



## Complaints management system in hospitals of selected countries and Iran

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### Abstract

**Background and objective:** Complaint Management System's performance plays a significant role in the quality of healthcare services and customer satisfaction. This research compares the complaint management systems in Hospitals of chosen countries to find deficiencies in complaint management systems in Iranian hospitals.

**Method:** As a first step, fundamental information related to the three aspects of complaint management systems (Executive Structure, Executive Mechanism, and control mechanism) were gathered from the website of organizations related to the chosen countries' healthcare system (Australia, America, England, South Africa, Turkey) and Iran. The guiding questions were answered from the three aspects of Executive Structure, Executive Mechanism, and Control Mechanism for every country. For this purpose, Persian keywords and their English Equivalents were used, such as Executive Structure, Executive Mechanism, and control mechanism.

**Results:** Compared to the chosen countries, the current state of the complaint management systems in Iranian hospitals poses challenges in enhancing the quality of services and customer satisfaction. Compared to Iran's, The Complaint Management Systems in the chosen countries have much more defined and compact rules and regulations, executive structure, investigation methods, Accountability, releasing information and statistics, System evaluations, and control.

**Conclusion:** The Complaint Management System in Iran faces many challenges in Structure, Execution, and control. Following the complaint management methods of successful countries and localizing them will lead to the enhancement of complaint management systems in Iranian hospitals and will create a proper environment for providing high-quality services and achieving high customer satisfaction.

**Keywords:** Complaints, Complaint Management, Hospitals, Patients

### Background and objective

Over the recent years, the increase of complaints from patients has created an increasing worry among politicians, scientists, and the general public<sup>1</sup>. Complaint Management is one of healthcare providers' main responsibilities. Based on patients' complaints the expectations of service providers and receivers are evaluated, the fundamental needs of service providers and receivers are identified and the main roots of complaints are discovered and eradicated<sup>2</sup>. Nowadays, management is known as the main priority of governmental and private organizations and different researches speak of its positive effects on consistent and high-quality organizational services<sup>3</sup>. The importance of management and major indicators such as effectiveness and efficiency has become very obvious in Healthcare organizations due to the special nature of their activities and the increasing medical demands caused by social, economic, and technological changes and hygienic issues<sup>4</sup>.

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According to the World Health Organization, strong and effective management is an important factor in the success of Healthcare plans but despite its importance, healthcare managers and politicians pay very little attention to it. According to the World Health Organization's 2002 report, weak management is one of the most important challenges in all levels of healthcare systems across the world<sup>5</sup>.

Due to the country's 20-year development plan, improving the quality of healthcare services and ensuring the safety of patients are fundamental priorities of Iran's healthcare system. According to national and international leaders, the importance of patients' human rights is so high that it has become one of the main responsibilities of all healthcare organizations. What is important is the method with which these rights are preserved and respected<sup>6</sup>. One of the patients' undeniable rights is having their complaints listened to and investigated. Violation of this right not only lowers the quality of services and the patients' safety but also increases dissatisfaction with the healthcare provider. Each verbal complaint is backed by 4 patients and each written complaint is backed by 100 verbal complaints. So for every written complaint, there are about 400 dissatisfied patients<sup>7</sup>.

Organizations can use complaints as valuable sources of information about their weaknesses and improve their services. But unfortunately, most customer complaints are ignored. Complaint Management not only satisfies the customers but also improves services and the organization's efficiency. Since proper response to complaints moves organizations towards their main goals,

complaints and their proper management must be seen as major factors in success<sup>8</sup>. Therefore the importance of a system which manages complaints from patients and their companions and ensures their satisfaction is obvious. This system improves the quality of services, increases financial resources by attracting new customers and old customers in their future visits, and decreases the time and energy an organization spends on complaints by solving them.

Jiang; et al, 2014, studied complaints, systematic inspections, negotiations between hospitals and complainants, intermediaries, complaint management, and prosecutions in a research called "Managing Patient Complaints in China: A qualitative study in Shanghai". Tom W. Reader; et al, 2014, studied the safety and quality of clinical services, management of healthcare Organizations, and the relationship between patients and the staff in British healthcare systems in a study called "Patient Complaints in Healthcare Systems: a systematic review and coding taxonomy". In 2011, Sophie Hsieh studied the major differences between complaint management systems of different countries and their execution mechanisms in a paper called "Healthcare Complaints Handling Systems: A Comparison between Britain, Australia, and Taiwan". England and Australia record patient complaints in their National Quality Systems. The goal is to create mechanisms to create an effective bridge between patient complaint management systems and quality management systems at a national policy level. Roland D. Friele et al, 2007, studied the discrepancies between patients' expectations and their experiences, dependent variables of patient satisfaction and their sense of justice, and independent

variables of the relationship between patients' expectations and their experiences in a study called "Complaints Handling in Hospitals: an Empirical Study".

