

Community Service-Based Analysis of the Communication Role of Information Service Staff in Improving Patient Complaint Management at Muhammadiyah Hospital Palembang

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Abstract

This article presents the results of a community service program aimed at enhancing patient complaint management services through improved communication practices by information service staff at Muhammadiyah Hospital Palembang. The program was conducted as part of the university's community engagement mission to support healthcare institutions in strengthening service quality. The method involved participatory training, simulation, and mentoring sessions focusing on communication ethics, active listening, and systematic complaint management. The evaluation results showed an improvement in staff communication competencies and increased patient satisfaction following the program. This activity highlights the strategic role of community service programs in addressing service gaps within healthcare institutions.

Kata Kunci

Komunikasi;
Keluhan Pasien;
Manajemen;
Layanan
Kesehatan.

Abstrak

Artikel ini memaparkan hasil program pengabdian kepada masyarakat yang bertujuan untuk meningkatkan layanan pengelolaan pengaduan pasien melalui peningkatan praktik komunikasi oleh staf layanan informasi di Rumah Sakit Muhammadiyah Palembang. Program ini dilaksanakan sebagai bagian dari misi pengabdian kepada masyarakat universitas untuk mendukung institusi kesehatan dalam memperkuat kualitas layanan. Metode yang digunakan meliputi pelatihan partisipatif, simulasi, dan sesi pendampingan dengan fokus pada etika komunikasi, mendengarkan secara aktif, dan pengelolaan pengaduan secara sistematis. Hasil evaluasi menunjukkan adanya peningkatan kompetensi komunikasi staf dan peningkatan kepuasan pasien setelah mengikuti program. Kegiatan ini menyoroti peran strategis program pengabdian kepada masyarakat dalam mengatasi kesenjangan layanan di institusi kesehatan.

Introduction

Healthcare services are critical pillars in the development of a healthy and productive society. In hospitals, the quality of healthcare is not only determined by the sophistication of facilities but also by the effectiveness of human interactions, particularly between patients and hospital staff. Effective communication plays a vital role in fostering positive relationships, building trust, and improving patient satisfaction. This is especially crucial in managing complaints, where patients often expect empathy, clarity, and prompt resolution.

Patient complaints are an inevitable part of hospital operations. These complaints may arise from various issues, such as unclear information, long waiting times, and perceived unresponsiveness of medical personnel. Oktavia (2021) highlights that unresolved complaints can lead to a loss of patient trust and negatively impact the hospital's reputation. Conversely, well-managed complaints provide an opportunity for hospitals to demonstrate their commitment to quality healthcare services.

Muhammadiyah Hospital Palembang, a prominent healthcare provider in Palembang, has established itself as a trusted institution with adequate facilities and competent medical staff. However, it continues to face challenges in handling outpatient complaints effectively. Preliminary observations suggest that communication issues are often at the root of these complaints. As the primary point of contact for patients, information service staff are critical in managing complaints through effective communication practices.

Previous studies support the importance of empathetic and responsive communication in healthcare settings. Augustine (2023) found that patients expressed higher satisfaction when information service staff demonstrated empathy and provided clear, quick solutions. Similarly, Mongi (2020) emphasized that most patient complaints stem from poor communication, such as incomplete information or unprofessional staff behavior.

In light of these findings, this study aims to analyze the role of information service staff in managing patient complaints at Muhammadiyah Hospital Palembang. Specifically, it seeks to identify key communication practices that enhance complaint management and to examine the factors influencing the effectiveness of these practices.

Method

This community service program was conducted using a participatory action approach to actively involve the hospital's information service staff in improving patient complaint management. The stages of the activity were carried out as follows:

1. Pre-Activity Assessment. The program began with observations and direct interviews with hospital staff and patients to identify problems in the current complaint handling process. This stage aimed to map out communication obstacles, service responsiveness, and staff competencies in managing patient complaints.
2. Training and Mentoring Implementation. Based on the assessment findings, a series of participatory training sessions and mentoring activities were conducted. The materials provided covered topics on excellent service principles in healthcare

settings, empathetic communication skills, active listening techniques, and a step-by-step guide for effective complaint management. The mentoring process included case simulations and role-play exercises to allow staff to practice real-life scenarios.

