



Implementation of Patient Complaint Management Mechanisms for Quality Improvement in Maternal Health Services: Exploration of Provider Perspectives at Mkuranga District Hospital

Francis August ¹, Tumaini Nyamhanga¹, Deodatus Conatus Kakoko², Amani Anaeli¹, Mughwira Ally Mwangi ¹

¹Department of Development Studies, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania; ²Department of Behavioural Sciences, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania

Correspondence: Francis August, Department of Development Studies, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences, Tanzania, 9 United Nations Road Upanga West, Dar es Salaam, P.O. Box 65454, Tanzania, Email francisaugust6@gmail.com

Background: Although patient complaints are stressful, they are regarded as useful when framed as learning avenues (ie checks and balances in service delivery), further contributing to quality improvement mechanisms and enhancing accountability. A well-structured system of receiving and managing complaints may result in, but is not limited to, improved accountability, control of abuse and vulgar language, and assurance/compliance with the code of conduct or procedure. Tanzania established a National Guide for Complaint Management in Health Facilities. It is a prerequisite in Health facilities to enable to use of evidence from the complaints process for quality improvement. Despite the emphasis on feedback from patient concerns and the availability of a guide for patient concern management in Tanzania, there is a paucity of information on how well patients' complaints are received, dealt with, and managed by district hospitals, especially those emerging from maternal, newborn, and child health services.

Objective: This study aimed to assess providers' perspectives on the implementation of Tanzania's guidelines for managing patient concerns in service delivery.

Methods: A qualitative approach was used for data collection, and content analysis was performed.

Results: The findings underscore the challenges related to hospital infrastructure for receiving patients' complaints, ie awareness and enthusiasm to use them, how complaints are dealt with, ie processing of the complaints, feedback mechanisms, ie learning from the complaints, integrating lessons learned from the complaints into service delivery, and quality improvement mechanisms in maternal health services. Findings are framed as barriers and facilitators of the process of receiving complaints and processing complaints/concerns, together with feedback mechanisms.

Conclusion: The implementation of patient complaint mechanisms has remained ineffective despite the reported enablers, which smooth the implementation of patients' complaints, such as the availability of structures and guidelines, citizens' engagement/participation, self-esteem, and enthusiasm.

Keywords: patient complaints, quality improvement, maternal health, accountability mechanisms

Background

Globally, there have been concerns regarding quality improvement in delivering maternal, newborn, and child health services. This contention triggers accountability from both the supply side (healthcare workers) and the demand side, patients' perspectives. Patient complaints and concerns have been central to this discussion in inculcating a spirit of accountability among healthcare workers. Although patient complaints and grievances (concerns) are stressful,¹⁻⁵ they are regarded as useful when they are framed as learning avenues, that is, using complaints/concerns as checks and

balances in service delivery and further contributing to quality improvement mechanisms.^{3,6,7} Patient complaints (concerns) emanate from the feeling of wrongdoing, that is, unpleasant treatment outcomes, fees, and privacy breaches when the physician is late, together with miscommunication.^{3,8–10}

Complaint management refers to gathering and analysing patient concerns and taking further steps to resolve raised complaints.^{6,11,12} Good health management systems are obliged to provide an avenue for patients to give feedback on the kind of care they receive, together with analysing, responding to, and utilising patients' feedback. Emphasis is placed on providing patient feedback based on their complaints.^{7,13}

In 2012, the Office of Public Service Management and Good Governance (PO-PSMGG) developed national guidelines for handling and managing citizens' complaints in all public service institutions as a tool to improve the quality of services.^{14–16} The guide draws from international experiences as well as existing local experiences. The purpose of the guide was to provide direction for public and private health facilities in the country to smoothen and easily implement a standardised and effective client complaint, compliment, and suggestion system^{17,18}. The guide is an informed rights approach, which ensures that the rights of clients/patients, their families, friends, loved ones, and the extended community members patients (external clients) and the rights of employees/healthcare workers/providers (internal clients) to lodge complaints are enhanced by stipulating processes/procedures to make it possible for internal and external clients/patients how to lodge complaints, compliments, or suggestions, such that their feedback is dealt with and investigated, and being informed regarding the outcome of their concerns.¹⁹ It further guides the learning process through complaints, compliments, and suggestions for quality improvement initiatives.²⁰ A quality assurance bureau was instituted and obliged to collect complaints daily. One of the most important issues is recognising and enhancing the possibility of patients/clients handling their complaints and opinions. This was also part of the government's efforts to increase accountability and strengthen procedures for listening to clients.²¹

Initiatives towards enhancing accountability in maternal-newborn and child health service delivery are part of the complaint management at health facilities.²² Patient complaints constitute a measure of their relationship with the providers and their satisfaction with the services provided. The existence of a well-structured system of receiving and managing complaints may result in, but is not limited to, improved accountability, control of abuse and vulgar language, assurance/compliance with codes of conduct or procedures, and eventually improved quality of health services.^{23,24}

There are several issues of importance. First, do we have an effective system in place to handle complaints, compliments, and suggestions? (concerns) Second, is there assurance to the complainants that their concerns will be settled with an apology or explanation to the patient to improve the quality of health services? Third, is there a commitment from the authority or health care personnel to correct mistakes and possibly learn from them? Above all, addressing patients' concerns by paying attention to what they are addressing: All three issues are there to ensure accountability at all levels.²⁵

The literature shows that patients' information on complaints is acknowledged not only as a measure of patient satisfaction with services, but is also more likely to inform advances in quality improvement in health care provision, together with determining the patient-provider relationship and subsequently enhancing the overall health system performance.^{3,26,27}