Having a good role model for complaint management can be a great tool for improving the quality of services. The ultimate goal of complaint management is improving the service provision system and therefore solving a problem cannot be considered the endpoint. To successfully provide services, the service providers must believe themselves to be responsible for meeting the needs of customers and consider it their goal to provide the best services in the shortest time. That way, customers have their needs met and employees have fulfilling work days. Otherwise, the only results will be dissatisfaction and complaints<sup>5</sup>. Despite the importance of patient complaint management, very little attention is paid to this subject in Iran and Medical Faculties rarely speak of its rules and methods. Due to the importance of patient complaint management, the freshness of this subject in Iran, and the lack of research about it in our community, this research will focus on patient complaint management in Iran and compare it with chosen countries (Australia, Britain, United States of America, South Africa, and Turkey). The main goal of this research is to identify deficiencies in the complaint management systems of Iranian hospitals.

## Method

This research was performed as a comparative study in 1398-99. In comparative studies, multiple variables or processes are compared in order to identify their similarities and differences. This comparison provides new ideas and

ideologies. Comparative studies usually have three stages: Description, Comparison, and Conclusion<sup>9</sup>.

This research studies the complaint management systems of six countries: the United States of America, Australia, Britain, Turkey, South Africa, and Iran. These countries were chosen due to their advancement and pioneering in complaint management systems. These countries are good role models for Iranian hospitals' complaint management systems. These countries were chosen from all of the six regions of the world, specified by the world health organization. At first, fundamental information about the three aspects of complaint management systems was gathered from the websites of the specific organizations of each country and the world health organization. The guiding questions were answered from the three aspects of Executive Structure, Executive Mechanism, and Control Mechanism for every country. For this purpose, Persian keywords and their English Equivalents were used, such as Executive Structure, Executive Mechanism, and control mechanism.

Creating a conceptual framework by examining theoretical and basic concepts was the first step of the research. Analyzing all this data resulted in the identification of 3 main aspects and 10 secondary aspects such as Structures of the hospital or the Country/state, country/state guidelines, complaint identification methods, complaint classification, investigation and response time limit, feedback to the complainants, compensation, adjusting the process, referring unsolvable complaints to the proper authorities, and releasing the information. Morals have been in consideration in all the steps of this

research, for example, all the information has been processed with no partiality.

## Results

The results of the comparative study of executive structure's components such as "Structures of the hospital or the Country/state" and "rules and regulations" in the chosen countries are as follows. The

executive structures of the United States of America, Australia, Britain, and South Africa are in a good state, due to their regulations, clear guidelines, and supervisory organizations. But compared to these countries, Iran's executive structure is far behind and in a bad state (table 1).

**Table 1.** Characteristics of Complaint Management Systems in Iran and Other Countries

Country	Hospitals and Country/State	National Regulations
Australia	Hospitals have Complaint Management Systems and in addition to the healthcare supervisor and the ministry for justice representatives, patient complaints are investigated at three other levels by special investigators and the criminal board of medical professions in each state: Australian Commission on Safety and Quality in Healthcare, State, Local Government <sup>10,11</sup> .	State's complaint management policy and hospital guidelines
Britain	All hospitals have Complaint Management Systems and in case the problem is not solved, the complaint is sent to the NHS, Care Quality Commission, Critical Commission Groups, Local Medical Committee, Local Healthwatch, and the parliamentary and health services ombudsman <sup>12-16</sup> .	NHS Complaint policy (April 2009) and hospital guidelines
U.S.A	All hospitals are equipped with complaint management systems in accordance with the regulations of the Centers for Medicare & Medicaid Services, federal regulations, and qualification Standards. Patients can directly complain to the hospital or indirectly to Quality Improvement Organizations (for people covered by medicare) or to the Joint Committee which supervises the safety of American Hospitals and investigates patient Complaints.	Complaint Management regulations of Centers for Medicare & Medicaid Services, the government's Quality Improvement Organizations, and the hospital guidelines
South Africa	The Complaint Management System has three stages: in the first stage, complaints are handled inside the hospital and if that's not enough, the manager of the medical center gets involved. In the second Stage, the complaint is taken to a professional committee or board or a healthcare office. The Provincial Head of Healthcare must choose at least one person as a manager of the complaint management system who can also help with the provincial Committee. All the provincial investigations about the complaint are sent to them to be studied by the National Department of Health. In the third stage: patients can go to Democracy supporting organizations. Hospitals also have Complaint Management Systems and investigation committees <sup>17,18</sup>	The Complaint guideline was first published by the National Department of Health in April 2003 and then revised twice in August 2006 and November 2009.
Turkey	Based on ministry protocols: A) Complaints received by the hospital's legal team will be sent to the board in 1 day. B) When complaints are about staff members, information is investigated in 1 day. C) Staff must answer the board in 2 days. D) The information the board asks from the staff must be provided in 1 day. E) If impartiality is required, the head of the board gets involved in 1 day. F) Their decision is transferred to the patient. Hospitals have Complaint Management Systems and in extreme cases, the government gets involved.	Based on the 2003 health improvement program and hospital guidelines

