The Effect of Healthcare Complaint Handling and Satisfaction On Patient Loyalty At The Police Health Clinic

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ABSTRACT

Patient loyalty is a key indicator of health service quality, closely linked to the number of visits. This study analyses the impact of complaint handling on patient satisfaction and loyalty at Primary Clinic Biddokkes A Yani Polda Jatim. Using a cross-sectional design, the study involved clinic patients from the past month who met specific criteria: having made a complaint, being a patient at least twice, being over 16 years old, and being able to communicate effectively. A sample of 119 patients was selected through simple random sampling. Complaint handling, patient satisfaction, and loyalty were assessed via questionnaires and interviews, followed by Logistic Regression analysis. Results indicated that 65 patients (54.6%) rated complaint handling as good, 71 patients (59.7%) reported satisfaction, and 75 patients (63%) expressed loyalty to the clinic. The Logistic Regression test revealed a significant effect of complaint handling on patient satisfaction (p = 0.000, Nagelkerke R^2 = 29.7%, OR = 8.833) and satisfaction on patient loyalty (p = 0.000, Nagelkerke R^2 = 63.4%, OR = 57.2). Effective complaint handling addresses unmet patient expectations, fostering comfort and appreciation, which enhances satisfaction and encourages repeat visits. Therefore, the clinic should improve its complaint management and staff training to provide professional services, ultimately enhancing service quality and increasing patient visits.

Keywords: clinic, complaint, satisfaction, loyalty, management

Introduction

Excellent service is a primary requirement for healthcare providers in the era of globalisation. Clinics and hospitals are required to maintain patient satisfaction to maintain loyalty and enhance public trust (1). If service does not meet expectations, patients will file complaints, which can impact loyalty (2). Therefore, effective complaint handling is not only a means of improving service but also an opportunity to transform dissatisfied patients into loyal ones.

Previous studies, such as those by Manta & Wijoyo (2024), emphasised patient satisfaction and complaint handling in pharmaceutical services, but the results showed that the satisfaction index remained in a good category and had not yet reached excellent (3). Similarly, Larasati et al. (2023) found that service quality and complaint handling influenced BPJS patient loyalty through satisfaction, while Marcos & Coelho (2022) highlighted the importance of service quality as a determinant of loyalty(4,5). However, these studies generally only discussed general aspects of satisfaction and loyalty without considering the complexity of complaint types.

The uniqueness of this research lies in its context: the A Yani Primary Clinic, Health Services Department, East Java Regional Police, which falls under the police force. This clinic serves not only the general public but also police officers and their families, and offers specialised services such as driver's license (SIM) health checks. This distinguishes it from general clinics due to its more complex patient characteristics and institutional functions.

Furthermore, this study highlights the differences between two types of patient complaints: medicolegal (related to medical issues and potential malpractice) and nonmedicolegal (related to administration, facilities, or the attitudes of healthcare workers). The complaint handling system at this clinic also has distinct pathways between these two categories, a distinction rarely explored in previous research. These two aspects influence patient loyalty.

Preliminary data shows a sharp increase in patient complaints between October and December 2024, peaking in December (28%). Meanwhile, patient satisfaction rates reached only 65.6%, far below the minimum service standard (90%). This situation demonstrates a significant gap between patient expectations and the quality of service provided, and indicates a risk of declining patient loyalty. This fact underscores the need for further research into the factors influencing complaints and how addressing them can enhance loyalty.

This study offers uniqueness by examining complaint handling in clinics with special characteristics (under the police), distinguishing complaint categories into medicolegal and non-medicolegal, and directly linking them to patient loyalty. This study is expected to make new contributions to the development of complaint handling theory in the health sector, offering practical recommendations to enhance service quality and patient loyalty, particularly in government-based clinics. The purpose of this study is to investigate the handling of patient health service complaints, assess patient satisfaction, examine patient loyalty, and

analyse the impact of handling health service complaints on patient loyalty, as well as the relationship between satisfaction and patient loyalty in Yani Primary Clinic, East Java Regional Police Medical and Health Agency.

Methods

This research is an analytical observational study. An analytical observational study is conducted without any intervention on the research subjects (community) and is directed toward explaining a particular condition or situation. The study design employed in this research is a cross-sectional study, in which the relationship between the problem and its determinants is examined at a single point in time or during a specific period (6). This design allows for the description of the effect of healthcare complaint handling on patient loyalty at the Primary Clinic of Biddokkes A. Yani, East Java Regional Police.

