

## Advancing communication and complaints resolution: finding an Effective Approach to mitigate healthcare-related litigations

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**Abstract:** Healthcare-related litigations seem to be increasing worldwide and are caused by complaints related to patient care, medical errors and communication breakdowns. These litigations often lead to significant financial losses and emotional distress for both patients and hospital staff. The empirical concern driving this research is the alarming rise in healthcare-related litigations, resulting in significant financial burdens, reputational damage, and compromised patient care. Effective communication and complaint resolution strategies are crucial in mitigating these litigations, yet many healthcare institutions struggle to implement and sustain such approaches. Theoretically, this research is grounded in the principles of communication theory and the social influence model of technology use, which seeks to explore how social factors influence the adoption and use of technology-enabled communication and complaints resolution systems in healthcare settings. Using a mixed-method approach, data collection process included qualitative and quantitative methods. Face-to-face interviews were conducted with patients and staff at three hospitals in the district to gather deep insights into their experiences. Additional to those interviews, self-administered questionnaires were distributed to patients and staff at the same hospitals to collect quantitative data. Document analysis of relevant policies, guidelines, and records was conducted to give a contextual perspective and validate the findings. The methods used in this study give a comprehensive understanding of various issues surrounding communication, complaint resolution, and litigation in healthcare settings. This study is significant for healthcare policymakers and practitioners regarding evidence-based approaches towards improving communication, complaint resolution, as well as patient safety and satisfaction.

**Keywords:** *Communication; complaint resolution; litigation; patient complaints; patient satisfaction.*

### Cite this Article

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## Introduction

The healthcare sector is increasingly facing litigation due to communication breakdowns, complaint mishandling, and patient dissatisfaction. Rachmad (2022) emphasises that effective communication is crucial for navigating challenges and achieving goals efficiently, particularly in healthcare settings where quality patient care is paramount. However, despite its importance, many healthcare facilities struggle to implement effective communication and complaint-resolution strategies, highlighting a critical gap in delivering quality patient care. This gap affects patient satisfaction and contributes to the rising litigation costs in the healthcare sector. This paper argues that enhancing communication and complaint resolution strategies is crucial to mitigating healthcare-related litigation. Effective communication and complaint resolution can address patient concerns, prevent misunderstandings, and reduce errors, ultimately decreasing litigation rates. By adopting a strategic approach to communication and complaints resolution, public hospitals can improve patient satisfaction, build trust, and

Reduce the likelihood of litigation, finally leading to a safer and more patient-centred healthcare environment.

The inability of healthcare facilities to implement effective communication and complaint-resolution strategies underscores a deeper challenge. The challenge lies in the fundamental understanding and practice of communication. According to Rachmad (2022) communication is a complex process which includes crafting and delivering clear, timely, and effective messages, ensuring that the recipient accurately conveys, understands, and accepts the intended meaning. This definition highlights the complexity and distinction of effective communication, which is often overlooked in practice. For instance, the Mpumalanga Department of Health's reliance on passive communication methods, such as personal sharing of information, posters, and media advertisements, may not be enough to warrant that messages are conveyed, understood, and accepted by the intended recipients.

Studies have shown that the healthcare sector is under financial strain, and failure to find practical solutions to these problems may lead to the collapse of public health. Authors such as Mavimbela and Raseala (2024) state that litigations are a major driver in public health costs and further state that there are various causes of complaints such, as service quality issues, unmet expectations, emotional experiences, lack of control or empowerment, however, communication breakdown caused by unclear information and staff that is unresponsive coupled with staff that are considered rude and unhelpful are some of the major causes of complaints and litigations. The major aim of this study is to determine whether or not effective communication has ability to reduce complaints and litigations.

Additionally, effective communication is key, and investing in communication technologies is a vital step in addressing communication problems. Rogers (1986) supports this notion, emphasising the importance of investing in communication technologies. He defines communication technologies broadly, encompassing not only hardware equipment but also organisational structures and social values that facilitate information collection, processing, and exchange among individuals.

A simple act of informing patients about the reasons for the delay and what the hospital is doing to help before they start asking or complaining about the waiting time is the difference between a satisfied and a disgruntled patient. Furthermore, with the advancement of technology and the introduction of AI, hospitals have an opportunity to explore other means of communication. The introduction of AI does not only affect communication in health but also impacts how information is conveyed. According to Bahadur et al (2024) artificial intelligence is creating a major impact on education with the introduction of tools like ChatGPT (Chat Generative Pre-Trained Transformer), ultimately changing how students learn, teachers teach, and even how students are assessed.

