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Complaint Management Strategy in Dealing with Allegations of Malpractice in the Digital Age

Strategi Manajemen Pengaduan dalam Menghadapi Dugaan Malpraktik di Era Digital

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Abstract	In Indonesia, there has been a rise in the number of suspected medical malpractice cases, causing tangible harm to patients and undermining trust in the healthcare system. To address this growing concern in the digital era, this study aims to identify effective hospital strategies for handling complaints arising from alleged malpractice incidents. A systematic literature review was conducted, utilizing international and national databases to select and search for pertinent information on hospital complaint-handling processes and strategies in the digital era. The study underscores the significance of establishing a comprehensive complaint-handling system in hospitals to address increasing complaints. Key strategies identified include preparing professional resources dedicated to handling complaints, enhancing awareness regarding patient safety, and ensuring strict adherence to existing Standard Operating Procedures (SOPs). By adopting the identified strategies, hospitals can mitigate the adverse effects of medical accidents, improve patient safety, and rebuild trust between patients and medical personnel in the digital era.
Keywords	
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1.   INTRODUCTION

Around the 1950s, it was revealed that misconduct that caused physical injury slowly transitioned from a procedural error to negligence, where health workers were deemed to have failed in performing their duties. Malpractice lawsuits intensified in the late 1960s and early 1970s (Brownlie & Shaw, 2019). According to data from the Indonesian LBH Doctors Association (IDI Center), there are at least 210 cases of alleged negligence in Indonesia every year (Putra, 2020). Malpractice actions may result in claims for damages due to medical risks and malpractice actions. According to (Warnasouda et al., 2019), Medical personnel makes mistakes, such as injuries from

excessive radiation, surgical and non-surgical medical treatment complications, and misinterpretation of X-rays, heart films, and other films.

Medical malpractice claims arise when healthcare professionals do not provide proper patient care, causing injury or harm to patients. In law, alleged malpractice is often the result of patient's dissatisfaction with the health services they provide (GINTING, 2017). In general, increased awareness of patients about their health and increased health expectations are the main causes of increased patient complaints regarding malpractice. Hospitals have to pay hefty damages if medical treatment is deemed a failure. Therefore, patients choose legal paths to solve their problems. Toraldo and colleagues.

Medical accidents have resulted in real harm to patients, harm the health system and reduce trust between patients and healthcare workers (Ahn et al., 2020). Malpractice should be evaluated by peers who are skilled and understand the situation. According to (Adejumo & Adejumo, 2020), Errors in patient care can be caused by many things, including communication. Communication is a significant problem (Manias et al., 2019). This suggests that more than half of all factors contribute to mediation errors in handling patient complaints.

Medical procedures involve many activities that, if not handled professionally, can lead to responsibility for medical personnel. This liability may arise in a severe claim and, in some cases, extend beyond civil liability into criminal liability. This review focuses on liabilities that constitute negligence under both civil and criminal law (Adejumo & Adejumo, 2020). (Some complaints and complaints appear to have no basis in medical errors; this consumes considerable resources in handling this problem when complaints and legal review should not be carried out (Goldsmith et al., 2015).

In the event of a malpractice lawsuit, the hospital and all members of the medical team can be involved. If a medical worker is suspected of being negligent, the malpractice must be resolved through mediation, following Law No. 36 on Health in 2009. Mediation is a negotiation process for resolving problems in which impartial third parties, in cooperation with the disputing parties, help obtain a satisfactory agreement. Mediation does not always find a bright spot. Some parties may still object to the outcome of mediation and eventually proceed to litigation Santos (Gimbel et al., 2018).

The hospital and any member of its medical staff could be charged with a malpractice lawsuit. According to Law No. 36 on Health Year 2009, health workers suspected of negligence in their duties must be resolved immediately through mediation. Although the alleged violations were not immediately reported to the

authorities, the family did report the violations to the media. In the last ten years, the media has reported on many cases of hospital management or doctors who are prosecuted criminally and civilly by the public who feel they are victims of medical negligence or malpractice. According to (Sibarani, 2017).

