

Grievance Redressal Mechanism in Health Care Facility

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Abstract

The tangible topic of patient grievance handling system is significant for sustaining a dynamic healthcare facility. In order to cultivate an environment where clientele satisfaction remains high and health system's performance improves, a robust grievance redressal mechanism is of utmost importance which is accessible, impartial and independent in function. The grievance redressal process must be fully incorporated into the broader healthcare regulatory framework and provide input regarding the efficacy and efficiency of the healthcare system. The patients must be offered a chance to voice their experiences and provide feedback and the health system should be able to adequately analyze, appropriately react to and implement patient feedback. Dissatisfaction with human interaction accounts for most complaints. It is crucial to involve the patients in the complaints handling process and be intimated of the actions taken.

Keywords: health care facility; grievance handling system; patients

Introduction

Systems for resolving grievances are essential to guaranteeing the protection of patients' rights when they seek medical attention. Patient complaint data is a commonly used indicator of patient satisfaction and influences the effectiveness of the health system as a whole [1]. An efficient method for managing patient complaints is an essential part of a successful healthcare facility. However, the consumerist approach to protect patients' rights has become increasingly popular. Efforts must be made in the direction to establish patient grievance redressal systems as accessible, impartial and independent in their function. These must possess the required competence, have adequate authority and seek continuous quality improvement. These mechanisms must offer feedback to the healthcare system and be comprehensively integrated within the larger healthcare regulatory architecture.

Elements of Efficient Grievance Redressal System

An efficient approach for handling patient complaints revolves around two issues. Firstly, the patients must be offered a chance to voice their experiences and provide feedback. People may become irate and stop using health services if their complaints are not addressed, or worse, they may turn to violence, which is becoming more common in some countries such as China or India [2]. Secondly, the health system must have the ability to adequately analyze, appropriately react to and implement patient feedback. There is a need for patient complaints to be seamlessly integrated into the current healthcare system which guarantees that patient

feedback has been taken into consideration and will be addressed.

Nature and Frequency of Complaints

The nature of complaints has been the subject of numerous researches in the literature. Of all complaints, 33% are about safety and care quality, 35% are about management (including admission, discharge, billing, finances, and referrals), and 35% are about staff-patient interactions (behavior, conduct, communication) for 32% as per a study by Reader et al [3]. Beupert et al in his study revealed that in most parts of the world, complaint rates are low when compared to preventable adverse events; that People are more likely to file informal complaints than formal ones, and some groups utilize the various complaint procedures more frequently than others [4-6]. While 25% of respondents had a reason to complain, only 9.5% of them really did, and the majority of these complaints were informal, according to a telephone survey conducted in Israel by Gal et al. [7].

Suggestions to Improve Grievance Redressal Making the Grievance Redressal Mechanism Robust

Initiatives such as appointing dedicated complaint officers or confidential counselors and introduction of citizen monitors make the complaint procedure convenient for patient utility [8]. These interventions have been shown to be successful in educating patients about their rights and giving them the confidence to use their rights to demand accountability [9]. Some patients of certain age, gender and ethnicity tend to complain less than other groups and some have more opportunity,

tendency, time, energy and resources to exercise their right to complain [10]. Taylor et al in their study showed that when people are unwell, their capacity to complain goes down and family members and attendants take charge about putting across complaints on their behalf [11]. Dasgupta et al in his study showed that In India, women are now more aware of their rights and more confident in asserting them thanks to increased awareness and a toll-free hotline where they may report requests for informal payments from service providers [12]. Samuel et al studied and inferred that in Peru, citizen monitoring by indigenous women has shown to improve identification, documenting, and action on everyday injustices thus leading to important changes at the health facility level [13].

Providing Access

As shown in Sweden and Finland, raising patient understanding of their rights and the available complaint channels can help them be more able to file a complaint. [14]. In order to enhance citizens' ability to complain, a balanced approach needs to be utilized to increase awareness about, the options available, the accessibility to different available options, the outcomes they provide, the fairness of the process and the commitment to justice [15].

Modalities

Health care facilities might offer chances and locations for patient complaints in an effort to increase the means of getting input from patients regarding their experiences. [16]. In Bangladesh, for instance, a broader government-level grievance redressal system is used to augment a health sector-specific patient feedback SMS-texting system and the health ministry's call center. These systems can coexist and function in tandem within a single context. [17]. A number of hospitals in India maintain suggestion and complaint books in each ward and patients are encouraged to write their feedback about their experience and any suggestions they would like to offer for improvement of service. Few Indian hospitals have pasted QR codes in waiting areas of outpatient departments which can be used by patients and their attendants to air their grievances and submit their suggestions which ultimately can be compiled up and analysed by the administrative authorities of the health care facility. Appropriate action can be taken upon the points and a return e-mail sent to the complainant thanking him/her for the suggestion and intimating about what has been done by the administrative authorities about his/her complaint/suggestion.

Participative Style of Complaint Handling

More than two-thirds of all complaints are related to dissatisfaction with interpersonal interactions. [2]. Patients are more inclined to express their grievances if they are assured that their opinions will serve justice and a conspicuous improvement in the quality of care will be seen as a result. [18]. Therefore, it becomes especially crucial to involve the patients in the complaints handling process itself and be intimated of the actions taken. The involvement, cooperation, and initiative of physicians, nurses, and other staff members should be incorporated into measures that involve learning from complaints for quality improvement [19]. Since addressing the process by itself won't lessen dissatisfaction, more focus should be made on the caliber of human interactions for complaints to be resolved successfully [20].

