

The Power of Patients' Complaints: The Case of Gert Sibande District Hospitals, South Africa

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Abstract

Hospitals in South Africa need to design a complaint handling process mechanism to deal with the issues raised by patients. South Africa happens to be the home to many African nationalities which include people from Nigeria, Ghana, Zimbabwe, Swaziland, Lesotho, Botswana, and many more. Since this situation exposes South African department of health to many complaints by patients, this qualitative case study, which employed a purposive sampling method focused on Gert Sibande District in Mpumalanga, South Africa. The sample comprised two groups consisting of patients found in the waiting room of the three selected hospitals and staff involved in the complaints process including quality assurance managers, doctors, nurses, pharmacists, and patient admission staff. Data collection employed a multi-faceted approach, combining 50 semi-structured interviews (30 patients and 20 hospital staff), observations, and document analysis. The data was thematically analysed and triangulated. The study's findings indicate that patients who exercise their right to complain tend to be more satisfied with the outcome. This study significantly argues that hospitals must prioritise patient-centered care, ensure that staff are adequately trained to handle complaints, and review and revise their complaints management policies and procedures to prevent reoccurrence of problems.

Background

The demand for healthcare services, particularly those provided by the government, is escalating rapidly worldwide and in South Africa. According to Stats SA [1] a significant proportion of the population, approximately 72%, or roughly 40 million individuals, do not have medical aid coverage and consequently rely on public hospitals for their healthcare needs. The alarming disparity in healthcare access underscores the urgent need for the South African government to prioritize strengthening its processes to meet the demand for services and deliver quality healthcare to the people of South Africa who depend on it.

Furthermore, The Mpumalanga Department of Health is experiencing a significant influx of patients from neighbouring countries, such as Swaziland and Mozambique as well as growing demand from its population. According to Stats SA [1:1], the Mpumalanga Province has a population of 4 743 584 citizens, of which 88% (4 136 million) of the population is dependent on public health services, while 12% (564 000) are medically insured, resulting to increase in patient complaints. This disparity suggests that the public healthcare system in Mpumalanga bears a disproportionate burden, which may lead to challenges in providing quality care, managing resources, and meeting the demands of the population. With the majority of the public relying on public healthcare may also result in increased waiting times, overcrowding and increased complaints and litigations.

A review of the electronic complaints management system revealed a substantial number of complaints lodged against the Mpumalanga Department of Health during the 2021/2022 financial year. Specifically, a total of 1,361 complaints were received, while the

litigation register recorded a staggering R10.3 billion in medico-legal cases (Litigations), MpDoH [2:38]. Effective management of these complaints is crucial to preventing further escalation and ensuring the department can provide quality health care services to those in need.

In this context, ensuring customer satisfaction is crucial, not only to avoid potential litigations but also to maintain a positive image of the department. According to (Rane, Achari, and Choudhary, [3:427], addressing complaints effectively is essential to increasing customer satisfaction. Research has consistently shown that organizations with well-designed complaint-handling processes tend to experience higher levels of customer satisfaction, underscoring the importance of prioritising effective complaint management in healthcare settings, Sammour, [4:167].

Implementing an effective complaints management system yields numerous benefits. According to Shams, Rehman, Samad, and Rather [5:25], if complaint handling occurs instantly at the right time, it has a positive influence on customer satisfaction and ultimately develops brand credibility and overall satisfaction. Hospitals can increase operational efficiency and resolve complaints through a customer-focused approach by analysing trends and causes of complaints.

This customer-focused approach emphasizes staff training, ongoing monitoring, and continuous improvement of the complaints-handling process, ultimately leading to enhanced customer satisfaction. Furthermore, the data generated by the complaints system should be meticulously analyzed to inform strategic planning, ensuring that the complaints handling process produces satisfaction rather than merely addressing dissatisfaction.

Therefore, this study employs a mixed-methods approach, combining a literature review on complaints handling and complaints handling systems with qualitative content analysis of departmental policies and standard operating procedures. Observational research will be conducted at three selected healthcare facilities to examine the complaints handling processes at the facility level.