DESIGN

This study employed a cross-sectional design with the study population consisting of patients who visited the clinic within the last month and met the inclusion criteria. The inclusion criteria were: having previously submitted a complaint, being a patient of the clinic at least twice, being over 16 years of age, and being able to communicate effectively. A total of 119 respondents were selected as the study sample using a simple random sampling technique.

SAMPLE

The sample in this study consisted of patients at the Pratama Clinic Biddokkes A. Yani, East Java Regional Police, who met the inclusion criteria. Sampling was carried out to ensure that the results could accurately represent the population in accordance with the research objectives. The inclusion criteria were patients who had previously reported complaints, had used the clinic's services at least twice, were willing to participate as respondents, were male or female, aged over 16 years, and were able to communicate correctly.

Meanwhile, the exclusion criteria referred to members of the population who could not be included in the sample (6). In this study, the exclusion criteria included patients who never reported complaints, patients who refused to participate, children, and patients who only visited the clinic to obtain a medical certificate, such as for a driver's license application. By applying both inclusion and exclusion criteria, the sampling process was more directed, and the validity of the research results could be better ensured.

The sample size was determined using the finite population sample formula. Based on the calculation, with a total population of 1,795 patients, a proportion of loyal patients of 0.5, a precision level of 10% (0.1), a significance level of 5%, and a Z value of 1.96, the minimum required sample was 107 patients. To anticipate incomplete data or possible refusal from respondents, the sample size was increased by 10%, bringing the total to 119 patients.

The sampling technique used in this study was simple random sampling, which is a method of selecting samples randomly, giving each member of the population an equal chance to be chosen. This technique was applied to avoid bias in the sample selection process and to ensure that the selected sample could represent the population proportionally. Therefore, the findings of this study are expected to have a high level of representativeness for the patient population of Pratama Clinic Biddokkes A. Yani, East Java Regional Police.

DATA COLLECTION

Data collection in this study was carried out in several stages. First, the researcher obtained a research permit letter from the Head of Majapahit College of Health Sciences as the basis for conducting the research. Following approval from Head of the Primary Clinic Biddokkes A. Yani, East Java Regional Police, the researcher prepared for data collection by determining the respondents. The data collection process was initiated with a preliminary interview, during which the researcher explained the objectives and purpose of the study to the respondents. If the respondents agreed to participate, they were asked to complete an informed consent form, after which the researcher provided instructions on how to complete the questionnaire. Once completed, the questionnaires were collected by the researcher for further analysis.

The data collection instrument used in this study was a structured questionnaire, systematically developed based on previous research with modifications to suit the field conditions. The questionnaire was designed to cover all research variables and utilised closed-ended questions to facilitate analysis. The data collected were primary data, obtained directly from respondents through questionnaire completion and interviews (7). To ensure data quality, the researcher checked the completeness of each questionnaire after respondents filled it out. In cases where incomplete responses were found, participants were asked to complete the missing information. This procedure was intended to minimise data errors.

The questionnaire consisted of two parts: respondent identity and statements related to the research variables, namely complaint handling and customer loyalty. A Likert scale was employed as the measurement tool. For positive statements, responses were scored from 1 = Strongly Disagree to 5 = Strongly Agree, while for negative statements, the scoring was reversed, with 5 = Strongly Disagree and 1 = Strongly Agree.

DATA ANALYSIS

The data analysis process in this study consisted of several stages. First, editing was carried out to verify the accuracy and completeness of the collected data, including checking the number of returned questionnaires, respondent identity, and clarity of responses. After editing, coding was performed to transform qualitative responses into numerical codes to facilitate tabulation and statistical analysis (6). For example, gender was coded as 1 = male and 2 = female, age categories were coded into five groups, and variables such as complaint handling, patient satisfaction, and loyalty were coded into ordinal scales.

Following coding, the data were entered into Microsoft Excel for further analysis. A scoring procedure was applied to quantify responses based on the Likert scale, and subsequently, tabulation was performed to summarise data distributions across variables. Frequency distributions and percentages were interpreted according to established criteria (Arikunto, 2019), ranging from "none" (0%) to "all" (100%) (8).

Data were analysed using both univariate and multivariate techniques. Univariate analysis was conducted to describe the characteristics of each variable through frequency distributions, percentages, and descriptive statistics such as mean, median, and standard deviation. For multivariate analysis, logistic regression was employed to examine the relationship between independent variables (complaint handling and patient satisfaction) and the dependent variable (patient loyalty). Logistic regression was chosen because it is suitable for predicting categorical outcomes and does not require classical assumption testing before hypothesis testing (9). Model feasibility and goodness-of-fit were assessed before interpretation.

