefore, addressing the concerns raised in patient complaints is crucial but also to handling and responding to these complaints in a thoughtful and thorough manner. Research suggests that responses to complaints often rely solely on medical information, lack thoroughness, and demonstrate little intention from healthcare organizations to further investigate the matter (Connor et al., 2023). Understanding patient feedback can be valuable in enhancing the quality of health care interactions and informing health care professionals on how to create meaningful health care experiences.

Lack of Communication

The complaint related lack of communication explored reduction in the quality of care, patient' satisfaction, and patient outcomes. Effective communication is essential for establishing a strong patient-provider relationship, which is at the heart of person-centered care (Hanganu et al., 2022). In this approach, the patient is recognized as an empowered individual who deserves to be well-informed, respected, and considered equal to all other members of the health care team (Hult et al., 2023). Engaging patients as equal participants in their health care team can significantly impact the quality of care provided. Person-centered communication has been shown to have a positive impact on the interactions between patients and health care providers and improves patient satisfaction, trust, and empowerment, while also reducing stress levels (Bayer et al., 2021). In addition, behaviors displayed by primary health care professionals, such as

arrogance and disregarding patient objections, can also obstruct the development of high-quality interactions.

Lack of Patient Centeredness

Patient-centered care is increasingly acknowledged as a crucial aspect of providing top-quality health care (Nkhoma et al., 2022). Insufficient attention to patient-centeredness in health care contributes to subpar quality of care. Patient-centered care begins as soon as a patient enters the facility (Brickley et al., 2021). Patient advocates emphasize that the environment plays a significant role in determining outcomes, as a conducive environment fosters the potential for successful outcomes (Nkrumah et al., 2019). In this context, the reception staff in a general practice setting should be recognized as playing a crucial role in primary health care practice. They play a vital role in helping individuals feel comfortable, and are key in establishing effective communication, respect, and ensuring a safe environment. As we strive towards patient-centered care, it is important to enhance accessibility to reliable and up-to-date clinical guidelines, which can serve as valuable sources of evidence (Dullabh et al., 2022).

Implementing Feedback

This sub-theme pertains to the importance of incorporating feedback in primary healthcare practices by actively listening to feedback, following up on concerns, and effectively addressing complaints. Patient feedback is an important factor in enhancing primary health care practices services (Han et al., 2023; Isangula et al., 2023). There are various methods to collect patient feedback, but it is essential to have a well-defined system that is easy to follow and allows for timely actions (Huque et al., 2021). By investing in the development of an effective feedback system and promoting patient

engagement in providing feedback, primary health care employees can ultimately enhance the quality of the services.

Structure

The structure centers around one theme, followed by sub-themes. The structural component of primary health care practices can be categorized into facilities and providers when implementing policies to improve patient concerns. This model streamlined communication among essential personnel in a primary health care environment (LoPorto, 2020).

Implement Improvements

Implementing structured measures showcases primary health care's capacity to provide high-quality care to patients (LoPorto, 2020). Structure encompasses all elements that impact primary health care practices in addressing patient complaints, including developing a plan, implementing necessary measures, and conducting a thorough strategies plan (McCullough et al., 2023). The key strategies for addressing a complaint in a professional manner involve taking the following points into consideration (Behrens, 2018). Primary health care practices should clearly identify the concerns raised by the individual lodging the complaint, establish an effective investigation process, and evaluate the relevant evidence. Additionally, primary health care practices may need to provide a clear explanation of the incident based on the available evidence, while attentively considering the patient's experience.

Action Plan

The primary health care action plan includes establishing timelines for actions, addressing concerns, and following a process when responding to complaints. When

primary health care practices encounter the same issue repeatedly, there may be a lack of an established process for handling complaints (Acheampong et al., 2021). The optimal approach for improving primary health care involves establishing a streamlined process to effectively manage patient complaints. In certain instances, it may be unnecessary for primary health care to develop a new process; in other cases, a minor adjustment to the existing standard procedure may suffice. The correlation between reported complaints and the resulting action plan influences the efficacy of primary health care practices in handling patient complaints.

New Policy Quality of Care Improvement

This sub-theme addressed the direction and timeline of quality improvement within the primary health care practices. Primary health care practices should prioritize informing patients about their policies. For instance, primary health care practices should ensure that their website and staff members are well-versed in the complaints-handling policy and the approved communication strategy for managing difficult patient interactions (Bradshaw, 2019). This area of focus encompasses two sub-areas: incorporating feedback and enhancing patient satisfaction.

Handling Complaint

The challenge with handling patient complaints is related to understanding the root cause of the patient complaint, whether it is related to the staff, environment, communication, and outcome. Health care organizations' responses to complaints often fall short of the expectations of patients (Martin et al., 2021). Primary health care practices need to recognize and remove the obstacles that hinder patients from voicing their concerns directly (Wright & Haysom, 2023). These obstacles encompass unclear

channels for submitting complaints. Once these barriers are identified, practices can employ effective strategies to prompt patients to provide feedback in a more immediate and transparent manner. Patients may also lack assurance that their concerns will be adequately addressed (Schaad et al. 2019). Furthermore, patients may encounter difficulties in determining the appropriate individuals to approach regarding their concerns and locating someone available for discussion.

Outcomes

The outcomes primarily centered around one main theme: monitor impact of complaints, with additional sub-themes outlined below. These outcomes consisted of monitoring the impact of complaints in the primary health care practices. Outcome measures demonstrate the effectiveness of the primary health care practices service provided. Based on Donabedian's model (2005) enhancements in the organizational structure have the potential to positively impact operational procedures, leading to improved outcomes.

Monitor Impact of Complaints

Outcomes are often viewed as key indicators of quality, as the primary focus of primary health care is enhancing patient satisfaction (LoPorto, 2020). The outcomes of monitoring the impact of complaints can aid in the ongoing improvement of primary health care systems, ultimately resulting in increased patient satisfaction (Endalamaw et al., 2023). This theme explains primary health care practices continuously monitor the amount of time taken to resolve complaints, improve patient satisfaction rates/experiences and more successfully to meet patient needs. The sub-themes included:

inadequate explanation of complaint, negative effect on quality and strategies to improve complaint.

Negative Effect on Quality

This sub-theme relates to negative effect on quality of care due to poor communication when handling patient complaints. Poor communication when handling patient complaints is one of the most common causes of dissatisfaction with health services (Voogt et al., 2022). Active listening is an essential component of effective communication. Patients are more inclined to attentively listen and adhere to the advice provided when they feel that their concerns have been genuinely heard. Failure to properly understand the patient's expectations can often lead to grievances being raised.

Increase Quality Care

Enhancing the level of care provided in primary health care settings hinges on effective communication when addressing complaints. Improved communication is essential for enhancing the quality of care, patient outcomes, and overall organizational success. Complaints provide valuable insights into the patient's experience and can help identify areas for improvement in the quality of care (Han et al., 2023; O'Dowd et al., 2021). Patient complaints can serve as indicators of the quality of patient care (Wei et al., 2018). To meet the rising expectations for health care services, it is crucial for primary health care to actively work towards enhancing patient care quality (Amati et al., 2018). Ensuring patient care quality is a paramount focus for the Joint Commission International. Compliance with their requirements necessitates organizations effectively monitor and address patient complaints. In line with the commitment to quality enhancement, primary health care is placing greater emphasis on improving patient care

and establishing dedicated departments for the receipt and management of patient complaints (Monteferrante et al., 2022).

Part 4: Recommendation for Professional Practice and Implications for Social Change

Recommendations for Professional Practice

The purpose of this integrative review was to research the nature and resolution of patient complaints and to investigate the use of complaints as a tool for primary health care practices to drive quality enhancement. The Donabedian model was used in this integrative review. According to the Donabedian model, evaluating the quality of healthcare involves considering three key components that are applicable to organizations: structure, process, and outcome (Hines et al., 2020; Tossaint-Schoenmakers et al., 202). Structure refers to the environment or context in which healthcare is delivered, while process pertains to the actions and steps involved in administering and receiving care. Also, outcomes are the results or consequences of the healthcare provided (Endeshaw, 2021; Moayed et al., 2020). The quality of healthcare depends on various aspects within these three categories and the interconnections. As Donabedian explained, a strong structure enhances the probability of favorable processes, which increases the likelihood of positive outcomes (Tossaint-Schoenmakers et al., 2021).

Effective complaint handling necessitates strong leadership and the involvement of patients in a structured and engaged manner. Effective communication of outcomes and actions taken for improvement can support the primary health care organization in learning from the complaint. This approach aids in driving quality improvement (Willis, 2018). The involvement of complainants helps bridge the divide between patient expectations and the efforts made to address the concerns. The complainants should receive updates on any progress made in response to the complaints and should be kept

well informed throughout the entire process (Garrubba & Melder, 2019). Also, it is important to provide the complainant with information regarding external options for review in cases in which complaints remain unresolved. Ensuring a satisfactory response to the consumer's complaint entails maintaining prompt communication, providing clear information about the complaint-handling process, and consistently updating the consumer on the progress and resolution of their complaint (Kim & Lim, 2021).