They Investigated a malpractice case in a Muhammadiyah hospital in 2010. The pediatrician who treated the patient before bringing him to the hospital made a mistake. However, the patient died while receiving treatment at a Muhammadiyah hospital. This made the name of the Muhammadiyah Hospital participate in the malpractice case. Although in the end, the doctor who treated the victim compensated the family by paying half of the victim's medical expenses while in the hospital. However, a media "www.solopos.com/diduga-korban-malpraktik-kulit-seorang-bocahmelepuh" reported about the malpractice committed at the Muhammadiyah hospital. The patient's family also gave their statements in the media. The news cornered the hospital even though it didn't match what happened (Retnowati et al., 2018).

Their research (Toraldo et al., 2015) found that although "media" inform medical and scientific progress well, they are also critical when medical treatments do not have the desired impact. They also say that media reports about healthcare-related legal processes are often full of errors and lack scientific basis. The media is also a construction of solidarity with a large social movement against the hospital's reporting efforts on defamation actions from its consumers (Mauliansyah, 2016). Support for this nationally sensitive minority issue drives a collection of funds to help consumers they perceive as victims. Media users poured out their anger and disappointment on their social media platforms (Suciati, 2016). This is a problem for the hospital because this problem further worsens the hospital's image. On the other hand, resolving the problem of lawsuits is long-lasting and costs a lot. Hospitals should try to evaluate their strategy for dealing with patient complaints of alleged negligence in the digital age.

Medical malpractice is a critical issue that has undergone significant changes over the years, transitioning from a mere procedural error to negligence with far-reaching consequences for both patients and healthcare providers. This study aims to identify hospital strategies for handling patient complaints due to alleged negligence in the digital era, focusing on Indonesia's health landscape. This research stands out for its specific focus on the Indonesian healthcare context, providing insights into the strategies employed by healthcare institutions in dealing with patient complaints and handling medical malpractice cases. As patient complaints continue to be prevalent in

the digital era, this study addresses the unique challenges posed by social media and online platforms, offering innovative approaches for healthcare institutions to engage effectively with patients and the public. Additionally, the research explores the role of digital empathy in navigating the digital landscape of healthcare communication, thereby adding a fresh perspective to the understanding of medical malpractice reporting on social media. The findings of this study have the potential to contribute to improving healthcare policies and practices, benefiting both patients and healthcare providers in Indonesia.

2. METHOD

This research utilizes a systematic literature review method involving comprehensive searches in international and national databases using specific keywords. Data sources are obtained from journal searches using databases in journal search applications such as PubMed (https://www.ncbi. nlm.nih.gov/pubmed/), SAGE journals (https://journals.sagepub.com/), Willey (https://onlinelibrary.wiley.com/) and Scopus (https://www.scopus.com/.) The keywords used are adjusted to the questions and objectives of the research. The qualitative analysis focuses on themes, research questions, and objectives. Articles are organized in folders within the Mendeley application to efficiently manage the literature review process. To ensure article quality, the JBI application was employed to appraise selected studies according to the type of research. This data collection and analysis approach facilitates gathering relevant and reliable information for the research study.

2.1. Article Selection Method

Articles are sorted by keywords related to the research problem. Then analyze its completeness with the inclusion criteria specified above. They analyzed the articles obtained by examining the relevance of the literature review's topics, questions, and research objectives. The article is read and reviewed carefully, starting from the article's title, the abstract to the article's content as a whole, then included in the review.

2.2. Methods of Organizing Articles

Scanned articles are stored in folders on Zotero as a bibliography application. The folder name is determined based on the name of the search database. Next, relevant articles are selected and read thoroughly to ascertain whether their content meets the inclusion requirements and is relevant for research by using the evaluation tool to assess the quality of articles obtained using the JBI application in the appraisal section.

2.3. Article Quality Assessment Methods

Research is assessed by looking at the quality of the article based on the type of research in the article using the JBI application assessment tool in the review section.