Country	Hospitals and Country/State	National Regulations
Iran	All hospitals are more or less equipped with Complaint Management Systems and patients can complain to A) the Ministry of Healthcare/the head of investigations and complaint management of The Medical sciences university, B) High committees of the Medical System which are in charge of a large portion of medical wrongdoings, C) Governmental Punishment Organization which is in charge of dealing with medical crimes, and D) Judicial Authorities	Other than small qualifications, there are no regulations established by the Ministry of Healthcare.

Executive Structure is one of the main aspects of complaint management systems and includes; Structures of the hospital or the Country/state, country/state guidelines, complaint identification methods, complaint classification, investigation and response time limit, feedback to the complainants, compensation, adjusting the process, referring unsolvable complaints to the proper authorities, and releasing the

information. The results of the comparative study show that Australia, Britain, the U.S.A, South Africa, and Turkey have very effective executive structures, especially in regards to transparency and executing investigating and response time limits, feedback to the complainants, compensation, and adjusting the process. Compared to them, Iran is very weak in this field (Tables 2 & 3).

**Table 2.** Characteristics of Complaint Management Systems' executive mechanism in Iran and other Countries (part 1)

Country	Identifying Complaints	Classification of Complaints	The investigation and response time limit	Feedback to the complainants
Australia	Identifying Complaints can be done actively (satisfaction surveys) and inactively (Written or Verbal)	Small, average, serious, and grave	35-day time limit (5 days for average Complaints and 48 hours for serious complaints)	The first response for receiving the complaint and final response (results, decisions, ...)
Britain	Identifying Complaints can be done actively (satisfaction surveys) and inactively (Written or Verbal)	Low, average, and high importance	Complainants have 6 to 12 months to complain. All official complaints must be confirmed within 3 work days.	The first response for receiving the complaint and final response (investigation method, results, details, ...)
U.S.A	Identifying Complaints can be done actively (satisfaction surveys) and inactively (Written or Verbal)	Insignificant (impoliteness,...) And serious (bad results, violations,..)	Complainants have 60 days to complain. Complaints must be confirmed in 7 work days and responded to in 30 work days.	The first response for receiving the complaint and final response.
South Africa	Identifying Complaints can be done actively (satisfaction surveys) and inactively (Written or	Low, Average, and High Importance Events.	Complaints must be confirmed after 5 days and responded to after 25 days.	The complainant receives a written letter including the results and

Country	Identifying Complaints	Classification of Complaints	The investigation and response time limit	Feedback to the complainants
Turkey	Verbal) Identifying Complaints can be done actively (satisfaction surveys) and inactively (Written or Verbal)	High priority complaints (complaints about Events which cannot be compensated for) low priority complaints. The executive manager investigates high-priority complaints and social services investigates low-priority complaints.	Complaints must be responded to after 30 work days. If the complainant cannot be reached, the complaint is closed after 6 months. The complaint is kept in the patient communications department for 3 years and then another 3 years in records. Then they'll be destroyed. The results of the investigation are digitally recorded for 10 years.	compensation. The first response for receiving the complaint and the final response and negotiations over an agreement
Iran	Identifying Complaints can more or less be done actively (satisfaction surveys) and inactively (Written or Verbal). It does depend on the hospital though.	Immediate, urgent, and high-level non-urgent and normal non-urgent.	There are no specific time limits. In some hospitals, investigating high-urgency complaints is a priority.	Most hospitals do not give any systematic feedback to patients