Primary health care practices should engage in open and constructive dialogue with their staff regarding any complaints received. In addition, it is essential to communicate to the complainant that appropriate actions have been taken in response to the complaint (van Dael et al., 2022). Furthermore, it is understandable that patients may desire an explanation for any incidents that have occurred; however, the utmost importance lies in health care professionals acknowledging and taking responsibility for any mistakes made. The current body of literature indicated that it is recommended to have effective systems in place for managing patient complaints within primary healthcare practice (Martin et al., 2021). Primary health care organizations should establish effective strategies for addressing patient complaints to enhance the quality of care and patient satisfaction. The managers of primary healthcare practices should acknowledge their responsibility in comprehending the significance of patient complaints and extracting valuable insights from them (Connor et al., 2023). Additionally, it is essential for primary health care managers to ensure that all staff members are equipped with sufficient information to handle patient complaints pertaining to the five key themes, which include receive complaints, investigate complaints, resolve complaints, implement improvements, and monitor impact of complaints.

The results of this comprehensive review offer numerous possibilities for professional application. According to O'Dowd et al. (2021), further investigation is necessary to address the overall issue of complaints within primary health care practices. Subsequent research could focus on developing interventions aimed at altering attitudes toward complaints in primary health care practice, resulting in improved outcomes for patient complaints. Additionally, a comprehensive examination could be conducted to delve more deeply into strategies for effectively assisting health care providers who find themselves the focus of a complaint. The objective would be to mitigate the detrimental impact of such complaints on the individuals involved and the overall health care system. This approach would promote the delivery of high-quality care by prioritizing the well-being of health care providers and highlighting the positive outcomes that can result from addressing complaints.

Primary healthcare managers demonstrate leadership by openly discussing feedback received and the steps taken to address concerns with staff members (Behrens, 2018). Handling complaints can pose a challenge for managers in the healthcare setting (Wright & Haysom, 2023). Providing staff with training on effective communication strategies for addressing patient complaints can enhance their level of preparedness and lower stress levels. This proactive approach can also help prevent complaints from escalating. Primary health care practices should establish clear procedures for continuing care for patients who raise concerns. Also, it is advisable for practices to address complaints promptly to maintain and enhance the patient provider relationship.

In a clinical setting where managers enforce a complaint handling system, there will be a significant enhancement in service quality, improved patient experience, higher

satisfaction levels, and a decrease in complaints (Li et al., 2024). An organization that encourages the idea that complaints serve a valuable learning opportunity to enhance clinical practices and processes creates a conducive environment for effective complaint management (Antonopoulou et al., 2023; Mirzoev & Kane, 2018). Health care professionals' perceptions of the organization's approach to managing and addressing patient complaints can greatly impact their responses to such complaints. Actively listening to patients and their experiences can result in more constructive and beneficial responses in real time. A well-managed and fair complaint handling process may reduce unproductive reactions and promote responses that enhance patient satisfaction and facilitate learning from feedback. (Antonopoulou et al., 2023; Van Dael et al., 2020).

Effective complaint management is crucial for enhancing an organization's reputation (William, 2020). Creating positive patient experiences during complaint resolution can positively impact the organization's image. Properly addressing complaints can lead to satisfied customers as advocates for the company. It is essential to handle complaints with professionalism and ensure that patients feel valued and heard throughout the process. At times, patients may seek a sincere apology from a clinic manager or other staff members. Primary health care leaders should approach complaints in a professional manner, because responding defensively can negatively affect the patient's perception and the clinic's reputation. Clinic managers play a pivotal role in addressing and resolving patient complaints effectively. Successful management complaints require attentiveness and cooperation from all clinical staff. Moreover, it is important to acknowledge that trust plays a crucial role in effectively managing complaints and maintaining positive relationships with patients. Implementing strategic

changes to enhance the channels through which patient feedback is received can be beneficial, leading to improved patient satisfaction and exceeding their expectations (Mirzoev & Kane, 2018).

Patient satisfaction is a key indicator of the quality of care provided by healthcare professionals and medical institutions. Patient satisfaction plays a crucial role in establishing positive physician patient relationships and enhancing the reputation of the practice. Patients prioritize the quality of services and their satisfaction with medical outcomes because it directly impacts their overall experience. (Li et al., 2024). Strong communication is essential for building a positive doctor patient relationship (Bouwman et al., 2021). Health care professionals, including those in clinics, should strive to communicate effectively with patients, address their concerns, and ensure they understand how complaints are handled. It is important for clinic managers and healthcare professionals to consistently strive to address patient complaints and prioritize patient needs to improve overall patient satisfaction. To achieve this, it is essential to regularly gather patient feedback and conduct satisfaction surveys because these are key tools for evaluating and enhancing the quality of care provided (Birkeland et al., 2021; Ryyänen et al., 2020).

Implications for Social Change

The leader of a healthcare organization recently facing difficulties in effectively managing patient complaints. Primary health care practices are experiencing challenges in addressing these complaints. Conducting a review may bring about positive social change by exploring various approaches to managing patient complaints. The five themes and sub-themes identified in this integrative review highlighted the urgent need for

prioritizing the enhancement of patient complaint handling within the primary health care industry. One of the crucial principles for improving patient outcomes, quality of care, and patient and community satisfaction is promoting awareness about managing health to drive social change. Primary health care professionals have a responsibility to demonstrate social accountability and actively participate in addressing the needs of the local community. Conducting a thorough examination of patients' feedback, specifically its contribution to enhancing quality of care, is essential to generate valuable insights for driving positive transformations in primary health care.

The potential positive social change implications of the current integrative review can be accomplished through leaders implementing strategies for positive change in patient experience initiatives; it is critical that patient voices are heard, and patients are engaged. Implementation strategies can promote positive social change by encouraging providers to understand patient needs, preferences, and feedback, and to tailor primary health care services accordingly (Whitman et al., 2022). As the organization succeeds, primary healthcare leaders will have the opportunity to increase patient satisfaction and improve the quality of care. In addition, current findings have implications for societal impact, because enhancing patient outcomes and quality in primary health care practice can significantly influence patients' lives. Considering these developments, it is crucial for primary healthcare practices to establish effective strategies for managing patient complaints to foster positive patient satisfaction. Proactive measures such as increased follow-up on patient concerns can lead to improvements in addressing complaints within primary health care practices.

Limitations

This integrative review had certain limitations. This review aimed to examine the nature and resolution of patient complaints, in addition to exploring how complaints can be used to drive improvements in quality of care within primary health care practices. The articles included in the review were limited to those written in English and published within the past 5 years. This limitation may result in the exclusion of important and relevant articles conducted in non-English speaking health care settings. Furthermore, the review focused on strategies for effectively managing patient complaints within primary health care. A study conducted by Martin et al. (2021) revealed that patient expectations are frequently not met in the way complaints are handled within health care organizations. Consequently, it is advisable to conduct further investigations in other health care settings beyond primary health care practices.

Conclusion

This integrative review's objectives were to research the nature and resolution of patient complaints and to investigate the use of complaints as a tool for primary health care practices to drive quality enhancement. Handling patient complaints in primary healthcare practices can present a significant challenge. This integrative review highlights the essential nature of effectively managing patient complaints to reduce frequency. This integrative review pointed to the importance process of managing patient complaints that could minimize the volume of complaints. The Donabedian model, including a careful alignment of the corresponding themes, may serve as an effective framework for developing more robust strategies in the management of patient complaints in the workplace. Feedback from patients is an important and beneficial resource for obtaining

insight necessary for improving health care systems (Gyberg et al., 2023). Primary health care practices should effectively use the information provided by patient feedback and establish supportive environments to ensure the delivery of patient-centered care. Further research should prioritize the development of training programs for handling and addressing complaints in the primary health care practices.

References

- Alhajri, S. M., Aljehani, N. M., El Dalatony, M. M., Alsuwayt, S. S., Alhumaidany, T. M., & Aldossary, M. S. (2023) Patients' satisfaction with the quality of services at primary healthcare centers in Saudi Arabia. *Cureus 15*(9), Article e45066.
<https://doi.org/10.7759/cureus.45066>
- Acheampong, J., & Domfeh, K. (2021). Drivers, inhibitors, and implications of effective complaint management among healthcare institution in an emerging economy: A case of the University of Ghana Hospital. *International Journal of Leadership and Governance, 1*(2), 1 – 18. <https://doi.org/10.47604/ijlg.1387>
- Adams, M., Maben, J., & Robert, G. (2018). 'It's sometimes hard to tell what patients are playing at': How healthcare professionals make sense of why patients and families complain about care. *Health (London, England: 1997), 22*(6), 603–623.
<https://doi.org/10.1177/1363459317724853>
- Amati, R., Kaissi, A. A., & Hannawa, A. F. (2018). Determinants of good and poor quality as perceived by US health care managers: A grounded taxonomy based on evidence from narratives of care. *Journal of Health Organization and Management, 32*(5), 708–725. <https://doi.org/10.1108/JHOM-03-2018-0075>
- Anderson, P. A. & Rose, V. L. (2023). *Responding to complaints: An ounce of cure, a pound of prevention*. Hmp Global Learning Network.
<https://www.hmpgloballearningnetwork.com/site/altc/ecri-strategies/responding-complaints-ounce-cure-pound-prevention>