3.   FINDINGS AND DISCUSSION

3.1.   Schematic or Diagram (PRISMA)

The presented Quality Assessment Table focuses on studies related to malpractice complaint management strategies. These studies have been assessed for their quality and reliability in effectively providing valuable insights into managing malpractice cases. The table contains a total of 23 reviewed studies. Among them, 20 studies received a "Good" assessment, indicating their credibility and robustness. Three studies, namely YIN et al., 2019; Björkstén et al., 2016; and van Erp and Loyens, 2020, received an "Enough" assessment, indicating that while they meet the minimum requirements, there may be some aspects to be aware of in interpreting their findings.
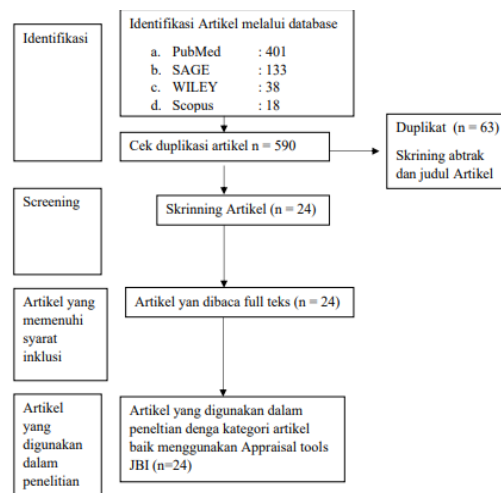

Figure 1. Prism Diagram

3.2.   Study Quality Assessment Table

Table 1. Quality Assessment Table of Studies reviewed

No	Research Years	Assessment Status
1	(Huque et al., 2021)	**Good**
2	(Liang et al., 2021)	**Good**

No	Research Years	Assessment Status
3	(Walsh et al., 2021)	**Good**
4	(Du et al., 2020)	**Good**
5	(Turk et al., 2020)	**Good**
6	(van Erp and Loyens, 2020)	**Good**
7	(Brownlie and Shaw, 2019)	**Good**
8	(Cooper et al., 2019)	**Good**
9	(Vaidotas et al., 2019)	**Good**
10	(YIN et al., 2019)	**Enough**
11	(Gimbel et al., 2018)	**Good**
12	(E.L. Gómez-Durána b;, 2018)	**Good**
13	(Hwang et al., 2018)	**Good**
14	(Björkstén et al., 2016)	**Enough**
15	(Bonetti et al., 2016)	**Good**
16	(Mello et al., 2016)	**Good**
17	(Terry and Cain, 2016)	**Good**
18	(Sage et al., 2016)	**Good**
19	(Thi Thu Ha et al., 2015)	**Good**
20	(Björkman et al., 2021)	**Good**
21	(Hanganu, et al., 2022)	**Good**
22	(Lee et al., 2020)	**Good**
22	(Moore et al., 2017	**Good**

Twenty-three studies were identified and included in this review, encompassing a range of research years. Each study's research year and assessment status are

outlined in the Quality Assessment Table (see Table 1). The assessment status was categorized into two main groups: "Good" and "Enough." Of the 23 reviewed studies, 20 received a "Good" assessment status, indicating high quality in their research design, data collection, and analysis methodologies. These "Good" studies provide invaluable insights into evidence-based malpractice management strategies in the healthcare system. Their robustness lends greater confidence to the validity of their proposed measures, making them indispensable resources for healthcare practitioners seeking to enhance patient safety and mitigate malpractice risks.

Conversely, three studies were assigned an "Enough" assessment status. Although these studies met the minimum inclusion criteria for this review, they may have certain limitations that warrant careful consideration. Nonetheless, these studies still offer valuable perspectives and contribute to the broader understanding of malpractice management in healthcare, albeit with some caveats.

Answering patient demands on social media can be done by showing digital empathy (Terry & Cain, 2016), feeling what patients experience, and providing a place to listen to their complaints directly and find the best solution for both parties. Third parties, in this case, mediators or other parties who can mediate and are considered fair to both parties, can also be present in the meeting to find solutions. This mediation is the best path that can be taken between the hospital and the patient. Many legal problems regarding malpractice claims are caused by ineffective communication and mediation efforts that do not get a solution. The hospital provides legal assistance to employees who experience this lawsuit problem by seeking lawyers to help with legal problems. In some modern countries, compensation payments are based on the UMR of the scene, the severity of the incident, and the life expectancy of the patient who experienced the incident (Huque et al., 2021), not many countries have implemented this malpractice claim payment system.