3. Post-Activity Evaluation. To measure the effectiveness of the community service program, an evaluation was carried out through patient satisfaction surveys and structured interviews with the information service staff after the activity. Improvements in staff performance and patient responses were analyzed to assess the impact of the program.

This method was chosen to ensure that the knowledge and skills gained could be directly applied in daily service operations, with ongoing mentoring support for sustainability. As for this study employed a qualitative descriptive approach to analyze the role of information service staff in managing patient complaints at Muhammadiyah Hospital Palembang. The methods were designed to capture detailed insights through direct engagement with participants, including staff and patients. Below are the stages and components of the research methodology:

1. Research Design. The study utilized qualitative methods to explore the phenomenon in its natural setting, emphasizing the meanings, perspectives, and interactions of the participants. Data collection was conducted through triangulation of three techniques: interviews, observations, and document analysis.
2. Research Location and Participants. The research was conducted at Muhammadiyah Hospital Palembang, located on Jln. Jend Ahmad Yani 13 Ulu, Palembang. Participants consisted of three information service staff: Representing various roles in managing patient complaints, including the Head of Public Relations and Patient Satisfaction Unit (Ema Ovida) and two frontline staff (Zanaria and Zainudin). And Three patients: Outpatients who had previously lodged complaints. The selection of participants was purposive, targeting those directly involved in the complaint management process to ensure data relevance.
3. Data Collection Methods. Three primary methods were employed to gather comprehensive data:
 - a. Interviews: Semi-structured interviews were conducted to capture in-depth information. Questions focused on how complaints were managed, challenges faced, and strategies for effective communication. Interviews were conducted face-to-face with both staff and patients.
 - b. Observations: Direct observations were made during interactions between staff and patients at the information service desk. This helped document real-time communication dynamics and staff responses to complaints.
 - c. Document Analysis: Internal hospital documents, including complaint records, standard operating procedures (SOPs), and training materials, were reviewed to understand existing practices and frameworks.

4. Implementation Steps. The research was conducted in three main stages:
 - a. Preparation Stage
 - 1) Identified key issues from preliminary observations and previous studies.
 - 2) Developed interview guides and observation checklists based on research objectives.
 - 3) Established agreements with the hospital management to access participants and data.
 - b. Activity Stage
 - 1) Interviews: Conducted 6 in-depth interviews (3 staff and 3 patients) to gain perspectives on the complaint handling process.
 - 2) Observations: Observed patient-staff interactions at the information desk during peak and off-peak hours to understand communication challenges.
 - 3) Document Review: Analyzed hospital policies and records related to complaint management.
 - c. Monitoring and Evaluation Stage. Evaluation was conducted during and after the data collection process.
 - 1) During activities: Observed the alignment of staff responses with hospital SOPs.
 - 2) After activities: Compared findings from interviews and observations to identify patterns and discrepancies.
5. Data Analysis. The data analysis followed Miles and Huberman's framework, which includes:
 - a. Data Reduction: Selecting and summarizing relevant data from interviews, observations, and documents.
 - b. Data Display: Organizing data into tables and narratives for easier interpretation.
 - c. Conclusion Drawing and Verification: Synthesizing findings to answer the research questions, supported by participant quotes and documented evidence.
6. Ethical Considerations. Participants provided informed consent, ensuring voluntary participation and confidentiality. Data access and publication rights were discussed with hospital management to ensure alignment with institutional policies.

Results and Discussion

The results of this study provide a comprehensive overview of the role of communication by information service staff in managing patient complaints at Muhammadiyah Hospital Palembang. The findings are categorized into four sections: preparation, implementation, evaluation, and challenges.

Preparation Stage

The preparation stage focused on identifying core issues faced by patients and designing strategies to address them effectively through improved communication. This

phase involved data collection, analysis, and strategy development to ensure the readiness of information service staff in managing patient complaints.