- Antonopoulou, V., Meyer, C., Chadwick, P., Gibson, B., Sniehotta, F. F., Vlaev, I., ... & Chater, A. M. (2023). Understanding healthcare professionals' responses to patient complaints in secondary and tertiary care in the UK: A systematic review and behavioural analysis. <https://doi.org/10.21203/rs.3.rs-3193937/v1>
- Baines, R., Price, T., Archer, J., & Bryce, M. (2019). The impact of patient complaints and compliments on medical performance: A systematic review. *European Journal for Person Centered Healthcare*, 7, 490–498. <https://doi.org/10.5750/ejpc.v7i3.1756>
- Barnhoorn, P. C., Essers, G. T., Nierkens, V., Numans, M. E., van Mook, W. N., & Kramer, A. W. (2021). Patient complaints in general practice seen through the lens of professionalism: a retrospective observational study. *BJGP Open*, 5(3), BJGPO.2020.0168. <https://doi.org/10.3399/BJGPO.2020.0168>
- Bayer, S., Kuzmickas, P., Boissy, A., Rose, S. L., & Mercer, M. B. (2021). Categorizing and rating patient complaints: An Innovative Approach to Improve Patient Experience. *Journal of Patient Experience*, 8, 2374373521998624. <https://doi.org/10.1177/2374373521998624>
- Behrens R., CBE (2018). Handling complaints: harnessing feedback to improve services. *The British journal of general practice: the Journal of the Royal College of General Practitioners*, 68(675), 483. <https://doi.org/10.3399/bjgp18X699185>
- Birkeland, S., Bismark, M., Barry, M. J., & Möller, S. (2021). Does greater patient involvement in healthcare decision-making affect malpractice complaints? A large case vignette survey. *PloS One*, 16(7), e0254052. <https://doi.org/10.1371/journal.pone.0254052>

- Bouwman, R., Bomhoff, M., Robben, P., & Friele, R. (2021). Classifying patients' complaints for regulatory purposes: A Pilot Study. *Journal of patient safety*, 17(3), e169–e176. <https://doi.org/10.1097/PTS.0000000000000297>
- Bradshaw P. (2019). Good communication reduces risk of a complaint or claim. *BMJ (Clinical research ed.)*, 367, l6160. <https://doi.org/10.1136/bmj.l6160>
- Bratland, S. Z., Baste, V., Steen, K., Diaz, E., Gjelstad, S., & Bondevik, G. T. (2020). Physician factors associated with increased risk for complaints in primary care emergency services: a case - control study. *BMC Family Practice*, 21(1), 201. <https://doi.org/10.1186/s12875-020-01272-0>
- Brickley, B., Sladdin, I., Williams, L. T., Morgan, M., Ross, A., Trigger, K., & Ball, L. (2020). A new model of patient-centred care for general practitioners: results of an integrative review. *Family Practice*, 37(2), 154–172. <https://doi.org/10.1093/fampra/cmz063>
- Brickley, B., Williams, L. T., Morgan, M., Ross, A., Trigger, K., & Ball, L. (2021). Putting patients first: Development of a patient advocate and general practitioner-informed model of patient-centred care. *BMC Health Services Research*, 21(1), 261. <https://doi.org/10.1186/s12913-021-06273-y>
- Bujoreanu, I., Hariri, A., Acharya, V., & Taghi, A. (2020). An analysis of complaints in two large tertiary University Teaching Hospital ENT Departments: A Two-Year Retrospective Review. *International Journal of Otolaryngology*. 2020(2):1-6
DOI:10.1155/2020/1484687

- Baines, R., Price, T., Archer, J., & Bryce, M. (2019). The impact of patient complaints and compliments on medical performance: a systematic review. *European Journal for Person Centered Healthcare*, 7, 490-498.
- Centers for Medicare & Medicaid Services. (2024). *Quality Improvement Organizations*. <https://www.cms.gov/medicare/quality/quality-improvement-organizations>
- Connor, L., Dean, J., McNett, M., Tydings, D. M., Shrout, A., Gorsuch, P. F., Hole, A., Moore, L., Brown, R., Melnyk, B. M., & Gallagher-Ford, L. (2023). Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review. *Worldviews on Evidence-Based Nursing*, 20(1), 6–15. <https://doi.org/10.1111/wvn.12621>
- Clavel, N., & Pomey, M. (2020). Enhancing patient involvement in quality improvement: How complaint managers see their roles and limitations. *Patient Experience Journal*, 7(3) 112-118. <https://doi.org/10.35680/2372-0247.1460>.
- Dullabh, P., Sandberg, S. F., Heaney-Huls, K., Hovey, L. S., Lobach, D. F., Boxwala, A., Desai, P. J., Berliner, E., Dymek, C., Harrison, M. I., Swiger, J., & Sittig, D. F. (2022). Challenges and opportunities for advancing patient-centered clinical decision support: findings from a horizon scan. *Journal of the American Medical Informatics Association: JAMIA*, 29(7), 1233–1243. <https://doi.org/10.1093/jamia/ocac059>
- Donabedian A. (2005). Evaluating the quality of medical care. 1966. *The Milbank quarterly*, 83(4), 691–729. <https://doi.org/10.1111/j.1468-0009.2005.00397.x>

- Endalamaw, A., Khatri, R. B., Erku, D., Nigatu, F., Zewdie, A., Wolka, E., & Assefa, Y. (2023). Successes and challenges towards improving quality of primary health care services: a scoping review. *BMC Health Services Research*, 23(1), 893. <https://doi.org/10.1186/s12913-023-09917-3>
- Endeshaw, B. (2021), "Healthcare service quality-measurement models: a review", *Journal of Health Research*, Vol. 35 No. 2, pp. 106-117. <https://doi.org/10.1108/JHR-07-2019-0152>
- Francis, L., & Robertson, N. (2023). Healthcare practitioners' experiences of breaking bad news: A critical interpretative meta synthesis. *Patient Education and Counseling*, 107, 107574. <https://doi.org/10.1016/j.pec.2022.107574>
- Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient satisfaction with healthcare services and the techniques used for its assessment: A Systematic Literature Review and a Bibliometric Analysis. *Healthcare (Basel, Switzerland)*, 11(5), 639. <https://doi.org/10.3390/healthcare11050639>
- Fujita, S., Seto, K., Hatakeyama, Y., Onishi, R., Matsumoto, K., Nagai, Y., Iida, S., Hirao, T., Ayuzawa, J., Shimamori, Y., & Hasegawa, T. (2021). Patient safety management systems and activities related to promoting voluntary in-hospital reporting and mandatory national-level reporting for patient safety issues: A Cross-Sectional Study. *PloS one*, 16(7), e0255329. <https://doi.org/10.1371/journal.pone.0255329>

- Gyberg, A., Brezicka, T., Wijk, H., & Ulin, K. (2023). Struggling for access to appropriate healthcare services: A qualitative content analysis of patient complaints. *Journal of Advanced Nursing*, 79(10), 3748–3759.
<https://doi.org/10.1111/jan.15688>
- Garrubba M & Melder A. (2019). Best practice for complaints management processes and evaluation: scoping review. *Centre for Clinical Effectiveness, Monash Health, Melbourne, Australia*. https://monashhealth.org/wp-content/uploads/2019/06/Complaints-Mgt-Evaluation_2019_Final.pdf
- Han, S., Xu, M., Lao, J., & Liang, Z. (2023). Collecting patient feedback as a means of monitoring patient experience and hospital service quality - Learning from a Government-led Initiative. *Patient Preference and Adherence*, 17, 385–400.
<https://doi.org/10.2147/PPA.S397444>
- Hult, A., Lundgren, E., Fröjd, C., Lindam, A., & Jangland, E. (2023). Patient complaints about communication in cancer care settings: Hidden between the lines. *Patient Education and Counseling*, 114, 107838.
<https://doi.org/10.1016/j.pec.2023.107838>
- Hannawa, A. F., Wu, A. W., Kolyada, A., Potemkina, A., & Donaldson, L. J. (2022). The aspects of healthcare quality that are important to health professionals and patients: A qualitative study. *Patient Education and Counseling*, 105(6), 1561–1570. <https://doi.org/10.1016/j.pec.2021.10.016>

- Hanganu, B., & Ioan, B. G. (2022). The personal and professional impact of patients' complaints on doctors-A qualitative approach. *International Journal of Environmental Research and Public Health*, 19(1), 562.
<https://doi.org/10.3390/ijerph19010562>
- Hughes, L. S., Cohen, D. J., & Phillips, R. L., Jr (2022). Strengthening primary care to Improve Health Outcomes in the US-Creating Oversight to Address Invisibility. *JAMA Health Forum*, 3(9), e222903.
<https://doi.org/10.1001/jamahealthforum.2022.2903>
- Health Uconn. (2021). *Clinical policy: Patient complaints and grievances*.
<https://health.uconn.edu/policies/wp-content/uploads/sites/28/2021/04/Patient-Complaints-and-Grievances.pdf>
- Huque, R., Al Azdi, Z., Ebenso, B., Nasreen, S., Chowdhury, A. A., Elsey, H., & Mirzoev, T. (2021). Patient feedback systems at the primary level of health care centres in Bangladesh: A Mixed Methods Study. *SAGE Open*, 11(2).
<https://doi.org/10.1177/21582440211011458>
- Hayek, S., Derhy, S., Smith, M. L., Towne, S. D., Jr, & Zelber-Sagi, S. (2020). Patient satisfaction with primary care physician performance in a multicultural population. *Israel Journal of Health Policy Research*, 9(1), 13.
<https://doi.org/10.1186/s13584-020-00372-7>
- Hines, K., Mouchtouris, N., Knightly, J. J., & Harrop, J. (2020). A Brief history of quality improvement in health care and spinal surgery. *Global Spine Journal*, 10(1 Suppl), 5S–9S. <https://doi.org/10.1177/2192568219853529>