Tanzania through the then Ministry of Health, gender, elderly, and Children (MoHGED)²⁸ which is currently known as the Ministry of Health (MoH)²⁹ established "A National Guide for Complaint, Compliment and Suggestion Management in Health Facilities in Tanzani". A prerequisite in health facilities is to enable the use of evidence arising from complaint progression for quality improvement. The guideline insists that facilities ought to understand that complaints are feedback from health service consumers on service delivery and, eventually, are obliged to learn from the feedback and take effective measures to address the recognised challenges.^{30,31}

The guidelines continue to emphasise that at all levels of the health system, effective complaint management requires collaborative support from service users, providers, and leadership. Specifically, concerned beneficiaries recognise the necessity of complaint management and acknowledge its existence in the wider health system context. Information sharing among societal members regarding the implementation of complaint management, particularly on how well complaints are collected/received, dealt with, and feedback mechanisms, remains a necessary prerequisite for trust building and assurance in exhausting obtainable methods to lodge complaints and health services delivery.³²

Despite the emphasis assigned to feedback from patient concerns and the notable availability of a guide for patient concern management in Tanzania,^{9,11,27} there is a paucity/inadequacy of information on how well patients' complaints are received, dealt with, and managed by district hospitals,^{26,30,31} especially those emerging from maternal newborn and child health service provision.^{21,33,34} This study aims to assess provider perspectives in the implementation of Tanzania's guidelines for managing patient concerns in service delivery, especially on how well patients' concerns are received, handled, and managed, together with feedback mechanisms at the district hospital in Tanzania. This helps us to better understand how and why this intervention works for better quality improvement in service delivery.

Methods

Study Design

In this study, qualitative methods were employed during data collection at Mkuranga District Hospital, located in the Pwani Region of Tanzania, in May 2023. This study was part of a larger study *entitled* "Health Systems to Deliver for Mothers and Babies in Tanzania". The study was sponsored by the Swedish International Development Agency (Sida) under the Reproductive and Child Health Research subprogram (RCH). The overall aim of the project was to evaluate health system interventions that could be fostered to improve the quality of service delivery for maternal and child health in Tanzania.

In this study, we employed content analysis^{35–37} to understand provider perspectives in the implementation of patient-complaint management mechanisms to enhance quality improvement in the delivery of maternal healthcare services. We collected data for the year 2023. Content analysis involves searching for certain content, meaning units, or codes observed in text or interviews to generate certain themes. In this study, researchers looked at relational contents, meanings, and possible codes that emerged from the interview data, observations, and field notes and established themes.³⁸ We went through six steps: familiarisation with the subject matter/research question, choosing the type of content, identifying bias, making possible narrations of the meaning units, developing codes, naming the codes, and developing themes for analysis.³⁹

Study Area

This study was conducted in the Pwani Region of Mkuranga District Hospital. The study site was selected because it covers many maternal health-related interventions, specifically accountability-related mechanisms, and interventions for quality improvement in the delivery of maternal, newborn, and child health services for instance aspects like campaigns to continually remind health care workers to work hard to help mothers survive, supportive supervision, clinical meetings, monitoring, and evaluation, together with maternal death audits. Supportive supervision is one such method of supervision. It is necessary to help healthcare workers in maternal health continually improve their performance. A respectful manner is at its centre, as it is carried out in a non-authoritarian style, delving into using supervisory visits as a mechanism to enhance the knowledge, skills, and competencies of healthcare workers.^{40,41}

Study Population and Recruitment of Study Participants

We purposively recruited twenty-five key informants to participate. The study in consultation with the overall in-charge of the hospital and interviewed the complaints office, a nurse in charge of receiving calls related to complaints, in charge of RCH, labour ward and theatre of the hospital, and hospital administrators, who were selected as key informants to provide in-depth information about accountability issues related to the management of patient complaints which emanate in their daily responsibilities of helping mothers to survive.

Data Collection Methods

The semi-structured interview guide contained questions about the implementation of a complaint management guide for enhancing quality improvement in the delivery of quality maternal health services. The probing questions were about how the healthcare system is framed to receive, process, and provide feedback that is geared toward quality improvement in the delivery of maternal health services. These questions were developed by consulting the literature, and a pilot study

was conducted to conduct key informant interviews. Key informants were purposively selected because they were directly or indirectly involved in receiving, handling, or providing feedback regarding feedback mechanisms to patients at the facility. The interviews lasted for approximately 30 to 60 minutes and were carried out in the offices of the study participants, as identified by the interviewees. Confidentiality was observed in the selection of the venues, enhancing viability for building trust and confidence among the interviewees. The first author and the research assistant conducted the interviews and took notes on the responses.

Data Collection Process

The first author trained and oriented the research assistant to conduct in-depth interviews as per the protocol. Before data collection, fifteen informants were involved in pilot testing of the interview guides was conducted at Kisarawe District Hospital, located in the Pwani Region of Tanzania, to ensure the quality of the responses emanating from the interview guide questions. Probing techniques were employed to ensure that questions and prospective responses were adequate, appropriate, and clear, and to obtain the context of the responses emanating from the informants. We conducted interviews and discussions in Kiswahili, which is widely spoken and understood by the majority of Tanzanians as a national language, audio-recorded them, transcribed them verbatim, and translated them into English. Saturation point was reached when we realized that not new information was coming out from the informants.

Data Analysis

We employed content analysis and applied coding that emerged from informants' complaints^{11,42} by distinguished communication-related complaints. Nonetheless, an inductive approach was used to differentiate between complaints. We identified patterns and prioritised the fields of action.