**Table 3.** Characteristics of Complaint Management Systems' executive mechanism in Iran and other Countries (part 2)

Country	Compensation	Adjusting the process	Turning over to the authorities	Releasing the information
Australia	By the hospital's CEO	Part of the complaint management cycle	Turned over to the justice department's healthcare supervisor	Annual reports include the number of complaints, complaints leading to further actions, and complaints concerning children
Britain	If guilt is proven	Part of NHS' complaint management cycle	Turned over to the parliament and PHSO	Annual reports to the NHS England board include: the subjects taught, actions taken as a result of complaints, and complaints sent to the PHSO
U.S.A	If guilt is proven	Part of the complaint management cycle	Turned over to the CMS and QIO and the parliament and the federal court	Out of 50 states, only 25 states reported their hospital quality. All the information about the complainants is reported to



Country	Compensation	Adjusting the process	Turning over to the authorities	Releasing the information
				the quality improvement organizations every 3 month
South Africa	Compensation: apology, revising the released information, preventing future damages, educating the staff	Part of the complaint management protocol	the Stage 1: solving the problem in the organization itself. Stage 2: intervention of a professional committee Stage 3: going to democratic Organizations	The national ministry of health must release a yearly report about complaints
Turkey	If guilt is proven	Part of the complaint management cycle	the Turned over to the court and patient rights commission	There are no specific regulations
Iran	There are no regulations	Part of the complaint management cycle in some hospitals	the There are no guidelines. Complainants go straight to the court	Hospitals don't need to report this. The ministry does not release such information either.

The third aspect of complaint management is the Control Mechanism. The results of the comparative study show clear differences between the countries and

deficiencies in Iran's complaint management systems' control mechanism due to a lack of transparency and its weak structure (table 4).

**Table 4.** Characteristics of Complaint Management System's control mechanism in Iran and other Countries

Country	Hospitals and Country/State
Australia	<p>The system is controlled annually based on these five factors:</p> <ol style="list-style-type: none"> <li>1. Policies and methods</li> <li>2. The responsibilities of staff and their education</li> <li>3. Complaint Management survey</li> <li>4. The time needed to respond to the complaints</li> <li>5. Satisfaction of the complainants</li> </ol> <p>Every 3 months, the patient communications department evaluates these factors and reports the results:</p> <ol style="list-style-type: none"> <li>1. The complainant's satisfaction with the complaint management procedure</li> <li>2. The complainant's satisfaction with the communication procedures during the investigation</li> <li>3. The complainant's satisfaction with the results</li> </ol>
England	<p>Comparisons with the guidelines are performed by the senior manager of the patient communications department. The executive group of the patients' communication department supervises the regional and national performance through reports every 6 weeks. The NHS also controls the effectiveness of the complaint management system and how the information is used to improve services.</p>

Country	Hospitals and Country/State
U.S.A	From the inside: Comparing with the guidelines and regulations by the senior quality improvement manager of the hospital. From the outside: CMS supervises the rights of patients. Qualification program and QIO
South Africa	Evaluating 100 centers from February until October of 2010 resulted in an average score of 53 percent. In addition to the hospital, the Head of PHOH must evaluate the complaint management systems regularly.
Turkey	The patient rights supervisor is chosen by the healthcare organizations. To make sure the customer satisfaction system is compatible with the regulations and to evaluate its effectiveness, efficiency, and sustainability, a supervising plan is designed and executed. The Supervision is performed at least once a year and the results are reported and recorded.
Iran	The inside evaluation is based on the hospital's complaint management guidelines. The outside evaluation qualifies the general system every few years.

## Conclusion

The purpose of this research is to analyze the complaint management systems of successful countries and use their experiences to improve our own patients' complaint management systems. Unlike other studies which focus on the number and frequency of complaints, this study focused on the structures, execution, and control mechanisms of complaint management systems and provides us with the experiences of countries advanced in this regard.

In the last few decades, the complaint management systems of developed countries have undergone many changes. The structure of the healthcare systems which demonstrated the relationship between the major parts of the healthcare systems has changed from hierarchical to market-based and then to network-based structures. The network-based structure is democratic and resigns the decision-making power to the local organizations<sup>10</sup>. Iran's healthcare system is under the control of the ministry of hygiene, healthcare, and medical education. This ministry has 10 under-secretaries and

multiple offices for each. This ministry provides medical services at a provincial level through 62 universities/medical facilities and many hospitals. The medical universities are in charge of planning for, leading, and supervising the hospitals and the healthcare network in Iran's 31 provinces<sup>19</sup>. The organizational structure has a major effect on the organization's performance<sup>20</sup>.