All analyses were conducted in accordance with ethical considerations, including obtaining informed consent, ensuring confidentiality of respondent data, and maintaining anonymity by using coded identifiers (6).

Results and Discussion

a. Handling of Health Service Complaints at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

Table 1. Handling of Health Service Complaints at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

No	Handling of Complaints	Frequency	Percentage (%)
1	Good	65	54,6
2	Poor	54	45,4
	Total	119	100

Table 1 shows that most complaint handling at Pratama Clinic Biddokkes A. Yani, East Java Regional Police, was categorised as good, with 65 respondents (54.6%). Meanwhile, nearly 50% of respondents stated that complaint handling was poor, with 54 respondents (45.4%).

The findings show that most complaint handling at Klinik Pratama Biddokkes A Yani falls into the good category. In this study, complaint handling refers to customers' perceptions of the services received at the clinic, particularly regarding how patient complaints are addressed. This was measured using four indicators: empathy, speed of complaint handling, fairness in complaint resolution, and ease of contacting staff.

From the empathy indicator, it was found that the majority of respondents rated staff empathy in handling complaints at a moderate level, with 80 respondents (67.2%). Clinic staff with good empathy skills can regulate emotions, remain calm, and wholeheartedly listen to patient complaints while attempting to understand the patient's situation.

According to the speed indicator in complaint handling, the majority of patients reported that staff responded quickly to their complaints, with only 5% rating the handling speed as poor. Speed in handling complaints is crucial in service delivery. A lack of responsiveness can make patients feel undervalued, which in turn increases complaints and decreases patient visits. The unfriendliness and unresponsiveness of staff were identified as significant factors for the decline in outpatient visits at Dr. R. Ismoyo Hospital in Kendari in 2022 (10).

From the fairness indicator, most respondents (104 or 87.4%) rated complaint resolution as fair, while the rest rated it as poor. Fairness in this context refers to equal and objective treatment for all patients without discrimination. Research by Yaumil et al. (2024) highlights the importance of responsiveness and empathy in improving inpatient satisfaction, while reliability and assurance did not always significantly correlate with satisfaction, suggesting incomplete application of fairness. Further, Purwadhi et al. (2024) revealed that unequal distribution of healthcare workers, especially in remote areas, poses significant challenges to ensuring fairness in healthcare services. Hospitals must also maintain staff well-being to reduce burnout and turnover, which can affect service quality and fairness in handling complaints.

From the indicator of ease of contacting staff, the study found that most patients (81 or 68.1%) rated staff as relatively easy to contact when needed. Ease of communication is influenced by effective

communication, staff training, technology use, interpersonal skills, and accessibility of information. Healthcare facilities need to integrate these aspects to improve service quality and patient satisfaction.

Patient complaint handling is a crucial element in maintaining healthcare quality and patient satisfaction. Complaints often reflect dissatisfaction with either medical or non-medical services. Hospitals, therefore, must establish effective systems to address complaints. According to the Hospital Complaint Management Guidelines, hospitals should inform patients of their rights, including the right to lodge complaints without fear of negative consequences. Hospitals must also form a dedicated complaint-handling team that includes administrative officers, patient advocates, risk managers, quality managers, legal staff, and frontline nurses. Complaint submission procedures should be transparent and standardised, whether verbal or written, to ensure timely and effective responses.

Factors influencing complaint handling include clear complaint procedures (13). Complicated or non-transparent procedures hinder patients from submitting complaints. Lesmana & Maurisni (2024) emphasise that staff attitudes and competencies greatly affect patient perceptions (14). Staff impatience, lack of empathy, or poor communication can worsen dissatisfaction. Training in communication and empathy is therefore vital. The time required to resolve complaints also impacts patient perceptions of professionalism (15). Prompt and accurate responses strengthen patient trust, while delays undermine it. Management involvement in complaint handling demonstrates commitment to service quality improvement (16).