Codes related to accountability were established to fit the provider perspectives in the implementation of patient-complaint management mechanisms for quality improvement in the delivery of maternal healthcare services. Sub-themes were constructed from the codes to fit the context of answerable responsiveness.

Ethical Considerations

Ethical approval was obtained from the Muhimbili University of Health and Allied Sciences Institutional Review Board (IRB), and the study protocol was reviewed. Informed consent was obtained from the participants, who were given consent forms to read and sign. In the informed consent study, participants were assured that anonymity would be considered, such that it included publication of anonymised responses or quotations obtained directly from the study participants. We ensured them that confidentiality, privacy, and anonymity were considered to protect the participants. To this end, we conducted interviews in suitable places to ensure privacy and comfort for the participants. We also excluded names and other possible identifiers from the dataset to ensure anonymity of the study participants.

Findings

The findings of this study underscore issues regarding hospital infrastructure for receiving patients' complaints that is awareness and enthusiasm to use them, how complaints are dealt with; that is processing the complaints, feedback mechanisms that is learning from the complaints, integrating lessons learned from the complaints into service delivery, and quality improvement mechanisms in maternal health services. The findings are organised into themes and sub-themes as shown in [Table 1](#), such that they are presented as barriers and facilitators to the process of receiving complaints/concerns, processing complaints, and feedback mechanisms as follows:

Theme One

Enablers for managing complaints: enabling context revitalises the available mechanisms for receiving complaints, processing them, and enhancing the process of providing feedback to patients and clients. This category is organised into the following subthemes:

Table 1 Summary of Findings

	Theme 1: Perceived Enablers of the Process Of Receiving Complaints, Processing Them and Feedback Mechanisms	Theme 2: Perceived barriers to The Process Of Receiving Complaints, Processing Them And Feedback Mechanisms
Sub-themes	<ol style="list-style-type: none"> 1. Availability of the guide for managing patients' complaints (concerns) 2. Community involvement 3. Availability of the complaint office 4. Complaint management channel via the administrative office 5. Perceive self-esteem/enthusiasm to report misconduct 	<ol style="list-style-type: none"> 1. Inadequate monitoring/follow-up mechanisms for the national guidelines 2. Challenges in adherence to the required procedures 3. Entertaining personal behaviour at work (immoral behaviour) 4. Perceive cowardice and a culture of silence 5. Perceive hopelessness and fear 6. Reporting someone who has done misconduct is perceived as sadism _ (roho mbaya) 7. Political interference 8. Perceived delays due to health system backlash 9. Perceived delays in the implementation of disciplinary action due to complex legal procedures

Sub-theme One

The presence of a guide for managing patients as a mechanism for enhancing receiving, processing, and providing feedback on patients' complaints. Study participants suggested that the presence of the government's guidelines on complaints, compliments, and suggestions sets a preferable avenue not only for receiving complaints but also for dealing with and processing them and providing feedback to clients of maternal and child health services. The informants also added that the guide was more or less *Bible or Quran* in managing patients' concerns. Learning from the documents and from the guide itself attests that there are relatively clearly stipulated procedures on how complaints should be filed with the relevant authority, how the named authority, or disciplinary committee, should process the concerns and eventually provide a response or feedback to citizens.

The government through the central Ministry of Health has instituted a guideline that directs, among other things, how, when and the extent to which patients' complaints are received, dealt with and provision of responses/feedback to the women seeking RCH services in health facilities KI_1

Sub-theme Two

Citizens' engagement in lodging complaints makes it a more user-friendly and easy-to-use mechanism. This was proposed by informants as an important aspect of health sector reforms and was specifically fuelled by decentralisation initiatives. The study participants contended that empowering communities to air their views remains, by far, very essential to attaining an ideal quality improvement strategy for maternal health service delivery. The participants added that civic education tends to empower the end users of health services, and in this case (maternal health services), to be ready to submit their concerns to the relevant authority, given the friendly setup of the hospital infrastructure. Participants continued to argue that enhancing effective civic engagement is key to trust building, inculcating more enthusiasm for patients to freely report misconduct, and empowering institutions/committees to receive patients' concerns, learn from them, and necessarily provide feedback to complainants.

Yeah, the most important thing, is that the community is involved..., we have been trying to be open in the sense that we welcome them to bring to us their concerns,... we tell them every day to report their grievances in the complaints office,...? come to the complaint office or administrative office'... we try as much as possible to be very close to the community members, for Sure we can't reach-out the whole community or in the village to organise some announcements, although it's challenging, we try as much as possible to ensure that whenever community members come for services they happen to feel like they have had sub-optimal services. they need to report it in the complaint office. KI_2

Sub-theme Three

Perceived availability of supportive hospital infrastructure for lodging complaints, such as offices, desks, tables, phone numbers, and complaint committees. It was established during the key informant interviews that ensuring not only the availability of accessible and reliable channels for availing patients' concerns, but also sufficient knowledge, competence, and skills to support the management of complaints and concerns is key for implementation. Informants in this study added that; the facility is equipped with relatively well-installed systems for collecting patients' concerns; ie having a phone specific for reporting complaints, together with instituting specific personnel for handling complaints. Through learning from hospital documents, it was established that the availability of a fair hospital infrastructure for lodging patients' concerns makes it easy to not only receive complaints but also if the facility has competent human resources for processing or analysing complaints; it is much easier to use them as learning platforms for quality improvement.