- Isangula, K., Pallangyo, E. S., & Ndirangu-Mugo, E. (2023). The perceived benefits and effectiveness of patient feedback systems in strengthening patient-provider relationships in Rural Tanzania. *BMC Health Services Research*, 23(1), 1202. <https://doi.org/10.1186/s12913-023-10198-z>
- Kim, J., & Lim, C. (2021). Customer complaints monitoring with customer review data analytics: An integrated method of sentiment and statistical process control analyses. *Advanced Engineering Informatics*, 49. <https://doi.org/10.1016/j.aei.2021.101304>
- Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nursing*, 20(1), 158. <https://doi.org/10.1186/s12912-021-00684-2>
- Li, G., Chen, Y., & Lou, X. (2024). Complaint management system and patient satisfaction in grassroots hospitals. *Medicine* 103(8):p e37275. DOI: 10.1097/MD.00000000000037275
- L'Esperance, V., Gravelle, H., Schofield, P., & Ashworth, M. (2020). Impact of primary care funding on patient satisfaction: a retrospective longitudinal study of English general practice, 2013-2016. *The British Journal of General Practice: The Journal of the Royal College of General Practitioners*, 71(702), e47–e54. <https://doi.org/10.3399/bjgp21X714233>

- LoPorto, J. (2020). Application of the Donabedian quality-of-care model to New York State direct support professional core competencies: How structure, process, and outcomes impact disability services. *Journal of Social Change*, 12(1), 40–70. <https://doi.org/10.5590/JOSC.2020.12.1.05>
- Limmroth, S. P. (2019). *Hidden compliance risk area: Patient grievances*. Compliance Cosmos. <https://compliancecosmos.org/hidden-compliance-risk-area-patient-grievances>
- Liu, J. J., Rotteau, L., Bell, C. M., & Shojania, K. G. (2019). Putting out fires: a qualitative study exploring the use of patient complaints to drive improvement at three academic hospitals. *BMJ Quality & Safety*, 28(11), 894–900. <https://doi.org/10.1136/bmjqs-2018-008801>
- Lee, J., Loh, T. P., Ong, D. E. H., Caleb, M. G., Lim, A. Y. T., & Manning, P. G. (2018). Time needed to resolve patient complaints and factors influencing it: a cohort study. *International Journal for Quality in Health Care: Journal of the International Society for Quality in Health Care*, 30(7), 571–575. <https://doi.org/10.1093/intqhc/mzy060>
- McCullough, K., Andrew, L., Genoni, A., Dunham, M., Whitehead, L., & Porock, D. (2023). An examination of primary health care nursing service evaluation using the Donabedian model: A systematic review. *Research in Nursing & Health*, 46(1), 159–176. <https://doi.org/10.1002/nur.22291>

- Monteferrante, E., Volesky, K. D., Brisson, P. J., Sigman, H. H. & Laliberté, M. (2022). The effect of patient complaints on physicians in European and Commonwealth Countries with Public Healthcare Systems: *A Scoping Review and Ethical Analysis*. *Canadian Journal of Bioethics / Revue Canadienne de Bioéthique*, 5(3), 31–42. <https://doi.org/10.7202/1092954ar>
- Moayed, M. S., Khalili, R., Ebadi, A., & Parandeh, A. (2022). Factors determining the quality of health services provided to COVID-19 patients from the perspective of healthcare providers: Based on the Donabedian model. *Frontiers in Public Health*, 10, 967431. <https://doi.org/10.3389/fpubh.2022.967431>
- Martin, G. P., Chew, S., & Dixon-Woods, M. (2021). Why do systems for responding to concerns and complaints so often fail patients, families and healthcare staff? A qualitative study. *Social Science & Medicine*, 287(6), 114375. <https://doi.org/10.1016/j.socscimed.2021.114375>
- Mirzoev, T., & Kane, S. (2018). Key strategies to improve systems for managing patient complaints within health facilities - what can we learn from the existing literature? *Global Health Action*, 11(1), 1458938. <https://doi.org/10.1080/16549716.2018.1458938>
- Nkhoma, K. B., Cook, A., Giusti, A., Farrant, L., Petrus, R., Petersen, I., Gwyther, L., Venkatapuram, S., & Harding, R. (2022). A systematic review of impact of person-centred interventions for serious physical illness in terms of outcomes and costs. *BMJ Open*, 12(7), e054386. <https://doi.org/10.1136/bmjopen-2021-054386>

- Nkrumah, J., & Abekah-Nkrumah, G. (2019). Facilitators and barriers of patient-centered care at the organizational-level: a study of three district hospitals in the central region of Ghana. *BMC Health Services Research*, *19*(1), 900.
<https://doi.org/10.1186/s12913-019-4748-z>
- Opele, J. K., & Adepoju, K. O. (2024). Validation of the Donabedian Model of health service quality in selected States in Nigeria. *Nigerian Journal of Clinical practice*, *27*(2), 167–173. https://doi.org/10.4103/njcp.njcp_220_22
- Omari, F. A., & Ya'akub, N. I. (2023). Why and how patients complain: Decoding patterns of patient complaint behaviour in private and public hospitals.
<https://doi.org/10.31219/osf.io/5xfuz>
- O'Dowd, E., Lydon, S., & O'Connor, P. (2021a). A multi-perspective exploration of the understanding of patient complaints and their potential for patient safety improvement in general practice. *The European Journal of General practice*, *27*(1), 35–44. <https://doi.org/10.1080/13814788.2021.1900109>
- O'Dowd, E., Lydon, S., & O'Connor, P. (2021b). The adaptation of the 'Healthcare Complaints Analysis Tool' for general practice. *Family Practice*, *38*(6), 712–717.
<https://doi.org/10.1093/fampra/cmab040>
- O'Dowd, E., Lydon, S., Madden, C., & O'Connor, P. (2020). A systematic review of patient complaints about general practice. *Family Practice*, *37*(3), 297–305.
<https://doi.org/10.1093/fampra/cmz082>
- Richman, B. D., & Schulman, K. A. (2022). Are patient satisfaction instruments harming both patients and physicians?. *JAMA*, *328*(22), 2209–2210.
<https://doi.org/10.1001/jama.2022.21677>

- Ryynänen S. (2020). Patient complaints: Patients' and physicians' interaction in handling complex requests of care. *Journal of Patient Experience*, 7(4), 464–467.
<https://doi.org/10.1177/2374373519865132>
- Råberus, A., Holmström, I. K., Galvin, K., & Sundler, A. J. (2019). The nature of patient complaints: a resource for healthcare improvements. *International Journal for Quality in Health Care: journal of the International Society for Quality in Health Care*, 31(7), 556–562. <https://doi.org/10.1093/intqhc/mzy215>
- Shepard, K., Buivydaite, R., & Vincent, C. (2021). How do national health service (NHS) organizations respond to patient concerns? A qualitative interview study of the Patient Advice and Liaison Service (PALS). *BMJ Open*, 11(11), e053239.
<https://doi.org/10.1136/bmjopen-2021-053239>
- Schaad, B., Bourquin, C., Panese, F., & Stiefel, F. (2019). How physicians make sense of their experience of being involved in hospital users' complaints and the associated mediation. *BMC Health Services Research*, 19(1), 73.
<https://doi.org/10.1186/s12913-019-3905-8>
- Santana, M. J., Manalili, K., Jolley, R. J., Zelinsky, S., Quan, H., & Lu, M. (2018). How to practice person-centred care: A conceptual framework. *Health Expectations*, 21(2), 429–440. <https://doi.org/10.1111/hex.12640>
- Skär, L., & Söderberg, S. (2018). Patients' complaints regarding healthcare encounters and communication. *Nursing Open*, 5(2), 224–232.
<https://doi.org/10.1002/nop2.132>

- Tossaint-Schoenmakers, R., Versluis, A., Chavannes, N., Talboom-Kamp, E., & Kasteleyn, M. (2021). The challenge of integrating eHealth Into Health Care: Systematic Literature Review of the Donabedian Model of Structure, Process, and Outcome. *Journal of Medical Internet Research*, 23(5), e27180. <https://doi.org/10.2196/27180>
- Voogt, S. J., Pratt, K., & Rollet, A. (2022). Patient communication: Practical strategies for better interactions. *Family Practice Management*, 29(2), 12–16. <https://www.aafp.org/journals/fpm.html>
- van Dael, J., Reader, T. W., Gillespie, A. T., Freise, L., Darzi, A., & Mayer, E. K. (2022). Do national policies for complaint handling in English hospitals support quality improvement? Lessons from a case study. *Journal of the Royal Society of Medicine*, 115(10), 390–398. <https://doi.org/10.1177/014107682210982>
- Van Dael, J., Reader, T. W., Gillespie, A., Neves, A. L., Darzi, A., & Mayer, E. K. (2020). Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights. *BMJ Quality & Safety*, 29(8), 684–695. <https://doi.org/10.1136/bmjqs-2019-009704>
- Wright, M., & Haysom, G. (2023). Managing patient complaints to improve your practice. *Australian Journal of General Practice*, 52(12), 848–851. <https://doi.org/10.31128/AJGP-07-23-6901>
- Wang, S. C., Chu, N. F., Tang, P. L., Pan, T. C., & Pan, L. F. (2022). Using healthcare complaints analysis tool to evaluate patient complaints during the COVID-19 pandemic at a medical center in Taiwan. *International Journal of Environmental Research and Public Health*, 20(1), 310. <https://doi.org/10.3390/ijerph20010310>

Whitman, A., De Lew, N., Chappel, A., Aysola, V., Zuckerman, R. & Sommers, B. D.