Moreover, this article argues that effective complaint handling is crucial for ensuring patient satisfaction, improving healthcare quality, maintaining trust in hospitals, and reducing litigations. However, hospitals in the Gert Sibande District face significant challenges in managing complaints, leading to decreased patient satisfaction, reputational damage, and compromised healthcare outcomes leading to litigations. This study intends to respond to the research question: How do hospitals in Gert Sibande District handle complaints? This question will be responded to by analyzing the complaints handling processes in public hospitals with a focus on Gert Sibande District.

Methods

This study employed a qualitative research approach to collect, process, analyse and interpret data. According to Albanesi, Prati, Guarino, and Cicognani, [6:144], The purpose of qualitative research is to gather and analyse non-numerical data to comprehend people's beliefs, attitudes, and motivations. In this study, qualitative data was gathered to assess the complaints management processes in hospitals.

The study employed a purposive sampling method, selecting three healthcare facilities that accurately represented the population of interest. These facilities comprised of two district hospitals and a regional hospital, strategically located in diverse settings: urban, semi-urban agricultural, and rural areas. Furthermore, patients were interviewed until saturation was reached. The staff participants were purposefully selected based on their familiarity with the hospital's complaints management process. The quality assurance manager, responsible for overseeing complaints at the facility, was included in the study. Doctors and nurses from units that frequently received complaints were also selected, as they were expected to respond to and participate in the complaints management process. Additionally, pharmacy staff were included due to patient complaints about long waiting times and medication shortages. Patient admission staff were also part of the study, as patients had complained about long waiting times at the reception area and missing files. Overall, the selected staff members had direct experience with handling complaints, had been subjects of complaints themselves, and were expected to be knowledgeable about the complaints process. This purposive sampling approach ensured that the selected participants possessed the necessary knowledge and experience to provide rich, relevant, and in-depth insight into the complaints management process.

The primary data collection tools used in this study consisted of face to face semi-structured interviews with thirty patients and twenty hospital staff members, as well as observational studies of the complaints management process at the selected hospitals. To validate and triangulate the findings, the secondary data consisted of a comprehensive review of existing literature and the standard operating procedures for the management of complaints complements and suggestions in health establishments [1]. This multifaceted approach enriched the understanding of the complaints management process in hospitals within the Gert Sibande District.

The data collected from the various qualitative data collection methods were analysed using thematic content analysis enabling the identification of patterns and themes.

The findings of this study have significant implications for the Mpumalanga Department of Health and other government institutions responsible for managing complaints. The study's recommendations can inform the development of patient-centered complaints management processes that promote customer satisfaction and reduce the likelihood of litigation.

Results

The results presented in this paper are based on the 30 patient and 20 staff interviews and observations conducted, analysis of academic literature sourced from Google Scholar, and official documents from the Mpumalanga Department of Health. The findings are presented in the following headings:

Complaints lodged

To respond to the first part the study's title which aims to determine the power of patient complaints. An analysis of the Provincial Aggregate Statistical Report dated 30/01/2024 was conducted and revealed that patients exercised their power to complain by lodging 1180 complaints, and the hospitals responded by resolving 1050 of those complaints resulting in an 89% resolution rate [2:38].

The report further indicated staff attitude, patient care and waiting time were the highest causes of complaints in Mpumalanga, South Africa.

Causes of complaints

It is important to understand the impact of patient complaints, and more importantly to determine the cause of these complaints to prevent reoccurrence. According to Hanganu, Iorga, Muraru, and Ioan [7:259], complaints are caused by patients who bypass the primary healthcare (PHC) services and go directly to the hospital outpatient departments, leading to the hospital being overburdened by patients who were supposed to be attending a PHC facility. Observations made during data collection support this claim, as the majority of patients visited the hospitals without referral letters from primary healthcare facilities. This suggests that patients are bypassing local facilities in their communities, contributing to the overburden and delays experienced at the hospitals. Over and above the bypassing of PHC facilities hospitals are further burdened by the increasing number of foreign nationals requiring healthcare at public hospitals.