In this facility, we have an office/desk special for submitting/reporting complaints. Also, there is a mobile phone number posted on the notice board, so our clients/patients can easily call and report their grievances/concerns. In line with this initiative, we have a health official responsible for handling the phone and he/she is obliged to act promptly concerning issues/concerns raised by patients KI_3

Sub-theme Four

Perceived availability of administrative/leadership support and timely feedback from authorities. Participants alluded that the availability of a supportive administrative system makes it viable for consumers (clients) of health services to be more enthusiastic to submit their views, report their grievances or even provide suggestions/compliments to the supply side (health care workers) in varied circumstances. In addition, informants alluded that timely feedback from higher authorities fostered more trust and confidence in citizens to be more proactive in holding public workers more accountable

I meet them every week, and everybody in my team brings me reports weekly, I always instruct them on what kind of report I want from them, and work on it and provide feedback. I get enough cooperation from my superior/director. When misconduct happens and makes a formal writing about it detailing disciplinary actions to be taken against the defaulter, they do respond very quickly, thus my task isn't that much difficult KI_4

Sub-theme Five

Perceived self-esteem and enthusiasm to report misconduct. Research participants contended that some patients/clients appeared to be brave enough to report the challenges they encountered while seeking maternal health services. Participants added that their capacity and willingness to fight for their rights were at the centre of the success of implementing patient complaint management mechanisms. The informant continued to argue that the potential for a relative increase in civic education played a role in emancipating people from acting differently.

We are lucky that some people in our locality happen to be very eloquent and sometimes courageous enough to report inadequacies and other abuses from the health care workers.... Leadership or influence starts anywhere... when one person starts to question or complain about something related to service provision, it very likely to influence others in the group or queue to also say something... the thing is courage KI_5

Theme Two

Perceived Barriers to Implementation of Patient Complaint Management Mechanism. In this study, informants raised several issues which tended to obstruct the smooth process of receiving, processing, and feedback mechanisms or even learning from the patient's concerns in service delivery and further quality improvement strategies.

Sub-theme One

Perceived inadequate monitoring and follow-up mechanisms for the national guidelines for managing patient complaints and adherence to the identified processes for addressing major implementation bottlenecks. Study participants suggested

that there were challenges in scaling up the adaptation of the national guide for managing patient complaints across the level of the health system, the most notable being hospital management's failure to make necessary follow-ups in the implementation process.

Most of the issues here are implemented or regulated on an ad-hoc basis, for example, it is until when there is an outbreak or a maternal death event; when you see top leaders going here and there for the inspection of supervision or even supportive supervision. This does not only happen at the facility level; even the top management and the district and management levels... most things are engineered politically. *KI_6*

Sub-theme Two

Entertaining unworthy behaviour at work. Study participants argued that individual attitudes and endeavours tend to influence the working environment. Participants highlighted that this attitude lies both in the management and among healthcare workers. At the management level, this attitude is presented in the following manner: a complaint is reported, but no serious action is taken against the defaulters. Some informants also alluded that this attitude is also among the patients themselves in a manner that some will look down on others who dare to complain or report misconduct and label them as "viherehere", translated as agitation to be more curious, being on the forefront.

Barriers are there,...there are social barriers, you know! When you deal with healthcare workers, everybody has his/her behaviour, this has two faces! Sometimes referred to as normal! But we always take action against misconduct happening, you can't expect everybody to behave in a certain way. Sometimes people would wish to entertain their ways of life without considering the needs of others... for instance, if someone is lazy, she would want everybody to be like that and label others as kiherehere tu! hapa kwenu hapa.! translated as discouraging others from being proactive, this is not your home that you are trying to teach us what to do *KI_3*

Sub-theme Three

Perceived cowardice and a culture of silence. The study participants said that the persisting culture of silence in society tends to demotivate people from reporting misconduct or handing in their complaints to the responsible bodies. They also allude that the virtue of courage is almost nonexistent among many low-income people in the countryside.

The society is not that open, I don't stay there at the RCH section full time, but somebody might encounter a bad experience, but he/she is afraid of coming to report, we in the council can't know what is going on... I can't know what has happened to you... because I don't stay there full time, in case a health care worker uses vulgar/abusive language against a patient, and feels like reporting to the higher authorities, some are afraid of doing that, they think that it is wicked to report the scenarios to the authorities. The society itself is not open because of fear *KI_4*

Sub-theme Four

Perceived hopelessness and fear leading to thoughts of sadism. Informants noted that persistent illiteracy negatively impacted rights-based and civic education. They added the contention that individual or social consciousness has continually been poor to the extent of labelling frontlines as sadists. In addition, informants continued to note that non-reporting/not complaining has been normalised and replaced by a blame game at all levels. Whenever patients encounter tragedies like maternal death, they end up saying "ni bahati mbaya sio riziki- ni mipango ya Mungu", which translates as it was as bad luck and that God planned that the tragedy happened, why complaining?

You know, most of the societies residing here have a low level of understanding, if we talk about education, if someone has been abused/hasn't received pleasant feedback from the health personnel, they are not aware of their rights "If you find that you have been abused go to the administrative office, a person doesn't come! Just says ni bahati mbaya sio riziki – ni mipango ya Mungu... it remains a personal view that reporting misconduct is sadism! Another thing disgusting in our society is, for example, you post announcements on the notice board, but a huge percentage of the people are illiterate! She saw the announcement that "if you have any concern/complaint, go to the complaint office, a person might not see it, he might not know about it, it makes our job as technical persons difficult. *KI_5*

Sub-theme Five

Perceived political interference. In this study, the informant stated that politicians' undertakings, especially during election times, pose serious concerns about the implementation of patient complaint mechanisms and the delivery of maternal health services. They added that their interference may endanger the livelihood of healthcare workers when they tend to instigate mob psychology among the electorate to attack health personnel alleged of committing certain misconduct which tends to jeopardise procedures stipulated in the government guidelines on managing patient complaints.