(2022). *Addressing social determinants of health: Examples of successful evidence-based strategies and current federal efforts*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation. ASPE.

<https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf>.

Wong, E., Mavondo, F., & Fisher, J. (2020). Patient feedback to improve quality of patient-centred care in public hospitals: a systematic review of the evidence. *BMC health services research*, 20(1), 530. <https://doi.org/10.1186/s12913-020-05383-3>

William, R. (2020). *The role of complaint management in customer experience improvement*. My customer.

<https://www.mycustomer.com/service/management/the-role-of-complaint-management-in-customer-experience-improvement>,

Willis, A. (2018). *Managing consumer complaints using a quality improvement approach – a literature review*.

https://www.sacoss.org.au/sites/default/files/public/HCA/38-HCA~1_0.PDF

Wei, H., Ming, Y., Cheng, H., Bian, H., Ming, J., & Wei, T. L. (2018). A mixed method analysis of patients' complaints: Underpinnings of theory-guided strategies to improve quality of care. *International Journal of Nursing Sciences*, 5(4), 377–382. <https://doi.org/10.1016/j.ijnss.2018.06.006>

Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Berger, S., Saut, A.M., & Berssaneti, F.T. (2020)	N/A	How do hospitals drive quality improvement using patient feedback?	Qualitative study	Large Brazilian hospitals (150- 500 beds) were used for the study, and patient feedback and observations of best practices were gathered. The results also demonstrate that management are concerned with fostering an atmosphere that supports change based on patient feedback and that the aim of getting patient feedback is clear.	The participation of healthcare professionals, the availability of numerous channels for feedback, and the use of high- quality technologies provide a strong foundation for leveraging patient feedback to drive quality improvement.	A further recommendat ion is to think about the systems required to capture unofficial feedback from the medical staff at the point of care.	This finding points to areas where healthcare management procedures can be strengthened. Recommendat ions should encourage training on human error in addition to increasing awareness of the value of patient feedback and team well- being.	Yes
Clavel N., & Pomey M. (2020)	N/A	How do complaints managers perceive their role and	Qualitative study	In this article, the authors conducted eleven face-to- face interviews	The findings conclude that a few challenges must be addressed to	Further research suggested to increased awareness of	New healthcare practices may find the findings in	Yes

		limitations in enhancing patient engagement and quality improvement?		with complaints managers at nine health care facilities in Quebec. In addition, there are four health facilities in urban areas, three in peri-urban areas and two in rural areas.	make complaints handling a more critical element of strategies to engage patients in healthcare settings.	patient expectations is critical to implementing effective patient-centered care and services.	this article helpful in handling complaints and are particularly important for implementing strategies to improve patient satisfaction.	
Donabedian A. (2005)	What the quality of medical care means?	N/A	Literature review	N/A	This review gives an impression of the various approaches and methods used to assess healthcare quality.	More research is needed on the quality of medical care. Additionally, a more complete conceptual and empirical exploration of the definition of quality is necessary.	Medical practices can benefit from this research when improving the quality of care.	Yes
Herman, A. L., Kloot, K., Giles, S. J., Beks, H., McNamara, K., Binder, M. J., &	N/A	N/A	Mixed methods	For the study, six small and large primary healthcare practices in Australia were enlisted.	Future efficacy and effectiveness assessments will be developed using the feasibility data from this study.	To fully comprehend the use of patient safety feedback, particularly in primary healthcare settings, more	N/A	Yes

Versace, V. (2019)						research is required.		
Khatami, F., Shariati, M., Abbasi, Z., Muka, T., Khedmat, L., & Saleh, N. (2022)	N/A	N/A	Population-based national study	Study conducted in primary health care in Iran from 2015 to 2020.	This study, conducted with the health needs assessment of Iran's health care centers, demonstrates the need to revise the national patient clinical complaint model based on the medical profile section of first-level health care records.	N/A	The profile of health complaints reflects the social needs of primary health care in Iran, as it represents the introduction of evidence-based and effective methods that primary healthcare providers must have.	Yes
Mirzoev T., & Kane S. (2018)	Institutional framework	What can we infer about successful tactics for enhancing patient complaint management systems from the body of existing literature?	Literature review	Effective interventions can improve complaint collection, analysis of complaint data, and follow-up.	showing key strategies for improving patient complaint management systems.	The study identified a number of gaps in the published literature that form an agenda for future research on this topic.	This study provides evidence that may assist in the implementation of strategies for managing patient complaints in primary healthcare practices.	Yes

Martin G. P., Chew S., & Dixon-Woods M. (2021)	Theory of Communicative Action	N/A	Qualitative study	The authors rely on a large qualitative data set of eighty-eight primary narrative interviews conducted with people raising issues and complaints in six UK NHS organizations.	The study repeatedly emphasizes the frustrations caused by healthcare organizations' responses to concerns and complaints raised by patients, families, and staff, as well as the risks these responses pose to quality and safety.	The authors proposed complementary approaches to responding to concerns and complaints in order to better meet complainants' expectations and improve service.	The authors' findings challenge narratives that only see the handling of complaints improperly as having sinister repercussions, which is an important implication of their findings.	Yes
O'Dowd, E., Lydon, S., Madden, C., & O'Connor, P. (2021)	Healthcare Complaints Analysis Tool framework	What prompted the individuals to file a complaint?	Systematic review	The search identified two thousand nine hundred sixty records, of which twenty-one studies met the inclusion criteria. Complaints can have both positive and negative effects on the people and systems involved.	The finding suggests that future research should focus on reliable complaint coding and its application to improve general practice quality.	More research is needed to understand how patients contribute to the improvement of general practice quality.	This review identifies areas for future research as well as changes in practice. Using a healthcare complaint analysis tool may also allow future research to apply the rigor of secondary care to the	Yes

							analysis of general practice complaints.	
Ryynänen S. (2020)	Theoretical proposition	N/A	Qualitative case study	The study reveals the storyline of narrative endings, ending with the collective ideology of a doctor's encounter with an unsatisfied patient.	The authors concluded that primary healthcare practice interactions in handling and responding to patient complaints display emerging patterns of conflict that are both restrictive and beneficial.	The authors report that further researchers can more deeply engage in and explore conversations and how they handle patient complaints.	This study may be beneficial for primary healthcare handling patient complaints and their responses	No
Santana, M. J., Manalili, K., Jolley, R. J., Zelinsky, S., Quan, H., & Lu, M. (2018)	Donabedian model	N/A	Literature review	The study developed a common conceptual framework with patient partners that synthesized evidence, recommendations, and best practices from existing frameworks.	The framework provides a step-by-step roadmap for healthcare systems working to implement person-centered care.	Further research is needed to validate the framework with additional patient perspectives to ensure that the concept reflects what truly matters to patients.	Although the framework focuses on implementing person-centered care, there is still a need to incorporate person-centeredness into measuring healthcare system performance.	Yes

Appendix B: DHA Review Question(s) Search Log

Database or location name	Search terms	Results	Notes
Cochrane Database of Systematic Reviews	Primary healthcare; AND patient complaints; OR physicians OR doctors; OR management AND leadership; OR handling complaints; OR best practice; AND communication; OR strategies; OR feedback; OR “patient advocate” OR improve quality of care OR improve patient outcomes 2019-presents	83	The term "complaint" is frequently mentioned in numerous articles.
CINAHL Plus	Primary healthcare; AND patient complaints; OR physicians OR doctors; OR management AND leadership; OR handling complaints; OR best practice; AND communication; OR strategies; OR feedback; OR “patient advocate” OR improve quality of care OR improve patient outcomes 2019-presents	70	The final results were obtained from 50 articles, while the remaining ones were excluded.

Database or location name	Search terms	Results	Notes
PubMed	N/A	103	There are a total of 86 articles published between the years 2019 and 2023, with an additional 17 articles published before 2019.
Public Administration Abstracts	Primary healthcare; AND patient complaints; OR physicians OR doctors; OR management AND leadership; OR handling complaints; OR best practice; AND communication; OR strategies; OR feedback; OR “patient advocate” OR improve quality of care OR improve patient outcomes 2019-presents	3,111	The final results were obtained from 60 articles, while the remaining ones were excluded.
MEDLINE	Primary healthcare; AND patient complaints; OR physicians OR doctors; OR management AND leadership; OR handling complaints; OR best practice; AND communication; OR	745	The results were not as expected. The final results in 25 published articles.