Hospital management should equip its employees to understand this malpractice. Health students and boarding students in the hospital are also equipped with an understanding of malpractice to avoid this problem and how to handle and complain about it so that it is not sustainable. In (Björkstén et al., 2016), there are reports of 585 nurses who experienced malpractice reporting due to medical errors they committed. This states that not only doctors can experience malpractice problems, but other medical personnel can also become victims or suspects of reporting malpractice due to medical errors or even side effects that patients do not understand who is reporting as malpractice.

All hospital employees must comply with SOPs (Standard Operating Procedures) to save themselves from patient complaints due to missed or unnecessary procedures. Good and clear communication about what will be given to patients, what procedures will be performed, and the prognosis of each good and bad service can be explained clearly to patients (Gómez-Durán et al., 2018). So that patients do not expect more from the treatment and care carried out. Requesting patient consent with proof of informed consent signatories and filling out complete medical records can be an important part of saving the truth document in treatment actions carried out by health workers (Liang et al., 2021). Implementing *patient safety management* anywhere and anytime must also be a habit for all hospital employees (Gimbel et al., 2018).

3.3.   Patient Complaints

Patient complaints are a means of obtaining patient feedback and are recognized as an important tool for improving the quality of care in the health sector. Patients often complain when they are not satisfied with the service they receive, and the causes of complaints are often related to professionalism, communication, medication and patient care, medical errors, negligence, lack of skills, waiting for treatment, and costs (Thi Thu Ha et al., 2015).

Patients can identify problems management is not addressing, recognize them, and offer healthcare leaders innovative ideas for improvement. Patients have the right to complain to the hospital when they are not satisfied with the care received, and the hospital must have a process in place to resolve this promptly (Huque et al., 2021).

Reporting mistakes is often thought of as a way to blame and shame one party. However, medical errors often occur due to the complex process of interaction between the circumstances in the Hospital and busy clinical settings. Reporting allegations, however, can be used to learn from mistakes, provide feedback to those involved and improve health services (Björkstén et al., 2016).

3.4.   Allegations of Malpractice

Negligence causes at least 43 million yearly injuries, threatening patient safety and healthcare quality. In addition, negligence has led to many disputes, and the increasing trend of medical disputes has become a serious problem in medical facilities' work, directly affecting society's social stability and the orderly construction of institutions (Tianlu et al., 2019).

Malpractice is a serious health system problem and is a risk factor for patient safety that harms patients and increases costs for patients and healthcare providers.

Medical malpractice occurs when a hospital, physician, or other healthcare professional commits an act or omission that causes injury to a patient. Rates of medical malpractice occur in various medical specialties. Handling this problem is important because litigation can continue for a long time and become a problem for patients and doctors (Vaidotas et al., 2019).

To make changes to reduce malpractice litigation, it is important to learn from previous malpractice claims to teach practical lessons in clinical practice. Understanding the epidemiology of primary care malpractice claims can help manage risk, improve liability risk claims, reduce liability payments, and improve the quality of care. However, some data limitations challenge this understanding. Negligence claims in the US are handled by insurance companies (Hwang et al., 2018).

3.5. *Digital Age*

An issue that goes back and forth on the social media homepage is considered true if there is a development of the issue raised, and many online media platforms report it. Even though the news is not necessarily valid and can be a hoax, the media can share news by building a reality in a society relevant to media content. So, it impacts netizens who construct reality according to media construction (Walsh et al., 2021).

The issue of poor management of hospital services raised by the media and conveyed to a wide audience has a bad effect on netizens (Van Erp & Loyens, 2020). This bad news can cause a crisis of confidence in a hospital. There needs to be good handling in facing the crisis (*Facing of crisis*) from hospital management to improve the hospital's image that is already bad due to complaints of bad news (Mello et al., 2016).

In their research raised the case of Prita Mulyasari regarding the circulation of emails 'Omni International Alam Sutera Hospital Tangerang Fraud'. The content of the email was Prita's outpouring of heart for the dissatisfaction with the service she received. As a result, the hospital filed a defamation lawsuit that ended in a criminal offense. The hospital argued in Prita's email that it was defamatory of the honor and reputation of the treating doctor and the hospital (Turk et al., 2020).