Politicians also interfere a lot with our endeavours...., this is a serious concern because they interfere with our activities for instance if they encounter one or two complaints from the citizens about service delivery they come up with a very general statement wanting everybody to be fired from work without enquiring about the concerns to get the root cause.... at one moment a certain politician instigated violence against health care workers by organizing mobs of people to rally, demonstrate and demand for the immediate resignation of the in-charge in the facility outside the normal procedures as per the government guideline. *KI_6*

Sub-theme Six

Perceived delays due to health system backlash. Study participants contended that health system discontent tends to hinder institutional efforts to implement action points raised by patient complaints/concerns. From the participant's point of view, a notable health system backlash was the financial constraint that manifests in the delayed disbursement of funds which not only affects the procurement of essential medicines, but also paralyses the system as a whole, since money also acts as a lubricant for the other domains of the health system.

To start with the availability of equipment, for now, it is different from the past, because right now when you order something from the MSD, you order online it does take more than three days before you get feedback, and you will be notified that it is not available, then you go to the private vendor who has been appointed by the regional authority, delivery will be done in three days, but there is a challenge with some of the financial sources that did delay i.e basket fund, for this year it was delayed, in the first quarter; instead of receiving the money in the first quarter, the second quarter passed then we received funding at the end of the third quarter. That money is important because it covers many things, but it was delayed for almost two quarters, it was disbursed in the last quarter. The delay may also delay some essential services like procurement of medicines and so forth *KI_7*

Sub-theme Seven

Perceived legal and procedural challenges in the implementation of disciplinary measures. The study participants said that the government's legal and procedural aspects tend to embrace inefficiencies in the implementation process. They added that the private sector dealing with disciplinary issues has remained comparatively more efficient with many success stories in implementing feedback mechanisms than the public sector, not only that but also unlike the public sector, which has a track record in the quick implementation of disciplinary measures than the public sector because of its complex legal and policy framework, the most notable being the long and complex procedures of terminating the accused public servants in Tanzania.

Overall, many things have happened/changed for instance in accountability... you can say that our et.al in the private sector are more successful because for them laws and procedures are a bit simple! For us in the public sector laws are a bit complex and hard to implement, you can punish someone but you continue seeing him at work! Unlike in the private sector, "you can make a mistake they tell you "because of this mistake, from now your job is terminated! For the public sector, as I noted earlier, there are very long procedures to terminate someone from public service. So sometimes you find someone having repeated mistakes but because of the long procedures and process of termination, the health care workers are more relaxed, expecting to be transferred to another place, thus you find that the public service laws are complex to implement and for the decision makers! this is used by the current public servants as a loophole. "I know that you can't just write to me the first and the second termination letter, the laws are difficult to implement" *KI_8*

Discussion

The findings of this study underscore the two domains of enabling context and deterrents in the implementation of complaint management mechanisms to enhance quality improvement in the delivery of maternal, newborn, and child health services in a district hospital in the Pwani Region of Tanzania. Data have shown pertinent issues to consider when implementing patient-based interventions.

The Availability of a Guide for Managing Patients Enhances the Quick and Objective Processing of the Patient's Complaints

This finding implies that in the course of ensuring that patients' concerns are objectively collected and dealt with, and feedback is given to the patients, there has to be a guide instituted. Similar studies have indicated the necessity of having in place a guideline for managing patients' complaints by placing an emphasis not only on the guideline but also on its feasibility, proper taxonomy, and reliability of the content of the complaint management guideline.⁴³ together with evidence-based guidelines for managing patient complaints.^{44,45} In addition, similar studies have indicated that the availability of a patient complaint guide follows from a patient-centric or patient-centred approach, whereas from a human rights-based approach to health, patients are entitled to the right to be aware of the steps and the entire process of handling complaints until feedback is obtained.^{3,19}

Fostering Civic Engagement in Lodging Complaints and Presenting Compliments, or Providing Suggestions

This finding implies that health sector reforms gave a mandate to local authorities and eventually to citizens to participate in the planning and execution of health interventions, among other societal functions. This means that proper or authentic civic participation, as shown by the study findings, enables the smooth implementation of accountability mechanisms for quality improvement in the delivery of maternal health services. Similar studies have alluded to the same emphasis by showing that a patient-centred approach to health, which is also a human rights-based approach to health, is geared towards attaining patient satisfaction.⁴⁶ This stance implies that citizens' engagement not only fosters the uptake or smooth implementation of the referred intervention but also promotes trust-building in accessing health services.⁴⁷ Furthermore, this approach lies between both the demand (patients) and supply (healthcare workers) sides, calling for mutual respect and accountability from both parties.^{21,33}

Availability of Administrative or Structural Support and Timely Feedback from Authorities

This finding implies that the likelihood of authenticity in the uptake of patient complaint management mechanisms needs overwhelming support from higher-level management, not just of the hospital or facility, but also from the (district) council health service committee or board. On the same note, timely feedback remains a prerequisite for cultivating patient satisfaction in the uptake of maternal health interventions, and accountability mechanisms are among them. This finding is consistent with those of similar studies.^{7,48,49} The takeout point here remains that authorities are there not just to facilitate the processing of patients' concerns, but rather to take them as learning avenues and take immediate and corrective measures to clear the doubts raised by concerned patients.