Database or location name	Search terms	Results	Notes
	strategies; OR feedback; OR “patient advocate” OR improve quality of care OR improve patient outcomes 2019-presents		
ScienceDirect	Primary healthcare; AND patient complaints; OR physicians OR doctors; OR management AND leadership; OR handling complaints; OR best practice; AND communication; OR strategies; OR feedback; OR “patient advocate” OR improve quality of care OR improve patient outcomes 2019-presents	200	Many articles have been reviewed, but they have not been helpful in finding a solution. The final results in 120 articles.
CINAHL & MEDLINE Combined Search	Primary healthcare; AND patient complaints; OR physicians OR doctors; OR management AND leadership; OR handling complaints; OR best practice; AND communication; OR strategies; OR feedback;	2,179	There is a significant quantity of articles available, although the majority are not directly associated with primary healthcare practice. The final results in 26 articles.

Database or location name	Search terms	Results	Notes
	OR "patient advocate" OR improve quality of care OR improve patient outcomes 2019-presents		
Google Scholar	N/A		A total of 40 articles were excluded as they were older than 5 years, resulting in a final selection of 60 articles.

Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Almusawi, M. A., Radwan, N., Mahmoud, N., Alfaifi, A., & Alabdulkareem, K. (2023). Analysis of patients' complaints in primary healthcare centres through the Mawid application in Riyadh, Saudi Arabia; a cross-sectional study. <i>Malaysian Family Physician</i>, 18(1), 1–7. https://doi.org/10.51866/oa.</p>	<p>Evidence level V and quality rating high</p>	<p>Primary healthcare in Riyadh, Saudi Arabia clinical practice.</p> <p>The objective of this research was to ascertain the frequency distribution of different complaints of patient's visits primary care centers using the Mawid application.</p>	<p>The patients' complaints categorized into three main domains (clinical, management and staff patient relationship).</p> <p>Patients' complaints related to clinical practices quality and safety.</p> <p>Patient's complaints related to management institutional issues timing and access.</p> <p>Patients' complaints related to patient staff relationship in communication patient rights and caring.</p>	<p>The study utilizes secondary data obtained from the Mawid app assessment questionnaire. Healthcare physicians are identified as one of the most common barriers to quality primary healthcare delivery.</p>	<p>The authors could not link the reported complaints to the underlying features of the doctor patient relationship, as there were no such data in the Mawid application. Also, other limitations include the study's cross-sectional design and subjective data collection methods.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Brickley, B., Williams, L. T., Morgan, M., Ross, A., Trigger, K., & Ball, L. (2021). Putting patients first: Development of a patient advocate and general practitioner-informed model of patient-centered care. <i>BMC health services research</i>, 21(1), 261. https://doi.org/10.1186/s12913-021-06273-y</p>	<p>Evidence level III and quality rating high</p>	<p>Patient advocate and general practices staffs; six primary care organization in Australia.</p> <p>The authors aimed to assess the effect of the recent model of patient-centered care in general practices. The study done through a collaborative effort involving general practices and patient advocates, with the aim of advancing the model of patient-centered care.</p>	<p>Three themes emerged related to model were identified:</p> <p>(1) Model represents the ideal of patient centered care.</p> <p>(2) Considering the system and working together in providing care.</p> <p>(3) Improving the overall functioning of the general practices.</p>	<p>Qualitative study. Twenty-seven participants were included in the study. 15 patient advocates and 12 general practices.</p>	<p>The study conducted by the authors did not gather thorough information regarding the characteristics of patient advocates. As a result, the patient peers included in the study may not be fully representative, potentially introducing bias into the model.</p>
<p>Bayer, S., Kuzmickas, P., Boissy, A., Rose, S. L., & Mercer, M. B. (2021). Categorizing and rating patient complaints: An innovative approach to improve patient experience. <i>Journal of patient experience</i>, 8, 2374373521998624. https://doi.org/10.1177/2374373521998624</p>	<p>Evidence level V and quality rating good</p>	<p>Office of the Ombudsman in a prominent academic medical center</p> <p>The frequency and severity of complaints and grievances in a large academic medical center.</p>	<p>Complaints and grievances can improve the patient's experience and improve safety and quality.</p> <p>Complaints and grievances provide valuable benchmarks that</p>	<p>Total number of grievances and complaints was 9233 and mostly related to challenge with communication.</p>	<p>Data gathered from a prominent academic medical center are insufficient for tailoring meaningful enhancements, as the satisfaction surveys lack the necessary level of specificity.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			<p>help leaders evaluate how well they care for their patients.</p> <p>Ombudsman reports track communications such as lack of explanation or follow-up.</p>		
<p>Baldie, DJ., Guthrie, B., Entwistle, V., & Kroll T. (2018). Exploring the impact and use of patients' feedback about their care experiences in general practice settings-a realist synthesis. <i>Fam Pract.</i> 35(1):13-21. doi: 10.1093/fampra/cmz067. PMID: 28985368; PMCID: PMC6191909.</p>	<p>Evidence level III and quality rating high</p>	<p>Patient feedback within primary healthcare setting</p> <p>Analyze the factors that affect the utilization and effectiveness of patient feedback in primary healthcare.</p> <p>Additionally, this study focuses on analyzing the effects of patient feedback on the healthcare system, rather than solely emphasizing the influence of the feedback itself.</p>	<p>Clinicians expressed concern on validity measure of patient feedback.</p> <p>The impact of timeliness (the time elapsed between receiving patient feedback and sharing it with practitioners appears to be contradictory).</p> <p>Context: Insufficient dedication from leadership towards quality enhancement.</p>	<p>A comprehensive analysis was conducted to assess the influence of feedback. One prominent study incorporated patient surveys, whereas all other studies utilized patient questionnaires to collect patient feedback for the team.</p>	<p>The authors did not incorporate studies that analyzed the effects of various forms of patient feedback. Furthermore, the authors assert that there has not yet been an extensive assessment conducted to determine the effects of formal patient feedback in the realm of general practice.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
			Staff resisted patient feedback, particularly regarding aspects of the patient experience.		
Endalamaw, A., Khatri, R. B., Erku, D., Nigatu, F., Zewdie, A., Wolka, E., & Assefa, Y. (2023). Successes and challenges towards improving quality of primary health care services: a scoping review. <i>BMC health services research</i> , 23(1), 893. https://doi.org/10.1186/s12913-023-09917-3	Evidence level III and quality rating good	Primary healthcare setting in low-income countries An overview of achievements and difficulties in the quality of primary healthcare services is provided.	Primary healthcare quality indicators encompass elements related to the structure, process, and outcome dimensions of primary healthcare. Achievements and obstacles in the provision of high-quality primary healthcare (primary healthcare is either progressing strategically or facing challenges in meeting service quality standards).	Systematic review. The Donabedian quality of care framework is commonly used to consolidate the findings on the quality of care in primary healthcare settings.	The articles included in this analysis were published only in the English language, and the search was conducted across four databases. The review was performed using Donabedian's quality framework; however, there may be multiple other articles available that discuss healthcare quality.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient satisfaction with healthcare services and the techniques used for its assessment: A Systematic Literature Review and a Bibliometric Analysis. <i>Healthcare (Basel, Switzerland)</i>, 11(5), 639. https://doi.org/10.3390/healthcare11050639</p>	<p>Evidence level V and quality rating high</p>	<p>Healthcare organization</p> <p>The purpose of this study was to understand the factors that influence patient satisfaction at an international level. Additionally, this study offered insights into the key factors that have the most significant influence on patient satisfaction.</p>	<p>The factors associated with satisfaction may be criteria or explanatory variables.</p> <p>The factors related to patient satisfaction were classified based on satisfaction criteria and explanatory variables, without considering the dependent variable.</p> <p>Explanatory variables help identify potential drivers or determinants of satisfaction.</p>	<p>The authors categorized the elements that impact patient satisfaction into two groups: criterion variables and explanatory variables.</p>	<p>One potential limitation is that the authors did not differentiate between patients who were admitted to the hospital and those who received treatment as outpatients in this study. Additionally, it is crucial to emphasize that patient satisfaction and health quality do not have a direct correlation, and patients may not always accurately evaluate the performance of healthcare providers. It is important to keep in mind that this study's reliance on satisfaction-based measures introduces some limitations.</p> <p>The sample sizes of certain reviews were insufficient to confidently draw accurate conclusions.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Hammoud, R., Laham, S., Kdouh, O., & Hamadeh, R. (2022). Setting up a patient complaint system in the national primary healthcare network in Lebanon (2016-2020): Lessons for Low- and Middle-Income Countries. <i>The International journal of health planning and management</i>, 37(1), 387–402. https://doi.org/10.1002/hpm.3347</p>	<p>Evidence level V and quality rating good</p>	<p>Primary healthcare in Lebanon.</p> <p>There is a need to strengthen healthcare management and promote utilization of grievance systems.</p> <p>Furthermore, this research highlights the insights derived from examining grievance systems in low- and middle-income countries.</p>	<p>Describe the development of the national grievance redressal system.</p> <p>Development classification of the grievances.</p> <p>Grievance teams responsible to follow up with the investigation.</p>	<p>237 primary healthcare centers in Lebanon. The study variable included total number of primary healthcare provide; for example, number and source of the grievances.</p>	<p>The results of the articles are subject to selection bias. The complaints analyzed were drawn from Ministry of Public Health central uptake channels. Therefore, this study relied on data collected through the Ministry of Public Health and variables could be added which are missing, for example age of the complaints.</p>
<p>Hake, P., Rehse, J., & Fettke, P. (2021). Toward automated support of complaint handling processes: An application in the medical technology industry. <i>Journal on Data Semantics</i>, 10 (4), 41 – 56. https://doi.org/10.1007/s13740-021-00124-z</p>	<p>Evidence level I and quality rating good</p>	<p>Medical technology industry.</p> <p>The study focuses on exploring the potential of utilizing available data to streamline and automate the process of handling customer complaints.</p> <p>Additionally, it was demonstrated that practical</p>	<p>General perspective of automated support of complaints handling process.</p> <p>Explain the organization context of complaint process.</p> <p>Assisting in the facilitation of a complaint process</p>	<p>The study encompassed a total of 15,817 customer grievances regarding products, a long with pertinent information about manufacturers' business processes and</p>	<p>The study took place in the medical technology industry, and the results were poor. There were some threats involved with implementing this learning machine into this industry.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
		implementation allows for partial automation of complaint management processes and the utilization of deep learning.	within medical technology companies. Challenge faced in the implementation of automation services in complaint handling processes.	product-related complaints.	
Liu, J. J., Rotteau, L., Bell, C. M., & Shojanian, K. G. (2019). Putting out fires: a qualitative study exploring the use of patient complaints to drive improvement at three academic hospitals. <i>BMJ quality & safety</i> , 28(11), 894–900. https://doi.org/10.1136/bmjqs-2018-008801	Evidence level III and quality rating good	Three teaching hospitals in Toronto, Canada Hospital staff include nursing staff, patient relations staff and physician leaders. The goal was to evaluate the existing institutional function of the patient complaints process, to identify any barriers that may be impeding the effective utilization of patient complaints for addressing ongoing quality issues.	The challenges mentioned in the complaint are widely recognized but pose significant difficulties in finding a resolution. The implementation of an ineffective change strategy. Resolution of complaints through alternative means rather than the formal complaint process.	Qualitative study Twenty-one patient relations staff, nursing staff, and physician leaders were interviewed. Participants frequently addressed challenges associated with the patient complaints process.	The authors did not include nonteaching hospitals in the study. Furthermore, the study was conducted exclusively through face-to-face interviews.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Ikhateeb, Y.M. (2021). Blockchain implications in the management of patient complaints in healthcare. <i>Journal of Information Security</i> , 12 (3), 212-223. https://doi.org/10.4236/jis.2021.123011	Evidence level III and quality rating high	Healthcare setting The purpose of this study is to gain a deeper understanding of how patient complaints are managed in healthcare settings. Furthermore, this research aims to investigate the potential impact of blockchain technology on patient complaint management and identify any constraints or limitations associated with its implementation.	Patient complaints relate to diverse issues and problems in patient complaint management. Utilize the key attributes of blockchain technology such as immutability, transparency, and decentralization within the healthcare industry to address patient grievances and enhance the quality-of-service delivery. Explore the possibilities of implementing blockchain in patient complaint management.	This study examines the existing literature on the integration of blockchain technology and complaints management within the healthcare industry.	The authors mention some of the challenges that may arise, such as scalability, confidentiality, and threat of attacks, recommending future practices before adopting this technology in any field.
Radmore SJ, Eljiz K, Greenfield D. (2020). Patient feedback: Listening and responding to patient voices. <i>Patient Experience Journal</i> .7(1):13-19. doi: 10.35680/2372-0247.1370	Evidence level III and quality	Large healthcare organization in Sydney, Australia.	Unitize a multifaceted approach to achieving effective patient feedback.	Mixed methods approach including interviews and document	The limitation of this study was sample size. Responder bias is always a risk, and this study was reliant on