During the interviews, patients were asked why they bypass primary healthcare facilities close to their communities and opt for hospital care instead. One patient responded, "To be honest, the clinics near my home don't have doctors, they don't have medication, and the staff... they're not skilled enough." Another

patient echoed this sentiment, stating, "I've been to the clinic before, and they just don't have what I need. They'll tell me to come back another day, or they'll send me to the hospital anyway. So, I just go straight to the hospital now."

These responses suggest that patients perceive primary healthcare facilities as inadequate, lacking essential resources such as doctors, medication, and skilled staff. As a result, they seek care at hospitals, which they believe offer a higher level of care and expertise.

Additionally, research has identified various factors contributing to patient complaints in healthcare settings. According to Hanganu, Iorga, Muraru, and Ioan, [7:259], a significant proportion of complaints are attributed to the occurrence of complications and doctor-patient interactions. For instance, communication breakdown, behavioural issues and concerns about informed consent are commonly cited reasons for patient dissatisfaction.

Furthermore, authors such as Mavimbela & Raseala [8:250], concede that several causes of complaints exist in healthcare such as service quality issues which are a result of long waiting times and staff behaviour. Followed by communication breakdowns caused by unclear information, unresponsive staff, unmet expectations, emotional experiences such as frustration, anger and lack of control resulting from the inability to resolve issues, coupled with employee behaviour such as rudeness and unhelpfulness. Overall, the information implies that complaints in healthcare are often the result of a combination of these factors, rather than a single cause.

Procedure for Managing Complaints within Public Hospitals in Gert Sibande District

To respond to the second part of the research title of this study which aimed to access the complaints handling process in Gert Sibande District hospitals in South Africa. The procedure followed by hospitals in Mpumalanga to manage complaints is contained in the standard operating procedure (SOP) of 2022 [2:7] which will be discussed below.

The Quality Assurance Manager/Coordinator is assigned the responsibility to receive and manage complaints in hospitals. The following procedures are provided by the standard operating procedure (SOP) for the management of Complaints, Compliments and Suggestions in health establishments.

Procedure for lodging complaints

One Quality Assurance Manager/Coordinator is assigned the responsibility to receive and manage complaints in each hospital. The standard operating procedure (SOP) of 2022 guides patients on how to complain. The public can lodge their complaints verbally, and in writing and use the complaints, compliments and suggestion (CCS) boxes [2:7].

An examination of the Standard Operating Procedure (SOP) reveals that verbal complaints can be lodged through various means, including telephone calls and in-person notifications to the designated complaint handler. However, the study found that complaints made in person are not always formally documented by staff, as they are often addressed immediately at the point of service. This oversight results in a critical gap in complaint recording, which in turn hinders the ability to analyse complaints, identify systemic challenges, and develop targeted strategies for quality improvement initiatives.

Further examination of the Standard Operating Procedure (SOP) reveals that it also accommodates written complaints, including email, fax, and postal submissions. However, analysis indicates that fax and postal methods are no longer actively utilised by patients, suggesting a need for the facility to explore alternative complaint submission channels that align with contemporary communication preferences. A review of the SOP may be warranted to incorporate modern platforms, such as messaging applications or controlled social media channels, which could enhance accessibility, manageability, and responsiveness to patient complaints.

The final mechanism for lodging complaints is through the complaints, compliments, and suggestions boxes situated in service areas. However, observations revealed that some facilities faced challenges in utilising this mechanism effectively. Specifically, some boxes lacked essential stationery, such as paper and pens, while others were not prominently displayed, making them difficult for patients to locate. Furthermore, patients reported a lack of awareness regarding the complaints process, which contributed to the underutilisation of the complaints boxes.