1. Identifying common complaints. Preliminary observations and document analysis revealed several recurring complaints among patients at Muhammadiyah Hospital Palembang, including:
 - a. Unclear Information: Many patients reported receiving incomplete or inconsistent information regarding their treatment schedules, the availability of medications, and administrative procedures. For example, some patients were unaware of changes in doctor schedules, leading to frustration and missed appointments.
 - b. Prolonged Waiting Times: Delays in receiving medical services, particularly in outpatient departments, were among the most frequent complaints. Patients expressed dissatisfaction with the lack of communication regarding the reasons for these delays.
 - c. Unresponsive Staff Behavior: Some patients perceived staff as indifferent or dismissive when addressing their concerns, further escalating their dissatisfaction.

These findings emphasized the need for targeted interventions to enhance the communication skills of staff and address these issues systematically.

2. Understanding staff challenge. Interviews with information service staff highlighted several challenges they faced in managing complaints:
 - a. Lack of standardized communication protocols for handling different types of complaints.
 - b. Limited training on emotional intelligence and conflict resolution.
 - c. Insufficient coordination with other hospital departments, such as pharmacy and medical units, which often resulted in delays in resolving complaints.Recognizing these challenges provided insights into the areas where staff required additional support and training.

3. Strategy development. To address the identified issues, the hospital developed the following strategies:
 - a. Training Programs: Comprehensive training sessions were designed to enhance staff skills in active listening, empathetic communication, and problem-solving.
 - b. Standard Operating Procedures (SOPs): Revised SOPs were introduced to provide clear guidelines for handling complaints, ensuring consistency and professionalism.
 - c. Coordination Mechanisms: Inter-departmental communication protocols were established to streamline the flow of information and expedite complaint resolution.

4. Material preparation. The preparation phase also involved creating supporting materials to guide staff in managing complaints, including:
 - a. Complaint Management Manual: A reference document outlining step-by-step procedures for handling common complaints.
 - b. Communication Tools: Scripts and templates to assist staff in addressing patient concerns effectively, such as pre-formulated responses for common inquiries.
 - c. Feedback Mechanisms: Implementation of feedback forms and surveys to gather patient input and assess the effectiveness of complaint resolution efforts.
5. Aligning with hospital goals. The preparation stage was aligned with the hospital's mission to provide professional, modern, and Islamic healthcare services. By prioritizing empathetic and transparent communication, the hospital aimed to uphold its values of service excellence and patient-centered care.

Implementation Stage

The implementation stage involved executing the strategies developed during preparation to address patient complaints effectively. This stage was characterized by real-time interactions between information service staff and patients, showcasing how communication practices were applied in practical scenarios.

1. Active listening in practice. Active listening was the foundation of complaint management during this stage. Information service staff were trained to:
 - a. Allow Patients to Express Themselves: Patients were encouraged to fully articulate their concerns without interruption. This approach helped patients feel heard and valued.
 - b. Use Non-Verbal Cues: Staff maintained eye contact, nodded affirmatively, and used a calm tone to show attentiveness.
 - c. Paraphrase and Clarify: Staff often repeated key points raised by patients to confirm understanding and demonstrate empathy.

For example, in the case of a patient named Febriansyah, who was upset about a two-day delay in seeing a specialist, staff employed active listening techniques to de-escalate his frustration. The patient later expressed that being heard significantly improved his perception of the hospital.

2. Transparent communication. Transparency was another key component implemented during this stage. Staff were instructed to provide clear and accurate information about:
 - a. Service Availability: Patients were informed of any delays, such as changes in doctor schedules or medication stock shortages, along with explanations for these disruptions.
 - b. Complaint Resolution Timelines: Staff communicated realistic timelines for resolving issues, helping to manage patient expectations.

In one instance, a patient named Zohir expressed frustration over a four-month delay in medication availability. Staff transparently explained the reasons behind the delay, including challenges in the procurement process, and provided updates on when the medication would be restocked. This openness helped maintain the patient's trust despite the inconvenience.

3. Empathy and emotional support. Handling emotionally distressed patients required staff to demonstrate empathy and patience. Empathy was expressed through:
 - a. Acknowledging Emotions: Staff acknowledged the patient's feelings by using phrases such as "I understand how frustrating this must be for you."
 - b. Offering Reassurance: Staff assured patients that their concerns were important and would be addressed promptly.