Acknowledge Each Complaint

An essential attribute of effective complaint management systems turns out to be adequate response to each complaint. [21]. Evidence from the Netherlands reveals that for complainants, an assurance that their complaint will lead to improvements and change is as significant as personal redressal [22]. Studies in the UK showed that over half of complaints can be effectively and quickly settled with an apology or an explanation or by a single telephone call or letter-based response [23].

Conclusion

This review article suggests that an effective complaint redressal system will lead to a significant improvement in healthcare service delivery quality, enhanced patient satisfaction, improved patient-doctor experiences and a reduction in complaints. Effective steps must be taken to address all components of a grievance redressal mechanism, that is, collection of complaints, analysis on obtained information and directed action on the same. A paradigm shift must be observed in the approach of the old grievance redressal system to encourage and insist patients to offer their feedback. This will serve as a gauge to measure the facility's efficiency and effectiveness on its working. The facility must then play the role of facilitator and regulator that must provide the patient constant information on what actions have been taken to address the issue. In this manner, a conducive environment for improvement in the quality of service and beneficiaries' trust in the organization is seen.

References

1. Piette J.D., Marinec N, Janda K, Morgan E, Schantz K, et al. (2016). Structured caregiver feedback enhances engagement and impact of mobile health support: a randomized trial in a lower-middle-income country. *Telemedic and e-Heal*, 22(4):261-268.

2. Bawaskar, H. S. (2014). Violence against doctors in India. *The Lancet*, 384(9947):955-956.
3. Reader, T. W., Gillespie, A., Roberts, J. (2014). Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Quality & Safety*, 23(8):678-689.
4. Hsieh S.Y. (2011). Healthcare complaints handling systems: a comparison between Britain, Australia and Taiwan. *Health Services Management Research*, 24(2):91-95.
5. Hsieh, S. Y. (2011). A system for using patient complaints as a trigger to improve quality. *Quality Management in Healthcare*, 20(4):343-355.
6. Beaupert, F., Carney, T., Chiarella, M., Satchell, C., Walton, M., et al. (2014). Regulating healthcare complaints: a literature review. *International Journal of Health care Quality Assurance*, 27(6):505-518.
7. Gal, I., Doron, I. (2007). Informal complaints on health services: hidden patterns, hidden potentials. *International Journal for Quality in Health Care*, 19(3):158-163.
8. Walker, A. E., Grimshaw, J., Johnston, M., Pitts, N., Steen, N., et al. (2003). PRIME-PRocess modelling in ImpleMEntation research: selecting a theoretical basis for interventions to change clinical practice. *BMC Health Services Research*, 3(1):22.
9. Michie, S., Van Stralen, M. M., West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation Science*, 6(1):42.
10. Jones E, Gaventa J. (2002). Concepts of citizenship: a review. IDS development bibliography 19. Brighton (England): Institute of Development Studies.
11. Taylor, D. M., Wolfe, R., Cameron, P. A. (2002). Complaints from emergency department patients largely result from treatment and communication problems. *Emergency Medicine*, 14(1):43-49.
12. Dasgupta, J., Sandhya, Y. K., Lobis, S., Verma, P., Schaaf, M. (2015). Using technology to claim rights to free maternal health care: lessons about impact from my health, my voice pilot project in India. *Health & Hum. Rts. J.*, 17:135.
13. Samuel, J., Frisancho, A. (2015). Rights-based citizen monitoring in Peru: evidence of impact from the field. *Health & Hum. Rts. J.*, 17:123.
14. Välimäki, M., Kuosmanen, L., Kärkkäinen, J., Kjervik, D. K. (2009). Patients' rights to complain in Finnish psychiatric care: An overview. *International Journal of Law and Psychiatry*, 32(3):184-188.
15. Gauri, V. (2013). Redressing grievances and complaints regarding basic service delivery. *World Development*, 41:109-119.
16. Levin, C. M., Hopkins, J. (2014). Creating a patient complaint capture and resolution process to incorporate best practices for patient-centered representation. *The Joint Commission Journal on Quality and Patient Safety*, 40(11):484-AP12.
17. UNDP. (2016). Grievance Redress System in Bangladesh Situation Analysis Report. Dhaka: United Nations Development Programme.
18. Adams, S. A., van de Bovenkamp, H., Robben, P. (2015). Including citizens in institutional reviews: expectations and experiences from the Dutch Healthcare Inspectorate. *Health Expectations*, 18(5):1463-1473.
19. Javetz, R., Stern, Z. (1996). Patients' complaints as a management tool for continuous quality improvement. *Journal of Management in Medicine*, 10(3):39-48.
20. Healthcare Quality, Complaints and Disputes Act (WKKGZ). *Official Gazette of the Kingdom of the Netherlands*. (2016).
21. Anel-Rodriguez, R. M., Cambero-Serrano, M. I., Irurzun-Zuazabal, E. (2015). Analysis of patient complaints in Primary Care: An opportunity to improve clinical safety. *Revista de Calidad Asistencial: Organo de la Sociedad Espanola de Calidad Asistencial*, 30(5):220-225.
22. Friele, R. D., Kruikemeier, S., Rademakers, J. J., Copen, R. (2013). Comparing the outcome of two different procedures to handle complaints from a patient's perspective. *Journal of Forensic and Legal Medicine*, 20(4):290-295.
23. Mann, C. D., Howes, J. A., Buchanan, A., Bowrey, D. J. (2012). One-year audit of complaints made against a University Hospital Surgical Department. *ANZ Journal of Surgery*, 82(10):671-674.

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