Perceived inadequate monitoring and follow-up mechanisms tend to trigger the smooth implementation of patient complaint management mechanisms. This finding implies that limited follow-up mechanisms have been the order of the day in health care, which is popularly termed as a *business-as-usual* phenomenon and continually puts a setback in the uptake of health care interventions. Some studies have shown that, even when there are follow-ups, they are implemented *in an ad hoc* manner.^{21,50–52} Another study showed that several health institutions failed to use the large amount of data generated from patient complaints. It follows from their inability to set a mechanism for extracting reliable data from heterogeneous complaints, and consequently, facilities suffer from proper and timely use of complaint data for learning and monitoring objectives.⁵³

Perceived Legal and Procedural Challenges in the Implementation of Disciplinary Measures

This finding implies that legal and related disciplinary procedures are unnecessarily prolonged and therefore impede the timely implementation and execution of disciplinary measures tabled by patient complaint management bodies. This finding is consistent with findings from similar studies noting not only existential challenges in the procedures for handling complaints but also the fact that the procedures are not even in favour of the medical personnel themselves; some medical personnel developed anxiety, stress, night meres, and professional doubts and even developed a tendency to avoid patients with serious medical conditions^{12,25,54}

Conclusions

According to the findings of this study, the implementation of patient complaint mechanisms has remained ineffective despite the reported enablers, which smoothen the implementation of patients' complaints, such as the availability of structures and guidelines, citizens' engagement/participation, self-esteem, and enthusiasm.

Barriers to the uptake of this quality improvement intervention have been reported to be poor monitoring and follow-up procedures, political interference, persisting culture of silence, together health system backlash has overwhelmingly jeopardised the attainment of quality improvement initiatives which emanates from carefully receiving, and sorting patient concerns/complaints and providing feedback to patients.

Recommendations

Intervention measures/copying strategies/proposed solutions to revitalise the management of patient complaints in maternal health services: *On receiving patients' complaints*, effective interventions for improving the collection of patients' complaints by establishing easy-to-use channels that likely foster or raise citizens' awareness and confidence in using them.

On Processing/analysis of Complaints Data

The creation of structures and spaces for more effective analysis and possible learning from complaints, and integrating lessons learned from complaints into improving the delivery of services.

On Feedback Mechanisms

Strengthening capacity building and mentorship, improving monitoring and accountability measures, and certifying facilities that meet the required standards for implementing national guidelines for managing patients' complaints, compliments, and suggestions in maternal care services.

Finally, no single measure or size fits all criteria. Thus, any sufficient and feasible intervention to improve a patient complaint management system must include different components that must be feasible, effective, scalable, and sustainable within the local context.

Acknowledgments

We would like to acknowledge financial support from the Sida – Swedish International Development Agency for financial support in undertaking this study. In addition, we acknowledge the partial support in the process of developing this manuscript from the NIH D43 grant.

Disclosure

The authors report no conflicts of interest in this work.

References

1. Dowou RK, Amu H, Saah FI, Adeagbo O, Bain LE. Increased investment in universal health coverage in Sub-Saharan Africa is crucial to attain the Sustainable Development Goal 3 targets on maternal and child health. *Arch Public Health*. 2023;81(1). doi:10.1186/s13690-023-01052-z