3.6. The discussion is highlighted through the title and subtitles of the section when needed
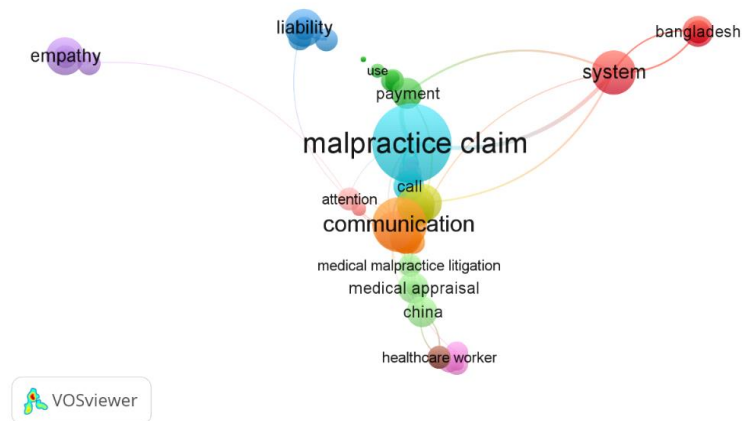

Figure 2. Mapping Keyword Malpractice Claims Using Vosviewer

Based on Vosviewer's analysis of complaints of malpractice claims in the digital era, it has an impact on several things, where communication (Mello et al., 2016) and systems (Thi Thu Ha et al., 2015) of services that are still lacking are two of the problems that are widely faced. This raises attention (Gómez-Durán et al., 2018) from the wider community to raise empathy from sharing parties after this case emerged on social media (Terry & Cain, 2016; Walsh et al., 2021) and consumed by the public. If ignored and not followed up properly, this can lead to lawsuits (Adejumo & Adejumo, 2020) against health workers and hospitals. The existence of compensation payments (Hwang et al., 2018) and legal trials for malpractice cases harm hospitals as reported institutions (Upadhyai et al., 2019). This will also have an impact on health personnel who are suspects in reporting.

3.7. Strategies in Dealing with Complaints from Patients

Patients who receive medical services have the right to complain about their dissatisfaction with their services (Huque et al., 2021). Patient reviews in online media have become a phenomenon. Most of the patient feedback is positive. However, the individual expertise of medical staff in caring for patients is often a negative evaluation (Walsh et al., 2021). Even though there are more negative issues in the management area, such as lengthy administration processes and long waiting times, this doesn't occur often (Liang et al., 2021). Individual invasion of people is a problem (Turk et al., 2020).

In some cases, patient management after surgery requires especially an explanation of the prognosis and side effects that will occur to the patient. Some patients complain of abnormal symptoms, but doctors do not perform proper examinations or take appropriate action on the patient's complaints. Communicating safety efforts is that the event may not be preventable or that no identifiable corrective action can be notified before surgery to the patient and the patient's family (Liang et al., 2021).

Given the high volume of incoming complaints, the hospital needs to produce a complaint enforcement system by improving the complaint handling process by preparing reliable resources to deal with complaints. This resource must have fast competence in answering patient complaints, being neutral, and not intimidating any party. And be a good communicator between the hospital and the patient (Thi Thu Ha et al., 2015).

Communication and building interpersonal relationships with an interpersonal approach to patients in the face of complaints can be a problem-solving. Also, attract empathy for problems and provide solutions that relieve patients (Mello et al., 2016).

### 3.8.	Strategies for Dealing with Untrue News on Social Media

The number of complaints problems that are not handled properly makes patients write their problems on social media platforms (Huque et al., 2021). People write about their problems on online platforms to get a lot of attention (Turk et al., 2020). Statistics show that 79% of the European population in 2019 had some form of social media profile. Many people use social media to share life events, connect with friends and family, and talk and express themselves online (Turk et al., 2020). The main features of Instagram are images and videos, which are a good medium for promoting healthcare, in addition to displaying the location and facilities of service providers and dental health resources, and dental health education materials for potential patients (Hwang et al., 2018). While people find many benefits of using social media, the reality is that using social media with pending cases of medical malpractice can be the opposite of beneficial. What you post online can be used by defense attorneys to refute your medical malpractice claims (Walsh et al., 2021).