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
	rating high	Strategies for improving organizational systems to address the challenges of achieving effective patient feedback. Also, identify insights applicable to the broader healthcare developing ideas to support the collection of patient feedback.	<p>Organization weakness and strengths of patient feedback process.</p> <p>Promote the integration of patient feedback process.</p>	analysis and interviews ranged from 15 to 50 minutes. The participants were recruited by email invitation.	interview data. Also, there is risk that additional results were not report in the article.
<p>van Dael, J., Reader, T. W., Gillespie, A. T., Freise, L., Darzi, A., & Mayer, E. K. (2022). Do national policies for complaint handling in English hospitals support quality improvement? Lessons from a case study. <i>Journal of the Royal Society of Medicine</i>, 115(10), 390–398. https://doi.org/10.1177/014107682210982</p>	Evidence level V and quality rating high	<p>A significant and widespread healthcare provider in England, known as the National Health Service (NHS).</p> <p>Evaluate how national policies influence the development of local complaint handling practices and the comprehension of the individuals responsible for crafting these policies in accordance with local traditions.</p>	<p>Ensure administrative metrics for complaints handling (e.g., response times).</p> <p>Make the role of patient advice, liaison services and complaints process clear to staff to avoid becoming a barrier to formal processes.</p>	Case study involving staff interviewing and over 1000 complaints per year from 2015 and 2019. Purposive sampling was used to recruited staff.	The conducted at a single multi-site national health service. Therefore, the finding cannot assume to be helpful across counties.

Appendix D: DHA Thematic Analysis Results

Author(s) and date	Data extracted	Initial codes	Preliminary themes
<p>Almusawi, M. A., Radwan, N., Mahmoud, N., Alfaifi, A., & Alabdulkareem, K. (2023). Analysis of patients' complaints in primary healthcare centres through the Mawid application in Riyadh, Saudi Arabia; a cross-sectional study. <i>Malaysian Family Physician</i>, 18(1), 1–7. https://doi.org/10.51866/oa.72</p>	<p>Saudi Arabia</p> <p>A cross-sectional study</p> <p>Primary healthcare centers</p> <p>Questionnaire</p> <p>Conducted using 3-month secondary data from Mawid application from October to December 2019.</p> <p>Data analyzed using Statistical Package for the Social Sciences version 21.</p>	<p>The patients' complaints are categorized into three main domains (clinical, management and staff patient relationship).</p> <p>Patients' complaints related to clinical practices quality and safety.</p> <p>Patient's complaints related to management institutional issues timing and access.</p> <p>Patients' complaints related to patient staff relationship in communication patient rights and caring.</p>	<p>Clinical practice- Quality of medical staff and physicians, nurses technical and non-technical skills that compromise patients' safety.</p> <p>Management institutional- Shortage in staffing and resources, while timing and access issues included mainly delays and long waiting times.</p> <p>Patient staff relationship-</p>
<p>Brickley, B., Williams, L. T., Morgan, M., Ross, A., Trigger, K., & Ball, L. (2021). Putting patients first: development of a patient advocate and general practitioner-informed model of patient-centered care. <i>BMC health services research</i>, 21(1), 261. https://doi.org/10.1186/s12913-021-06273-y</p>	<p>Australia</p> <p>Qualitative study</p> <p>Primary healthcare organization</p> <p>Patient advocates and general practitioners</p> <p>Focus on group discussions and interviews between September 2019 and November 2019.</p> <p>Data was analyzed using six phases of thematic analysis.</p>	<p>Three themes emerged related to model were identified:</p> <p>(1) Model represents the ideal of patient centered care.</p> <p>(2) Considering the system and working together in providing care.</p>	<p>Unprofessional patient staff attitudes, communicating inadequately with patients and providing incorrect information to patients.</p> <p>Ideal of patient centered care-</p>

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<p>Bayer, S., Kuzmickas, P., Boissy, A., Rose, S. L., & Mercer, M. B. (2021). Categorizing and rating patient complaints: An Innovative Approach to Improve Patient Experience. <i>Journal of patient experience</i>, 8, 2374373521998624. https://doi.org/10.1177/2374373521998624</p>	<p>USA</p> <p>Ombudsman Office</p> <p>large academic medical center</p> <p>The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is a tool used to evaluate the experiences of patients in healthcare settings.</p> <p>This report provides an in-depth analysis of the patient experiences recorded between September 1, 2017, and August 31, 2018.</p> <p>Data offers meaningful metrics that include narratives from actual patients in their own words.</p>	<p>(3) Improving the overall functioning of the general practices.</p> <p>Complaints and grievances can improve the patient's experience and improve safety and quality.</p> <p>Complaints and grievances provide valuable benchmarks that help leaders evaluate how well they care for their patients.</p> <p>Ombudsman reports track communications such as lack of explanation or follow-up.</p>	<p>Expressed needs, respect patient's value, improved healthcare outcomes, enhance patient satisfaction and access to care.</p> <p>General practice- Strive to collaborate patient's care with other health professionals, family, and organization.</p> <p>General practice environment- Room layout, equipment placement, colors, and sounds.</p>
<p>Baldie, DJ., Guthrie, B., Entwistle, V., & Kroll T. (2018). Exploring the impact and use of patients' feedback about their care experiences in general practice settings-a realist synthesis. <i>Fam Pract.</i> 35(1):13-21. doi: 10.1093/fampra/cmz067. PMID: 28985368; PMCID: PMC6191909.</p>	<p>Systematic review</p> <p>UK</p> <p>General practice settings</p> <p>Healthcare providers</p> <p>Focus on patient feedback by using survey instruments patient assessments of physician and practice performance.</p>	<p>Clinicians expressed concern on validity measure of patient feedback.</p> <p>The impact of timeliness (the time elapsed between receiving patient feedback and sharing it with practitioners appears to be contradictory).</p>	<p>Effective management of complaints and grievances involves prioritizing teamwork, demonstrating empathy, promoting safety, and ensuring</p>