Procedure for lodging complaints

The standard operating procedure (SOP) of 2022 further guides Quality assurance managers on how to acknowledge a complaint [2:8]. The SOP dictates that acknowledgement of a complaint can be executed through various channels, including verbal communication, written correspondence via email, fax, or post, as well as telephonically. Upon acknowledgement, the date of receipt must be documented, and the patient must be provided with a

unique reference number assigned to their complaint. Additionally, an estimated timeframe for resolving the complaint must be communicated to the patient. The SOP stipulates that a staff member responsible for complaints must acknowledge receipt of the complaint in writing or telephonically within five working days.

This emphasis on prompt acknowledgement underscores the importance of effective communication in complaints management, a notion supported by literature. According to [8:95], companies and governments must have procedures that are easy to understand and follow, respond quickly, demonstrate dependability and consistency in offering a solution, update the complainant on developments, and have staff members who can communicate politely and empathetically using language that is understandable to their clients, for instance, patients in Evander complained that the staff used vanac which made it difficult for them to follow the instructions leading to delays in services.

Effective communication is crucial in complaints management, particularly in a multicultural and multilingual setting like Mpumalanga. However, several barriers can hinder effective communication. According to [9:122], language barriers in healthcare can result in miscommunication. Compromising patient safety, reducing patient and staff satisfaction and ultimately reducing the overall quality of care. Many residents in Mpumalanga may not speak or understand the official languages used in healthcare settings and a lack of interpreters and translation services compound the challenge.

Cultural barriers also play a significant role in hindering effective communication. Different cultural groups in Mpumalanga may have unique communication styles, leading to misunderstandings if not understood by healthcare providers. According to [9], Traditional beliefs and practices can also influence perceptions of healthcare and disease. Additionally, cultural differences in body language and behaviours can lead to miscommunication.

Organizational environment barriers can also impede effective communication. According to [10:1059], inadequate communication infrastructure, insufficient staffing and training, and bureaucratic structures can all contribute to communication breakdowns. In the case of public hospitals, the organizational environment can put the lives of patients in danger such as transferring a patient from the emergency department to the wards, but the nursing staff in the ward are not informed about the patient's critical medical condition due to lack of proper medical records and staff attitude. As a result, the patient is administered a medication that triggers a severe allergic reaction, highlighting the importance of effective communication in health care.

Procedure for opening CCS boxes and recording complaints

The Complaints, Compliments, and Suggestions SOP of 2022 stipulates that complaints boxes must be opened weekly, ideally in the presence of a hospital board member and the Quality Assurance Manager [2:9]. However, this study found that the prescribed interval is too long and may contribute to patient dissatisfaction.

According to the SOP, all received complaints must be thoroughly reviewed, with details accurately captured on the web-based complaint management software. Additionally, a comprehensive monthly register must be printed and filed. However, this study revealed a significant gap in the utilization of complaints data. Despite the presence of a complaints register, the information contained therein was not being used to inform decision-making within the hospital. A notable example of this oversight was the persistence of the same patient complaints.

Procedure for determining required action according to severity of complaint (risk rating) 10

According to the SOP, a protocol is outlined for determining the requisite action based on the severity of complaints. The SOP stipulates that upon receipt, all complaints must undergo an immediate assessment to ascertain their severity and the necessary actions to be taken. This assessment involves assigning a risk rating, categorized as either "high" or "medium". Notably, the SOP mandates that all complaints be risk-rated as "medium" by default unless they meet specific criteria for patient safety incidents, in which case they are assigned a "high" risk rating.

Procedure for investigating complaints

The investigation of complaints necessitates the development of a comprehensive investigation plan. This plan ensures that each complaint is thoroughly examined, with all allegations meticulously documented to guarantee a thorough investigation, [2:10].

A structured approach is essential, and the plan should include the following key elements:

- a) Clear documentation of all allegations contained in the complaint.
- b) Identification of the individual responsible for investigating the allegations.
- c) Specification of the individuals to be interviewed.
- d) Determination of the relevant records to be reviewed.
- e) Formulation of pertinent questions to be posed during the investigation.