Complaints may arise from unmet promises, unclear information, or unprofessional staff behaviour. For example, discrepancies between doctors' schedules and reality, unclear information on treatment, or staff indifference can disappoint patients. Extroverted patients may voice complaints, while introverted patients may stop visiting, thereby reducing clinic visits and perceived service quality. For this reason, clinics must design and disseminate clear and accessible complaint procedures for both patients and staff.

b. Patient Satisfaction at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

Table 2. Patient Satisfaction at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

No	Patient Satisfaction	Frequency	Percentage (%)
1	Dissatisfied	48	40,3
2	Satisfied	71	59,7
	Total	119	100

Table 2 shows that most patients were satisfied with the services at Pratama Clinic Biddokkes A. Yani, East Java Regional Police, with 71 respondents (59.7%). Meanwhile, 48 respondents (40.3%) expressed dissatisfaction.

The study revealed that most patients were satisfied with the services at the clinic. Satisfaction was measured using the SERVQUAL model dimensions: responsiveness, assurance, tangibles, empathy, and reliability. The findings show that responsiveness had the highest satisfaction level, with 63 patients (52.9%) very satisfied. Assurance followed, with 61 (51.3%) very satisfied; tangibles with 59 (49.6%); empathy with 57 (47.9%); and reliability with 58 (48.7%).

Patient satisfaction in health services is a key indicator of service quality (17). Satisfaction reflects the extent to which patient expectations are met. Kotler & Keller (2016) define satisfaction as the level of a person's feelings after comparing expectations with perceived service outcomes (18).

Each SERVQUAL dimension contributes to patient experience: responsiveness (quick and attentive service), assurance (trust through competence and professionalism), tangibles (clean and well-

equipped facilities), empathy (personalised care), and reliability (consistent and dependable service). Responsiveness was found to be most valued, highlighting the importance of prompt service. Assurance builds trust in anxious patients. Tangibles shape first impressions. Empathy enhances healing and human connection. Reliability sustains long-term loyalty.

Overall, patient satisfaction at the clinic was very high, reflecting the successful implementation of patient-centered and quality-driven services. Nonetheless, improvements remain necessary in consistency, tangible comfort, and communication skills to ensure continued patient trust and emotional reassurance.

c. Patient Loyalty at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

Table 3. Patient Loyalty at Pratama Clinic Biddokkes A. Yani, East Java

No	Patient Loyalty	Frequency	Percentage (%)
1	Not loyal	44	37,0
2	Loyal	75	63,0
	Total	119	100

Table 3 indicates that most patients were loyal to the services provided at Pratama Clinic Biddokkes A. Yani, with 75 respondents (63.0%), while 44 respondents (37.0%) stated otherwise.

The study found that most patients were loyal to clinic services, as evidenced by repeat visits, recommendations, and resistance to competitors' offers. Results showed that 67 (56.3%) strongly intended to return, 69 (58%) would recommend the clinic, and 100 (84%) showed moderate resistance to competitors.

Loyal patients not only return but also recommend services and resist alternative offers. According to Olive's (1999) theory, loyalty is a strong commitment to repurchase despite situational factors or competitor marketing (19). Gremler et al. (2001) extend this to healthcare, noting loyalty is reflected in recommendations and resistance to external influence (20). Kotler & Keller (2022) argue that relationship quality and long-term value perception drive loyalty (18).

Positive service experiences, as found by Fida et al. (2022), correlate with repeat visits, while word-of-mouth recommendations (21), as noted by Reichheld & Schefter (2020), serve as powerful marketing tools (22). In this study, resistance to competitors was moderate, showing that while trust and satisfaction are high, loyalty can be strengthened by addressing factors like pricing, convenience, and service variety (23).

d. The Effect of Complaint Handling on Patient Loyalty at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

Table 4. Cross-tabulation of Complaint Handling and Patient Loyalty

Complaint Handling	Patient Loyalty		Regression Analysis	OR (95% CI)
	Not Loyal	Loyal		
Poor	39	9	$X^2 = 14{,}877$	4,554
	(32,8%)	(12,0%)	P value = 0,00	
Good	5	88	Nagelkerke $R^2 =$	2,049-10,120
	(4,2%)	(55,5%)	0,160	
Total	119	100		

Table 1.4 shows that most respondents who reported poor complaint handling were not loyal to the clinic's services (39 respondents, 32.8%). Conversely, respondents who experienced good complaint handling were predominantly loyal (88 respondents, 55.5%).

The logistic regression analysis revealed that the p-value (0.00) was smaller than α (5%), indicating that H_0 is rejected. Thus, complaint handling significantly affects patient loyalty. The Nagelkerke R^2 value indicates that the quality of complaint handling determines 16% of patient loyalty.

The Odds Ratio (OR) indicates that patients who perceived complaint handling as good were 4.554 times more likely to be loyal to the clinic compared to those who considered it poor. This confirms that better complaint handling, aligned with patient expectations, increases patient loyalty to the provided services.