At the moment, Iran's Healthcare ministry, and organizations such as medical universities are cooperating from an inner level. From an outer level, the healthcare ministry cooperates with medical insurance companies, the medical council, and the governmental punishment organization. The medical council, the governmental punishment organization, and other governmental organizations cooperate with the healthcare ministry to supervise and handle cases of medical wrongdoings. Cooperation and inner and outer communication between organizations for the execution of plans and regulations are seen in the chosen countries. Therefore developing stronger connections with



related organizations outside of the healthcare ministry is very recommended. Iran's healthcare ministry must have a compact guideline which clearly elaborates the goals and components of the medical System <sup>21</sup>. The ultimate goals of the healthcare ministry must include: improving the society's general level of health, taking responsibility for the people, and financially protecting people from the high costs of healthcare. Some of its other goals must include availability, quality, justice, efficiency, and sustainability. Some countries like England and to some extent Australia have clear and important goals for their healthcare systems <sup>22-254</sup>.

The Ministry of Healthcare must execute a medical System improvement plan along with its medical System reform plans to achieve its Ultimate goals. To achieve this, the parliament must approve regulations dealing with justice, efficiency, quality, and safety. There must also be guidelines for creating healthcare regulations, especially for complaint management. These guidelines will be the framework for establishing healthcare policies and plans which help provide efficient and effective services. There must regulations for controlling the behavior of staff since Iran's healthcare system is made of governmental, private, and charity sections and it is possible to move employees between each section.

The healthcare ministry must play a major part in the healthcare system but it should not be completely in charge. The central government should be in charge of some departments such as creating laws and policies and reporting on events. Depending on the structure of the healthcare system, other parts such as the behavior of staff and the responsibilities of Organizations can be assigned to

provincial or even private institutions. Outside Supervision and control of professionals and organizations can lead to unwanted and unprofessional results. Therefore the government (the ministry of healthcare) must assign these responsibilities to the provinces (Medical sciences universities) and non-profit organizations. It's better to assign actionable decision-making responsibilities to state authorities (Australia) or non-profit and private non-profit organizations (U.S.A).

In 2011, Sophie Hsieh studied the major differences between complaint management systems of different countries and their execution mechanisms in a paper called "Healthcare Complaints Handling Systems: A Comparison between Britain, Australia, and Taiwan". England and Australia record patient complaints in their National Quality Systems. The goal is to create mechanisms to create an effective bridge between patient complaint management systems and quality management systems at a national policy level <sup>26</sup>.

In Iran, the evaluation and qualification of hospitals is the job of the under-secretary of medical treatments of the ministry of healthcare. This program is governmental and mandatory. As of now, there have been 4 rounds of qualification. At the moment, the ministry of healthcare does not take any specific measures regarding patient satisfaction and hospitals work on that by themselves <sup>27</sup>. The success rate of Iranian hospitals' qualification system is mediocre <sup>28,29</sup>.

Iranian hospitals' qualification system helps achieve the following goals: Educating managers and employees about the execution of standards, providing the required resources for the execution of

standards, specifying enough time, and considering motivational mechanisms for achieving goals<sup>28</sup>. In the chosen countries, confirming the satisfaction of patients happens by actively identifying their complaints and it helps decrease the total number of complaints. It is recommended to use confirming patient satisfaction and analyzing the complaint management system as indicators of effectiveness and using the results in hospital qualification and yearly ranking.

Medical sciences universities must do everything they can so that their subset organizations can reach the established standards in Complaint management and patient satisfaction. Healthcare providers must report these indicators to the universities and therefore the ministry every month. The ministry and universities must give the healthcare providers proper feedback based on their performance and also release an annual report on their complaint management and patient satisfaction performance.

There are national systems, created by the healthcare ministry, which people can use to record their complaints and opinions. The healthcare system must be responsible towards people's needs. The ministry of healthcare must create national, regional, and provincial offices so people and their representatives can contribute to the healthcare system much more effectively. In Australia, this responsibility is assigned to the Central government's quality and safety committee, in England it is assigned to the care quality commission and in the United States, it is assigned to the government's quality improvement organizations.

Iran's healthcare system faces many challenges in patient complaints management. Based on our studies on

successful countries and their comparison with Iran's complaint management system, reforming the executive structure, execution and evaluation processes, system control and great efforts in obeying the regulations are necessary. Localizing the experiences of successful countries can strengthen Iran's healthcare system and complaint management system, and help achieve efficiency and effectiveness.

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### Authors' contributions

The authors are the same

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