For example, Purwitasari, whose child had not received a diagnosis update, initially felt neglected. The staff facilitated direct communication between her and the treating doctor, ensuring she felt supported and informed. This approach restored her confidence in the hospital's services.

4. Proactive problem solving. Proactivity in complaint management was evident as staff sought solutions even beyond their immediate responsibilities. Actions included:
 - a. Coordinating with Other Departments: For issues such as delays in doctor visits or medication availability, staff directly contacted relevant departments to expedite resolutions.
 - b. Following Up with Patients: After addressing complaints, staff followed up to ensure that patients were satisfied with the solutions provided.

In one case, when a patient reported dissatisfaction with a delayed appointment, staff contacted the specialist directly and rescheduled the visit within the same week. This initiative was appreciated by the patient, who felt reassured by the quick action.

5. Use of feedback mechanisms. During this stage, feedback forms and surveys were utilized to evaluate patient satisfaction. Patients were asked to rate the clarity of information provided, the responsiveness of staff, and the overall resolution process. Feedback collected during this stage informed adjustments to communication strategies and highlighted areas needing improvement.
6. Examples of success stories. Several success stories emerged from this stage, showcasing the effectiveness of the implemented communication strategies:
 - a. Case 1: A patient who was initially angry due to a lack of information about their appointment left satisfied after receiving clear explanations and a new appointment date.
 - b. Case 2: A parent concerned about their child's delayed diagnosis expressed gratitude after the staff facilitated a meeting with the treating physician.

- c. Case 3: A patient frustrated by a delayed medication supply appreciated the staff's transparency and regular updates, which helped manage expectations.

Evaluation Stage

The evaluation stage assessed the effectiveness of communication strategies implemented by information service staff in managing patient complaints. This phase involved continuous monitoring during activities and post-activity assessments to identify successes, challenges, and areas for improvement.

1. Evaluation during activities. Monitoring during the implementation phase focused on real-time interactions between staff and patients. Key findings included:
 - a. Empathy and Responsiveness: Staff demonstrated a high degree of empathy in addressing patient concerns, which was observed through their active listening and reassurance techniques. Patients who were initially distressed felt calmer after speaking with staff, indicating the success of these communication strategies.
 - b. Clarity of Information: Staff consistently provided clear and concise explanations about service delays, doctor schedules, and medication availability. Observations revealed that patients were more understanding when they received accurate and transparent information.
 - c. Timeliness of Responses: Most complaints were addressed promptly, reflecting the staff's commitment to quick problem resolution. For example, in cases of appointment delays, staff ensured that patients were informed of new schedules within the same day.
2. Post-activity evaluation. After completing the implementation stage, a comprehensive evaluation was conducted to analyze the outcomes of the complaint management strategies. Data was collected through feedback surveys, interviews with patients and staff, and analysis of complaint resolution records.
 - a. Patient satisfaction levels
 - 1) Approximately 85% of patients reported being satisfied with how their complaints were handled. They highlighted the professionalism, empathy, and transparency of the staff as key factors contributing to their satisfaction.
 - 2) Patients appreciated follow-up actions taken by staff, such as providing updates on complaint resolutions and ensuring their concerns were addressed effectively.
 - b. Staff performance
 - 1) Staff demonstrated improved confidence in handling complaints, particularly in challenging situations involving emotionally distressed patients. They credited the training sessions and revised standard operating procedures (SOPs) for their enhanced skills.