2. Bayer S, Kuzmickas P, Boissy A, Rose SL, Mercer MB. Categorizing and rating patient complaints: an innovative approach to improve patient experience. *J Patient Exp*. 2021;8. doi:10.1177/2374373521998624
3. Van Dael J, Reader TW, Gillespie A, Neves AL, Darzi A, Mayer EK. Learning from complaints in healthcare: a realist review of academic literature, policy evidence and front-line insights. *BMJ Qual Saf*. 2020;29(8):684–695. doi:10.1136/bmjqs-2019-009704
4. B IA, P SR, M K, et al. Analysis of contributing factors to patient complaints and grievances. *Acad Emerg Med*. 2017;24(Supplement 1):S74–S75.
5. McCreaddie M, Benwell B, Gritti A. Traumatic journeys; Understanding the rhetoric of patients' complaints. *BMC Health Serv Res*. 2018;18(1). doi:10.1186/s12913-018-3339-8
6. Alkhateeb YM. Blockchain implications in the management of patient complaints in healthcare. *J Inf Secur*. 2021;12(03):212–223. doi:10.4236/jis.2021.123011
7. Mirzoev T, Kane S. Key strategies to improve systems for managing patient complaints within health facilities—what can we learn from the existing literature? *Glob Health Action*. 2018;11(1):1458938. doi:10.1080/16549716.2018.1458938
8. Hult A, Lundgren E, Fröjd C, Lindam A, Jangland E. Patient complaints about communication in cancer care settings: hidden between the lines. *Patient Educ Couns*. 2023;114. doi:10.1016/j.pec.2023.107838
9. Gillespie A, Reader TW. Patient-centered insights: using health care complaints to reveal hot spots and blind spots in quality and safety. *Milbank Q*. 2018;96(3):530–567. doi:10.1111/1468-0009.12338
10. Btt H, Mirzoev T, Morgan R. Patient complaints in healthcare services in Vietnam's health system. *SAGE Open Med*. 2015;3. doi:10.1177/2050312115610127
11. Hoffmann S, Dreher-Hummel T, Dollinger C, Frei IA. Patient complaints as a means to improve quality of hospital care. Results of a qualitative content analysis. *Pflege*. 2018;31(2):101–109. doi:10.1024/1012-5302/a000596
12. Jiang Y, Ying X, Zhang Q, et al. Managing patient complaints in China: a qualitative study in Shanghai. *BMJ Open*. 2014;4(8):e005131. doi:10.1136/bmjopen-2014-005131
13. Minaki P, Samoli E, Theodorou M. Patient complaints at three public hospitals in Greece: who cares? *Arch Hell Med*. 2013;30(1):67–78.
14. Lauwo SG, Azure JDC, Hopper T. Accountability and governance in implementing the sustainable development goals in a developing country context: evidence from Tanzania. *Accounting Audit Account J*. 2022;35(6):1431–1461. doi:10.1108/AAAJ-10-2019-4220
15. Maluka S, Kamuzora P, San Sebastian M, Byskov J, Ndawi B, Hurtig AK. Improving district level health planning and priority setting in Tanzania through implementing accountability for reasonableness framework: perceptions of stakeholders. *BMC Health Serv Res*. 2010;10:10. doi:10.1186/1472-6963-10-322
16. Mshana S, Shemilu H, Ndawi B, et al. What do district health planners in Tanzania think about improving priority setting using “accountability for reasonableness”? *BMC Health Serv Res*. 2007;7:7. doi:10.1186/1472-6963-7-180
17. Olusanya BO. Accountability framework to decolonise global health. *Lancet*. 2021;397(10278):968. doi:10.1016/S0140-6736(21)00378-0
18. Martin Hilber A, Doherty P, Nove A, Cullen R, Segun T, Bandali S. The development of a new accountability measurement framework and tool for global health initiatives. *Health Policy Plan*. 2020;35(7):765–774. doi:10.1093/heapol/czz170
19. Sundler AJ, Darcy L, Råberus A, Holmström IK. Unmet health-care needs and human rights—A qualitative analysis of patients' complaints in light of the right to health and health care. *Heal Expect*. 2020;23(3):614–621. doi:10.1111/hex.13038
20. Abrampah NM, Syed SB, Hirschhorn LR, et al. Quality improvement and emerging global health priorities. *Int J Qual Heal Care*. 2018;30:5–9. doi:10.1093/intqhc/mzy007
21. August F, Nyamhanga TM, Kakoko DCV, Sirili NS, Frumence GM. Facilitators for and barriers to the implementation of performance accountability mechanisms for quality improvement in the delivery of maternal health services in a district hospital in Pwani region, Tanzania. *Int J Environ Res Public Health*. 2023;20(14):6366. doi:10.3390/ijerph20146366
22. Hastuti SKW, Baginda NC, Aprianda S. A qualitative study: hospital patient complaint management. *Indones J Heal Adm*. 2022;10(1):31–40. doi:10.20473/jaki.v10i1.2022.31-40
23. Diamond-Smith N, Sudhinaraset M, Montagu D. Clinical and perceived quality of care for maternal, neonatal and antenatal care in Kenya and Namibia: the service provision assessment. *Reprod Health*. 2016;13(1). doi:10.1186/s12978-016-0208-y
24. Ansu-Mensah M, Danquah FI, Bawontuo V, Ansu-Mensah P, Kuupiel D. Maternal perceptions of the quality of care in the free maternal care policy in sub-Saharan Africa: a systematic scoping review. *BMC Health Serv Res*. 2020;20(1). doi:10.1186/s12913-020-05755-9
25. Hanganu B, Ioan BG. The personal and professional impact of patients' complaints on doctors—a qualitative approach. *Int J Environ Res Public Health*. 2022;19(1):562. doi:10.3390/ijerph19010562
26. Han S, Xu M, Lao J, Liang Z. collecting patient feedback as a means of monitoring patient experience and hospital service quality – learning from a government-led initiative. *Patient Prefer Adherence*. 2023;17:385–400. doi:10.2147/PPA.S397444
27. Wei H, Ming Y, Cheng H, Bian H, Ming J, Wei TL. A mixed method analysis of patients' complaints: underpinnings of theory-guided strategies to improve quality of care. *Int J Nurs Sci*. 2018;5(4):377–382. doi:10.1016/j.ijnss.2018.06.006
28. Tanzania demographic and health survey indicator survey (TDHS-MIS) 2015-2016. *Dar Es Salaam*. Tanzania, Rockville, Maryland, USA MoHCDGEC, MoH, NBS, OCGS.ICF;2016;Vol. 1.1–630.
29. Neema C, Nyambura M, Janneth M, et al. Surveillance of antimicrobial resistance in human health in Tanzania: 2016-2021. *Afr J Lab Med*. 2023;12(1). doi:10.4102/ajlm.v12i1.2053
30. Rajesh D, Ramana IV, Ch R. Patients feedback analysis to improve quality of care - a tertiary care centre study. *Int J Res Rev*. 2020;7(1):1.
31. Mushtaque L, Haider A, Hussain AT, Hanif B. ISQUA18-2338 Impact of implementing a quality improvement program on performance indicators and patient satisfaction in a tertiary cardiac healthcare system from a developing country. *Int J Qual Heal Care*. 2018;30(suppl_2):11–12. doi:10.1093/intqhc/mzy167.13
32. Howard A, Harrison C. 726 Our gratitude and appreciation for your feedback. 2018:A75.1–A75. DOI:10.1136/oemed-2018-icoabstracts.215
33. August F, Nyamhanga T, Kakoko D, Nathanaeli S, Frumence G. Perceptions and experiences of health care workers on accountability mechanisms for enhancing quality improvement in the delivery of maternal newborns and child health services in Mkuranga, Tanzania. *Front Glob Women's Heal*. 2022;3. doi:10.3389/FGWH.2022.868502
34. Mafuta EM, Dieleman MA, Hogema LM, et al. Social accountability for maternal health services in muanda and bolenge health zones, democratic republic of Congo: a situation analysis. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1176-6>. Accessed August 1, 2017.