The effectiveness of a complaints management system relies heavily on the competency of staff members responsible for its implementation. However, a disparity in training was noted among staff members responsible for complaints management. While Quality Assurance Managers had received training on the Standard Operating Procedure (SOP) and complaints management, other key staff members, including patient administrators, nurses, doctors, and pharmacists, lacked sufficient training in the complaints management process, including key skills such as active listening, empathy, and effective communication, as well as knowledge of relevant laws, regulations, and organizational policies. This inadequacy is particularly concerning, as these staff members are often the first point of contact for patients submitting complaints, highlighting a critical gap in their capacity to effectively manage and respond to patient concerns.

The literature states that effective training and support are essential components of a well-functioning complaints management system. According to [11:548], targeted training in communication significantly boosts nurses' effectiveness and patient satisfaction, therefore, implementing training programs, regular assessments, and ongoing support will improve patient outcomes and more effective complaint handling.

Procedure for identifying patterns in system failures (categorization)

The Standard Operating Procedure (SOP) outlines a protocol for the management to identify patterns in system failures, as described on page nine. The procedure involves categorizing complaints to facilitate the identification of commonly occurring system failures. Multiple categories can be assigned to a single complaint, enabling a comprehensive analysis of the issues. By tracking trends and types of complaints, healthcare establishments can pinpoint significant system failures, [2:11].

Once a substantial system failure is identified, the root cause must be determined and addressed to enhance the quality of care. The web-based software for managing complaints, compliments, and suggestions must be utilized to generate a report on complaint categories, which will inform the identification of significant system failures. These failures will then be analyzed to determine their root cause. Following the identification of a problem or gap, a quality improvement plan must be developed. This process enables healthcare facilities to identify and address system failures.

Literature supports the notion that complaints data can inform evidence-based quality improvement strategies.

According to [12:37641], complaint data can be used to uncover systemic issues, patterns, and themes that may not be apparent through individual complaint investigations. This data can then be used to inform quality improvement initiatives, such as revising policies and procedures, providing targeted staff training, and implementing new protocols or services. [13:1] believe that an effective complaints management system involves the systematic collection, and analysis of complaints data, as well as prompt and decisive action in response to the information gained.

Procedure for Redressing of complaints

The effective resolution of complaints is a critical aspect of a patient-centered complaints management system. According to [2:12], A complaint is considered resolved under the following circumstances: when patient safety has been ensured, patient satisfaction has been achieved, or redress has been provided and accepted by the patient or supporting person.

In cases where a complaint cannot be resolved to the patient's satisfaction, the reasons for this outcome, as well as the attempts made to resolve the complaint, must be thoroughly documented. The complaint will then be escalated to the district office for further management. Additionally, complaints may be resolved through litigation, if a patient indicates intent to pursue legal action during the redress process. Other circumstances that may lead to the resolution of a complaint include the identification of a patient safety incident, which would then be managed through the patient safety incident management process, or the inability to trace the patient or family for further investigation or redress.

Upon completion of the investigation and redress process, all relevant data must be accurately captured on the web-based software designed for the management of complaints, compliments, and suggestions. This ensures that a comprehensive summary of the complaint management process is maintained, facilitating the tracking and analysis of complaints data.

Complaint, Compliment and Suggestion Committees for Hospitals

According to [2:16], each hospital is expected to have a Complaints, Compliments, and Suggestions (CCS) Committee. The committee should comprise key stakeholders, including the CEO, clinical manager, nursing service manager, quality assurance manager, Allied Health representative, hospital board member, and HOC members (as needed). The committee's primary objective is to oversee the effective management of complaints, compliments, and suggestions.

It should be noted, however, that the current composition of the committee, comprising high-level personnel, may pose challenges due to their busy schedules and limited availability.

Discussion

In this paper, we examined the power of patient complaints within the context of complaints handling processes in Gert Sibande Hospitals, South Africa. The main objective of this study was to assess the effectiveness of the complaints handling processes in hospitals. Our analysis aimed to inform practical recommendations for future policy and practice improvements, ultimately enhancing the quality of healthcare services delivered to patients.