- 2) However, some staff noted difficulties in coordinating with other departments, which occasionally delayed the resolution of complaints.
- c. Hospital reputation. Positive feedback from patients contributed to an improved perception of the hospital's services. Patients expressed greater trust in the institution due to the staff's proactive and empathetic approach to complaint management.
3. Key metrics of evaluation. The following metrics were used to quantify the effectiveness of the implemented strategies:
 - a. Complaint Resolution Rate: The hospital resolved 90% of complaints within the targeted timeframe, showcasing significant improvement compared to previous records.
 - b. Communication Effectiveness: Feedback surveys revealed that 88% of patients found the information provided by staff to be clear and helpful.
 - c. Patient-Staff Interaction Quality: Observational data indicated that 80% of patient interactions were rated as "positive," based on staff demeanor, tone of communication, and responsiveness.
4. Challenges identified. Despite the positive outcomes, several challenges persisted during the evaluation stage:
 - a. Coordination Barriers: Lack of seamless integration between departments, such as pharmacy and outpatient services, sometimes hindered efficient complaint resolution.
 - b. Technology Gaps: The absence of a centralized complaint management system made it challenging to track and resolve complaints efficiently. Manual processes occasionally led to delays in addressing patient concerns.
 - c. Emotional Fatigue of Staff: Managing high volumes of complaints, particularly from distressed patients, contributed to emotional fatigue among staff, highlighting the need for ongoing support and mental health resources.
5. Recommendations for improvement
 - a. Enhanced Coordination: Introduce integrated systems and regular inter-departmental meetings to improve communication and expedite complaint resolution.
 - b. Technological Upgrades: Implement a digital complaint management system to streamline tracking, escalation, and resolution processes.
 - c. Staff Support Programs: Provide regular emotional intelligence training and establish mental health support services for staff to reduce burnout and maintain performance quality.

6. Lessons learned. The evaluation highlighted the critical role of communication in managing patient complaints effectively. It underscored the importance of combining empathy, transparency, and proactivity to improve patient experiences. Additionally, the findings demonstrated that continuous feedback and iterative improvements are essential for achieving long-term success in healthcare communication strategies.

Challenges and Proposed Solutions

Despite notable successes, several challenges were identified:

1. Inadequate Coordination: Inter-departmental communication gaps often delayed complaint resolution. For instance, delays in updating information about medication availability were attributed to a lack of integration between the pharmacy and information desk. Proposed Solution: Implement an integrated complaint management system to improve information flow.
2. Emotional Interactions with Patients: Handling emotionally distressed patients required significant patience and communication skills. Proposed Solution: Provide regular training on emotional intelligence and stress management for staff.
3. Limited Technological Support: The absence of a centralized complaint tracking system hindered efficiency. Proposed Solution: Invest in technology to automate complaint logging, tracking, and reporting.

Conclusion

This study highlights the critical role of effective communication by information service staff in managing patient complaints at Muhammadiyah Hospital Palembang. The findings emphasize that empathetic communication, active listening, transparency, and proactive problem-solving are pivotal in fostering patient trust and satisfaction, even in challenging circumstances.

Through the implementation of these communication strategies, the hospital achieved several key outcomes:

1. Improved Patient Satisfaction: Patients expressed higher levels of satisfaction with the complaint resolution process. Approximately 85% of patients reported feeling heard and valued after their concerns were addressed empathetically and transparently.
2. Enhanced Staff Competency: Training and revised SOPs significantly improved staff confidence and ability to handle complaints, particularly those involving emotionally distressed patients.
3. Strengthened Hospital Reputation: Proactive complaint management enhanced the hospital's reputation as a patient-centered healthcare provider, building greater trust among its community.

Despite these achievements, challenges such as inter-departmental coordination gaps, limited technological support, and emotional fatigue among staff were identified. These challenges highlight areas for further improvement to ensure sustainable progress.

To address these issues, the following recommendations are proposed:

1. **Implement Integrated Systems:** Introducing a centralized complaint management system will streamline processes, improve coordination among departments, and expedite complaint resolution.
2. **Provide Continuous Training:** Regular workshops and training sessions on emotional intelligence, stress management, and advanced communication skills are essential for maintaining staff effectiveness.
3. **Enhance Staff Well-Being:** Establishing mental health support programs and reducing workload through optimized processes can help prevent emotional fatigue and improve overall staff performance.

This study underscores the importance of communication as a fundamental tool for improving healthcare service quality. By prioritizing patient-centered communication and addressing systemic challenges, Muhammadiyah Hospital Palembang can continue to enhance its services and establish itself as a model for effective complaint management in the healthcare sector.

Future research can build on these findings by exploring the long-term impact of technological interventions and inter-departmental collaboration on complaint management. Additionally, further studies may investigate patient perceptions across different demographic groups to develop tailored communication strategies that address diverse needs.

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