Findings indicate that effective complaint handling positively influences loyalty. Patients who rated complaint handling as good were 4.554 times more likely to be satisfied and thus more likely to return (24). Similar results were found in RSUD Petala Bumi, Riau. Effective complaint handling requires clear procedures, employee involvement, and training (25). Quick, empathetic, and solution-oriented responses strengthen trust, whereas neglect or defensive attitudes erode it. Complaints, when handled well, can transform dissatisfaction into loyalty.

e. The Effect of Patient Satisfaction on Patient Loyalty at Pratama Clinic Biddokkes A. Yani, East Java Regional Police

Table 5. Cross-tabulation of Patient Satisfaction and Loyalty

Patient Satisfaction	Patient Loyalty		Regression Analysis	OR (95% CI)
	Not Loyal	Loyal		
Dissatisfied	39	9	$X^2 = 74,30$	57,200
	(32,8%)	(7,6%)	P value = 0,00	
Satisfied	5	66	Nagelkerke $R^2 =$	17,883-
	(4,2%)	(55,5%)	0,634	182,954
Total	119	100		

Table 5 shows that most respondents who were satisfied with the provided services were loyal to the clinic (66 respondents, 55.5%). In contrast, respondents who were dissatisfied mainly were not loyal (39 respondents, 32.8%).

The logistic regression analysis revealed that the p-value (0.00) was smaller than α (5%), indicating that H_0 is rejected. Thus, patient satisfaction significantly affects patient loyalty. The Nagelkerke R^2 value shows that 63.4% of patient loyalty is determined by satisfaction with the services.

The Odds Ratio (OR) suggests that satisfied patients were 57.2 times more likely to be loyal to the clinic compared to dissatisfied patients. This proves that higher levels of satisfaction lead to increased patient loyalty toward the clinic's services.

The study also revealed that satisfied patients were 57.2 times more likely to be loyal compared to unsatisfied patients. This aligns with the expectancy-disconfirmation theory, where satisfaction occurs when service meets or exceeds expectations. Prior studies Fida et al. (2022) dan Sari et al. (2025), also confirm that quality service and patient trust drive loyalty, with satisfaction as a mediating factor (21,26). When patients feel cared for in terms of medical service, staff attitude, and facility comfort, they develop emotional attachment and trust, reinforcing loyalty. This is consistent with

consumer behaviour theory, where post-purchase satisfaction influences repeat usage and long-term loyalty.

Conclusion

This study found that complaint handling at the Primary Clinic of Biddokkes A. Yani, East Java Regional Police, was generally perceived as good, particularly in aspects of empathy, timeliness, fairness, and ease of access to staff. Most patients expressed satisfaction with the services provided, reflected in the dimensions of responsiveness, assurance, tangibility, empathy, and reliability. Patient loyalty was also evident, indicated by their intention to revisit, recommend the clinic to others, and remain committed despite competing service offers. Furthermore, the findings revealed that both complaint handling and patient satisfaction significantly influenced loyalty, whereby effective handling of complaints and higher levels of satisfaction resulted in stronger patient loyalty.

Based on these findings, several recommendations are proposed. For the clinic, it is essential to establish a standardised complaint-handling system supported by clear Standard Operating Procedures (SOPs), including defined response times, escalation pathways, and structured documentation. Training programs in communication and empathy should also be provided for both medical and administrative staff, and collaboration with psychologists or professionals with strong interpersonal skills is recommended to manage sensitive complaints. For future researchers, it is advised to include mediating or moderating variables such as patient trust, communication quality, or institutional image to enrich the analysis, while also adopting a mixed-methods approach to provide more profound and more comprehensive insights into the relationship between complaint handling, satisfaction, and loyalty.

Ethical consideration
Ethics approval for this study was obtained from the Ethics Committee of Majapahit College of Health Sciences No. 37/EC-SM/202.

Authors' Contribution
Ni Made Parwati initiated the study, developed the core concept, and wrote the original manuscript. Eka Diah Kartiningrum constructed the conceptual framework and performed the data analysis, while Arief Fardiansyah managed the data collection process. The manuscript underwent critical revision and proofreading by Mochammad Ivan Abdillah Putra Ginka and Muhammad Atoillah Isfandiary, with Mochammad Ivan Abdillah Putra Ginka also responsible for the final layout. All authors have read and agreed to the published version of the manuscript.

Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this paper.

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