This media reporting distorts social norms with negative repercussions for healthcare workers, as news stories often focus on negative incidents where sufferers are mistaken for medical malpractice. Contributes to the deterioration of the relationship between patients and health workers. This is also done to gain sympathy from social media users (Thi Thu Ha et al., 2015). Social empathy is a natural occurrence, but how empathy is expressed naturally also evolved from direct empathy

to digital empathy. Social media is considered public evidence to be used in court as evidence from the defense (Brownlie & Shaw, 2019).

The publication of medical malpractice reports increases this trend by encouraging the general public to talk about this phenomenon without understanding its complexity (Mello et al., 2016). New regulations governing the delivery of medical services have made public health more bureaucratic, with the preparation of patient consent forms. Operational patient care protocols must be carried out more thoroughly to protect medical practitioners from accusations of inadequate care. (Vaidotas et al., 2019).

A two-way street is in order, with more patients complaining and suing about alleged misconduct. The first step is strengthening the health risk monitoring (risk management) system. Another aspect that needs further attention is the role of legislation, which must guarantee the uniformity of system settings, eliminate medical errors, and ensure that these errors can be corrected, effective handling in civil law.

From digital developments, the need for scientific improvement requires a curriculum or health policy to deal with this digital empathy. It provided a solution by creating a medical error learning tool to teach medical graduates patient safety. Conducted digital media training and self-reflection discussions to increase our awareness about health service delivery and respond properly to issues in the digital world so that these problems do not exist in the future. Digital empathy training to overcome malpractice reporting on social media by openly showing empathy for problems and opening mediation channels or meetings with aggrieved parties (Terry & Cain, 2016).

3.9.   *Strategies for Dealing with Lawsuits from Patients*

Incoming cases that lead to lawsuits against health workers are: negligence on the part of health workers, and some regarding matters related to diagnosis are the most common. (1) misdiagnosis without examination, (2) misdiagnosis after examination due to misjudgment or neglect of test results or neglect of treatment along with other departmental persons, (3) failure to take appropriate measures, such as surgery, due to misdiagnosis, or (4) improper removal of body parts for treatment or surgery. In another study, 96% of doctors believed that diagnostic errors could have been prevented (Björkstén et al., 2016).

(Huque et al., 2021) discuss three steps that can be done when patients provide complaints, namely (1) collecting all incoming complaints, (2) analyzing complaints that have been collected (3) solving complaints. He also explained in his research the

first three steps of resolution, consultation between doctor and patient, where doctor and patient seek agreement to solve this problem peacefully. Second, the parties proposed conciliation in public health management; When mediation is supported by a third party to reach a balanced agreement between the two parties. Third, immediately file a civil lawsuit. In particular, the development of monitoring bodies and third-party mediation should be optimized, as well as the prevention of doctor-patient conflicts.

3.10. Pre-lawsuit mediation

In pretrial mediation conducted by Florida Supreme Court, mediation communications are confidential and may only be shared with other mediation participants or their attorneys. Mediation is a situation that benefits both parties, where the parties decide for themselves (without a judge or jury) a mutually acceptable settlement. They may leave mediation and pursue litigation if no resolution is found. Eric Galton suggests using some suggested "do's and don'ts" in mediation sessions:

1. Speak in straightforward and clear language when medical terms are used involved;
2. carry a medical resume in the form of notes or graphics;
3. Express regret when necessary;
4. Outline your views on the case;
5. State your view that the opposition is competent and that you value their participation;
6. Don't attack personally;
7. Never predict that you will win the trial;
8. do not raise a very sensitive issue in the opening of the statement. Rather, save it for caucuses; and.
9. Never discuss money until the meeting does not find a solution.

3.11. Compensation

It examined the existence of external reports to the authorities due to violations. The reason to report is a moral obligation to help others and personal benefit to benefit in compensation costs. This must be a concern for the organization, a strategy in making an "alarm" mechanism if it starts to be sniffed out by indications of problems ridden by third parties. Hospitals can provide specialized, trained lawyers to address these reporting issues.