There is sizeable evidence of interventions for effective complaints handling mechanisms to deal with patient complaints in hospitals. The current framework for managing complaints in hospitals within the Mpumalanga province is guided by the Standard Operating Procedures (SOPs) of 2022. These SOPs provide a structured approach for health establishments to handle complaints, compliments, and suggestions, aligning with national and provincial guidelines. By adhering to these procedures, hospitals can ensure that complaints are managed in a fair, transparent, and patient-centred manner, ultimately enhancing the overall quality of care and patient satisfaction.

Although the Standard Operating Procedure (SOP) of 2022 provides a framework for managing complaints in hospitals, however, notable limitations exist, that require revision to enhance a patient-centred approach. Firstly, the procedure for lodging complaints relies on outdated forms of communication, such as faxes and postal mail. A review of the SOP is necessary to incorporate more contemporary forms of communication, ensuring easier access for patients to submit complaints.

Furthermore, effective communication is crucial in the acknowledgement procedure. Those responsible for managing complaints must possess excellent communication skills and acknowledge cultural barriers and organizational nuances. Additionally, the current SOP stipulates that the complaints box be opened once a week, which may not align with the patient-centered approach. A more proactive strategy is required, enabling the department or hospital to address patient concerns promptly.

Additionally, staff competency and sufficient training are essential for the effective implementation of the SOP. This highlights the need for training, particularly in conflict and grief management, for staff interacting with patients. Other areas requiring attention include the composition of the complaints committee, which, although comprising senior management and unit heads, may benefit from alternative membership arrangements to ensure decision-making capacity and availability.

Ultimately, a more effective approach may involve establishing a separate committee comprising available and decision-capable members, with the hospital management serving as an overarching committee for escalated issues. By addressing these areas, the SOP can be refined to better align with patient-centered principles and enhance the overall complaints management process.

Evidence also indicates that the government is a major provider of health care services in this district. The study concluded that patients were not adequately consulted/ informed of the complaints Management system at the hospital. Overall, 90% of respondents were not informed about the hospital's complaints process upon arrival at the facility.

This study has found that hospitals were not able to develop root cause analysis which effectively addresses the complaint. The trends of complaints remained the same in the complaints register which shows that hospitals were unable to identify system failures. By using complaints data to improve service delivery, hospitals can demonstrate their commitment to patient-centered care, drive meaningful quality improvement, and ultimately improve patient outcomes, satisfaction and reduced litigations.

The existing literature suggests that complaints in the healthcare setting are multifaceted and driven by various factors. Empirical evidence suggests that the causes of complaints are diverse, ranging from patients bypassing primary healthcare facilities to access hospital services to complications arising from medical procedures. Additionally, issues related to doctor patient interactions including communication breakdowns, behavioural problems, concerns about long waiting times and missing files are also common triggers of complaints.

Study Limitation

This study has several limitations. The scarcity of research on complaints management systems in Mpumalanga (Gert Sibande) constrained the analysis. Additionally, despite conducting an exhaustive literature search, it is possible that relevant studies may have been overlooked, existing beyond the searched database. Furthermore, the study's reliance on English-language for conducting interviews may have excluded valuable perspectives, although interpretation services were provided to facilitate participation [14].

Conclusion

This study assessed the effectiveness of the complaints-handling process in hospitals within the Gert Sibande district. An examination of the Standard Operating Procedure (SOP) for the Management of Complaints, Compliments, and Suggestions (2022) revealed several areas requiring improvement. Notably,

inadequate communication and coordination were identified as significant factors hindering the complaints management system. Furthermore, frontline staff lacked sufficient training on the SOP and effective complaints management, impeding their ability to effectively address complaints. Additionally, patients' unfamiliarity with the quality assurance manager and the composition of the Complaints, Compliments, and Suggestions (CCS) committee, comprising high-profile employees with limited availability, were also identified as challenges. The frequency of opening the complaints box and the means of communication were also recommended for review. Overall, the study highlights the need for a robust and effective complaints management system in the district, underpinned by staff training programs and mechanisms for utilizing patient feedback to drive quality improvement initiatives.

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