35. Schreier M. *Qualitative Content Analysis in Practice*; 2024. doi:10.4135/9781529682571
36. Vaismoradi M, Snelgrove S. Theme in qualitative content analysis and thematic analysis. *Forum Qual Sozialforsch.* 2019;20(3). doi:10.17169/fqs-20.3.3376
37. Armat MR, Assarroudi A, Rad M, Sharifi H, Heydari A. Inductive and deductive: ambiguous labels in qualitative content analysis. *Qual Rep.* 2018;23(1):219–221. doi:10.46743/2160-3715/2018.2872
38. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res.* 2005;15(9):1277–1288. doi:10.1177/1049732305276687
39. Alptekin HM, Dağcı M, Zonp Z. The experiences of operating room nurses during COVID-19 pandemic: a qualitative study. *J Perianesthesia Nurs.* 2023;38(2):269–276. doi:10.1016/j.jopan.2022.06.013
40. Singh D, Negin J, Orach CG, Cumming R. Supportive supervision for volunteers to deliver reproductive health education: a cluster randomized trial. *Reprod Health.* 2016;13(1):1–10. doi:10.1186/s12978-016-0244-7
41. Nyamhanga TM, Frumence G, Hurtig AK. Facilitators and barriers to effective supervision of maternal and newborn care: a qualitative study from Shinyanga region, Tanzania. *Glob Health Action.* 2021;14(1). doi:10.1080/16549716.2021.1927330
42. Kolhatkar V, Thain N, Sorensen J, Dixon L, Taboada M. Classifying constructive comments. *First Monday.* 2023;28(4). doi:10.5210/fm.v28i4.13163
43. Nowotny BM, Loh E, Davies-Tuck M, Hodges R, Wallace EM. Identifying quality improvement opportunities using patient complaints: feasibility of using a complaints taxonomy in a metropolitan maternity service. *J Patient Saf Risk Manag.* 2019;24(5):184–195. doi:10.1177/2516043519869447
44. Duijvestijn JA, Grutters JPC, Chenault MN, Joore MA, Manni JJ, Anteunis LJC. Shared care for hearing complaints: guideline effects on patient flow. *J Eval Clin Pract.* 2011;17(2):209–214. doi:10.1111/j.1365-2753.2010.01422.x
45. Schaefer R, Henningsen P, Häuser W, et al. Non-specific, functional and somatoform bodily complaints: S3 guidelines and patient version. *Psychotherapeut.* 2014;59(2). doi:10.1007/s00278-014-1030-z
46. Nurjanah SR, Pribadi P, Dianita PS. Determinant factors of patient satisfaction and trust in pharmacy staff among persons with non-communicable diseases: patient centered care approach. *J Farm Sains Dan Prakt.* 2022;207–214. doi:10.31603/pharmacy.v8i3.5150
47. Isangula K, Pallangyo ES, Ndirangu-Mugo E. The perceived benefits and effectiveness of patient feedback systems in strengthening patient-provider relationships in Rural Tanzania. *BMC Health Serv Res.* 2023;23(1). doi:10.1186/s12913-023-10198-z
48. Jiang J, Huang F, Li H. Analysis on 1481 case of medical complaints in a tertiary hospital in Fujian province: a 5-year retrospective study. *Med.* 2023;102(26):E34107. doi:10.1097/MD.00000000000034107
49. Papinaho O, Häggman-Laitila A, Pasanen M, Kangasniemi M. Disciplinary processes for nurses, from organizational supervision to outcomes: a document analysis of a regulatory authority's decisions. *J Nurs Manag.* 2022;30(7):2957–2967. doi:10.1111/jonm.13679
50. Rosyidah H, Koning K, De OH. Quality of maternal health care in Indonesia. *J Heal Technol Assess Midwifery.* 2019;2(1):10–22. doi:10.31101/jhtam.924
51. Mdgikammh AK, Goicolea I, Kiwara A, Mwangi M, Hurtig A-K. Availability of drugs and medical supplies for emergency obstetric care: experience of health facility managers in a rural District of Tanzania. TT -. *BMC Pregnancy Childbirth.* 2014;14:108. doi:10.1186/1471-2393-14-108
52. Ayawine A, Atinga RA. “We know it is not good, but we are constrained”: a study on quality of emergency obstetric and newborn care in Northern Ghana. *Heliyon.* 2023;9(4):e15250. doi:10.1016/j.heliyon.2023.e15250
53. Gillespie A, Reader TW. The Healthcare Complaints Analysis Tool: development and reliability testing of a method for service monitoring and organisational learning. *BMJ Qual Saf.* 2016;25(12):937–946. doi:10.1136/bmjqs-2015-004596
54. Visser LS, Cohen S. Legal issues. Rapid access guide for triage and emergency nurses: chief complaints with high-risk presentations. 2023:72–78. DOI:10.1891/9780826169761.0007

International Journal of Women's Health

Publish your work in this journal

The International Journal of Women's Health is an international, peer-reviewed open-access journal publishing original research, reports, editorials, reviews and commentaries on all aspects of women's healthcare including gynecology, obstetrics, and breast cancer. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/international-journal-of-womens-health-journal>

Dovepress
Taylor & Francis Group