Errors related to medical personnel's interest in medical services are errors in operating procedures. Most of them are related to the preparation/handling of drugs,

wrong patients, wrong routes of administration, and wrong procedures. In this case, the importance of medical records can be one of the strategies for saving health workers from lawsuits from patients who complain about the services they receive.

Provide two solution models in solving malpractice claims in collaboration with insurers to create a risk scale to pay claims from patients following the risk scale that occurs in the form of zero payments to relevant compensation payment forecasts.

The percentage of damages paid in medical injuries implies that a court does not judge a plaintiff simply because a tragic outcome occurred. However, the amount of compensation is based mostly on the patient's income but not related to specialization or type of medical error. Using damages for deceased plaintiffs as a basis, patients with poor outcomes are awarded, on average, about 4.5 times the compensation of other plaintiffs, and patients without permanent physical injury receive about a percentage of the damages that rehabilitation for medical injuries implies that courts do not contain the plaintiff simply because the tragic outcome occurred. However, the colossal damages were primarily based on patient income and unrelated to any specialty or type of medical malpractice. Using deceased plaintiffs' damages as a basis, patients with poor outcomes receive, on average, about 4.5 times the other plaintiffs' claims. Patients without permanent disability receive about a quarter of the interest losses incurred in claims filed. on behalf of the deceased plaintiff. The trend for compensation for serious injuries to be 2 to 2.5 times the amount for patients who died has also emerged in the US and China.

These attorneys ensure that patients are treated fairly and can facilitate the restoration of the therapeutic relationship by asking the right questions when families are overwhelmed and suggesting approaches. Ask patients to be heard. The advantages of mediation over litigation are lower costs, a more confidential process, and greater control by disputants over the process and outcome. In contrast, an open and adversarial court system lasts longer. Clients and attorneys keep track of who treated whom worse, creating an atmosphere of conflict and disapproval of any emotional solution.

To resolve allegations of medical malpractice, patients/owners choose mediation as it provides a forum to express their concerns. In short, mediation can be effective in medical malpractice cases when the patient and healthcare provider wish to maintain their relationship or miscommunication has led to disagreements.

Europe offers privacy protection for mediated communications and a mediator waiver. In addition, the Supreme Court has established mediator certification levels, mediator professional conduct standards, and mediator discipline. Procedures to

ensure the mediation process. These factors provide a strong infrastructure to facilitate mediation processes and advance claims referred to court. The law states that mediation communications are confidential and may only be shared with other participants or agents. In addition, the law stipulates that mediated communications are a privilege and, therefore, inadmissible in court.

Mediation is a process completed by an organizational decision without going through a court. This has the same effect as the final court decision by the parties. Failed conciliation is a case where the parties do not reach an agreement or do not go through conciliation.

4. CONCLUSION

In the digital era, addressing malpractice allegations requires a multi-faceted approach. Firstly, improving communication between patients and hospitals is essential. This includes preparing resources to handle complaints professionally, offering open forums for problem-solving, and training in digital empathy for responding to social media complaints. Secondly, providing negotiation training to healthcare workers can help prevent disputes and meet patient expectations. Thirdly, seeking mediation with a neutral third party can lead to fair resolutions. Fourthly, working with insurance companies to cover patient losses and preparing for legal challenges is crucial. Lastly, preventive efforts, such as increasing patient safety awareness and following proper procedures and documentation, are vital. However, despite these strategies, the research has some weaknesses and deficiencies. Firstly, the study does not deeply address the challenges of managing complaints in the digital era, such as handling online reviews and managing the speed of communication on social media platforms. Secondly, the research lacks a comprehensive analysis of the potential cultural and regional differences that might impact the effectiveness of the proposed strategies.

Moreover, there is limited information on the cost implications of implementing these measures and their feasibility in different healthcare settings. To address the weaknesses mentioned above, further research is needed. Future studies should delve into the nuances of handling online complaints and developing effective digital communication strategies. Comparative research across diverse cultural and regional contexts would also be valuable in tailoring complaint management approaches. Additionally, conducting a thorough cost-benefit analysis of implementing these strategies in various healthcare institutions would provide practical insights. Lastly, examining the long-term impacts of preventive measures and identifying other

potential strategies for enhancing patient safety would strengthen the overall complaint management framework.

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