Author(s) and date	Data extracted	Initial codes	Preliminary themes
		<p>Context: Insufficient dedication from leadership towards quality enhancement.</p> <p>Staff resisted patient feedback, particularly regarding aspects of the patient experience.</p>	<p>a streamlined process.</p> <p>Complaints and grievances: Prolonged wait times and delays in receiving medical care.</p>
<p>Endalamaw, A., Khatri, R. B., Erku, D., Nigatu, F., Zewdie, A., Wolka, E., & Assefa, Y. (2023). Successes and challenges towards improving quality of primary health care services: a scoping review. <i>BMC health services research</i>, 23(1), 893. https://doi.org/10.1186/s12913-023-09917-3</p>	<p>Scoping reviews</p> <p>USA and UK</p> <p>Primary healthcare, urban or rural institutions.</p> <p>A research study was carried out from July 5th, 2022, to August 23rd, 2022.</p> <p>Improve quality of primary healthcare services</p>	<p>Primary healthcare quality indicators encompass elements related to the structure, process, and outcome dimensions of primary healthcare.</p> <p>Achievements and obstacles in the provision of high-quality primary healthcare (primary healthcare is either progressing strategically or facing challenges in meeting service quality standards)</p>	<p>Validity of patient feedback- Surveys</p> <p>Timeliness- Collection and reporting.</p> <p>Context- The leadership is facing a challenge in terms of limited availability of both external and internal resources to effectively address patient concerns.</p>
<p>Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient satisfaction with healthcare services and the techniques used for its assessment: A Systematic Literature Review and a Bibliometric Analysis. <i>Healthcare (Basel, Switzerland)</i>, 11(5), 639. https://doi.org/10.3390/healthcare1105063</p>	<p>Systematic review</p> <p>Lisbon, Portugal</p> <p>Enhancing Patient Satisfaction on a Global Scale</p> <p>Performed a comprehensive database search in Scopus, Web of Science, and PubMed in June 2022.</p>	<p>The factors associated with satisfaction may be criteria or explanatory variables.</p> <p>The factors related to patient satisfaction were classified based on satisfaction criteria and explanatory variables,</p>	<p>Primary healthcare quality indicators consist of three components: structure, process, and outcome. These</p>

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		<p>without considering the dependent variable.</p> <p>Explanatory variables help identify potential drivers or determinants of satisfaction.</p>	<p>indicators assess various aspects such as safety, effectiveness, timeliness, patient-centeredness, efficiency, and equitability.</p>
<p>Hammoud, R., Laham, S., Kdouh, O., & Hamadeh, R. (2022). Setting up a patient complaint system in the national primary healthcare network in Lebanon (2016-2020): Lessons for Low- and Middle-Income Countries. <i>The International journal of health planning and management</i>, 37(1), 387–402. https://doi.org/10.1002/hpm.</p>	<p>Retrospective</p> <p>Lebanon</p> <p>Primary healthcare</p> <p>Focus on handling patient grievances.</p> <p>Conducted between 1 January 2016 and 31 December 2020 to determine the rates of grievances.</p>	<p>Describe the development of the national grievance redressal system.</p> <p>Development classification of the grievances.</p> <p>Grievance teams responsible to follow up with the investigation.</p>	<p>Prioritizing quality primary healthcare leads to improved outcomes, including decreased cause-specific mortality rates and reduced hospitalization rates.</p>
<p>Hake, P., Rehse, J., & Fettke, P. (2021). Toward automated support of complaint handling processes: An Application in the Medical Technology Industry. <i>Journal on Data Semantics</i>, 10(4), 41 – 56. https://doi.org/10.1007/s13740-021-00124-z</p>	<p>Organizational and patient experience</p> <p>Germany</p> <p>Medical technology industry</p> <p>The documentation pertaining to the management of customer complaints within a multinational company specializing in medical technology.</p>	<p>General perspective of automated support of complaints handling process.</p> <p>Explain the organization context of complaint process.</p> <p>Assisting in the facilitation of a complaint process within medical technology companies.</p> <p>Challenge faced in the implementation of automation services in</p>	<p>Challenges to quality primary healthcare- high mortality, lack of guidelines, and lack of structure indicators.</p> <p>Factors related to patient satisfaction include the level of care demonstrated by medical professionals, such</p>

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		complaint handling processes.	as doctors, nurses, and other staff members.
<p>Liu, J. J., Rotteau, L., Bell, C. M., & Shojanian, K. G. (2019). Putting out fires: a qualitative study exploring the use of patient complaints to drive improvement at three academic hospitals. <i>BMJ quality & safety</i>, 28(11), 894–900. https://doi.org/10.1136/bmjqs-2018-008801</p>	<p>Qualitative study</p> <p>Canada</p> <p>Three teaching hospitals</p> <p>Authors conducted semi-structured interviews with a total of 21 individuals including patient relations personnel, nursing staff, and physician leaders.</p> <p>Interviews conducted between May 2014 and April 2016.</p>	<p>The challenges mentioned in the complaint are widely recognized but pose significant difficulties in finding a resolution.</p> <p>The implementation of an ineffective change strategy.</p> <p>Resolution of complaints through alternative means rather than the formal complaint process.</p>	<p>The social characteristics exhibited by the clinical staff, such as their assurance, attention, and attitudes, can also impact patient satisfaction.</p> <p>Furthermore, the social characteristics of the patients themselves, including their autonomy, emotional well-being, satisfaction with life, and stress levels, are also significant factors in determining patient satisfaction.</p>
<p>Ikhteeb, Y.M. (2021) Blockchain Implications in the Management of Patient Complaints in Healthcare. <i>Journal of Information Security</i>, 12(3), 212-223. https://doi.org/10.4236/jis.2021.123011</p>	<p>Qualitative</p> <p>American Hospital Dubai</p> <p>Blockchain technology to improve management of patient complaints.</p> <p>From April 1, 2018, to March 31, 2019</p>	<p>Patient complaints relate to diverse issues and problems in patient complaint management.</p> <p>Utilize the key attributes of blockchain technology such as immutability, transparency, and decentralization within the healthcare industry to address patient grievances and enhance the quality-of-service delivery.</p> <p>Explore the possibilities of implementing blockchain in</p>	<p>Factors associated with patient satisfaction include waiting time,</p>

Author(s) and date	Data extracted	Initial codes	Preliminary themes
		patient complaint management.	quality of medical care, and effective communication with the patient.
Radmore SJ, Eljiz K, Greenfield D. (2020). Patient feedback: Listening and responding to patient voices. <i>Patient Experience Journal</i> .7(1):13-19. doi: 10.35680/2372-0247.1370	Mixed methods Sydney, Australia Large healthcare organization In person interviews, focused on improving patient feedback. Data used thematic and content analysis.	Unitize a multifaceted approach to achieving effective patient feedback. Organization weakness and strengths of patient feedback process. Promote the integration of patient feedback process.	Explanatory variables - Factors that influence patient outcomes, such as the patient's characteristics, age, education level, and perception of their own health status.
van Dael, J., Reader, T. W., Gillespie, A. T., Freise, L., Darzi, A., & Mayer, E. K. (2022). Do national policies for complaint handling in English hospitals support quality improvement? Lessons from a case study. <i>Journal of the Royal Society of Medicine</i> , 115(10), 390–398.	Case study England Staff interviews and documentary analysis were conducted from 2015 to 2019. Staff were selected using purposive sampling.	Ensure administrative metrics for complaints handling (e.g., response times). Make the role of patient advice, liaison services and complaints process clear to staff to avoid becoming a barrier to formal processes.	Grievance handling- Primary healthcare, time for resolving, follow-up, and process for investigation. Classification of grievance- investigation and clarify complaint. Grievance team- Patients, primary healthcare, and grievance management.

Author(s) and date	Data extracted	Initial codes	Preliminary themes
			<p>Complaints handling process- Complaints handling policy, always respond, and acknowledge the complaint.</p> <p>Good manufacturing practice- Regulations, customers, processes, and products.</p> <p>Organization challenge face of implementing- Identify root causes, preventive actions and implementing process of handling complaints.</p> <p>Challenge mention in complaint- Issues identified complaints, difficult to address, and weak change strategies.</p>

Author(s) and date	Data extracted	Initial codes	Preliminary themes
			<p>Strategies- Staff training sessions focused on effective communication skills and techniques for defusing tense situations.</p> <p>Address complaint (interventions)- Unit manager and medical leaders.</p> <p>Patient complaints management- Process integrity, immutability, and transparencies.</p> <p>Key- Patient presenting complaints, presenting problems, and presenting complaints.</p> <p>Implementing- Positive impact on patient complaint management.</p>

Author(s) and date	Data extracted	Initial codes	Preliminary themes
			<p>Organization feedback process- Guided feedback and patient engagement.</p> <p>Organization characteristic- Weakness (communication, and patient experience trackers) and strengths (Patient complaint timely).</p> <p>Promote (creating a successful culture of implementing, utilizing and valuing patient feedback within a healthcare organization).</p> <p>Medical staff- Complaints manager, administrators, investigators, and complaints advocator</p>

Author(s) and date	Data extracted	Initial codes	Preliminary themes
			Patient advice and liaison service (advice and support).

Appendix E: Measure Quality Care Thematic Concepts Map