The rapid evolution of technology has transformed the way information is conveyed, necessitating governments to adapt and modernize their communication strategies to remain effective. In response, governments must align themselves with contemporary forms and channels of communication, this has been witnessed by the increasing number of complaints lodged on unofficial social media platforms such as Facebook. The subsequent section provides an in-depth examination of the relevant literature, a review of existing research, and an overview of the theoretical framework guiding this study.

## Literature Review

This literature review provides a comprehensive examination of the existing body of research on the impact of effective communication on complaint and litigation reduction in government settings. The review is guided by the study's primary objective: to determine whether effective communication can lead to a reduction in complaints and litigations. By synthesizing key findings from scholarly articles, books, and reports, this review aims to identify the theoretical frameworks, empirical evidence, and best practices that support or challenge the notion that effective communication is a critical factor in minimizing complaints as well as litigations thereof. The insights gleaned from this review may inform the development of a conceptual framework and provide a foundation for the empirical investigation that follows.

## Methodology

This study employed a mixed-methods approach, combining both quantitative and qualitative data collection methods. The participant pool consisted of two distinct groups: patients (Group 1) and hospital staff (Group 2), recruited from Ermelo, Embuleni, and Evander Hospitals in the Gert Sibande District. A simple random sampling technique was utilized to select 279 patients, while purposive sampling was employed to recruit 69 hospital staff members. Data collection involved distributing questionnaires to patients in hospital waiting areas and to hospital staff on the day of data collection. The questionnaire aimed to collect quantitative data, which was subsequently used for comparative analysis to elucidate respondents' perspectives on communication in complaint management and mitigation. To complement the quantitative data, semi-structured qualitative interviews were conducted with participants from both groups at the hospital. Notably, both qualitative and quantitative data were collected concurrently to facilitate methodological triangulation, thereby enhancing the validity of the findings. The research instruments employed included surveys and interviews.

## Theoretical Literature

### The Social Influence Model (SIM) of technology use

The Social Influence Model (SIM) of technology use explains how individuals' adoption and utilisation of technology are influenced by social factors. According to Dhiman (2023) this model states that people's attitudes and behaviours towards technology are shaped by their social environment, including family, friends, colleagues, and societal norms. For hospitals to determine what causes patients not to want to use technology versus those that prefer technology lies in understanding and using this model to its advantage.

The SIM suggests that social influence can be exerted through various channels, such as word-of-mouth, observation, and social norms. For instance, if an individual's colleagues are using a particular technology, they are more likely to adopt it themselves due to social pressure and perceived norms. Additionally, the SIM highlights the importance of subjective norms, which refer to an individual's perception of what others think they should do. Overall, the Social Influence Model provides valuable insights into the social factors that drive technology adoption and use and can inform strategies for promoting the acceptance and utilization of new technologies. Fig 1 below reflects the components of the social influence model.

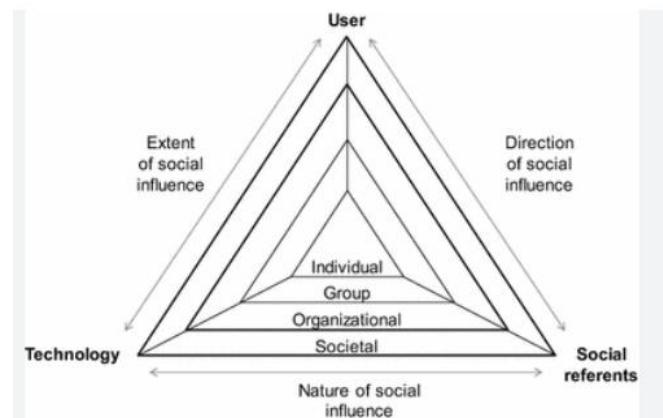


Fig1: Social influence model of technology use

## Source: Graf-Vlachy, Buhtz, & König (2018)

The above diagram illustrates the complex relationships between social influence, technology, and individual behaviour, providing a framework for understanding how these factors intersect to impact communication, complaints, and litigation. The nature of social influence is comprised of four interconnected levels: individual, group, organizational, and social, which collectively shape the user's behaviour and interactions.

Technology plays a significant role in facilitating communication, information exchange, and behaviour, while social referents, such as societal norms, values and cultural context, also influence individual behaviour. Furthermore, the diagram highlights two types of social influences: direct social influences, which include face-to-face interactions and social support, and external social influences, which encompass broader societal factors, media, and institutional policies. These social influences can either facilitate or hinder effective communication and subsequently impact the likelihood of complaints and litigation. By understanding these complex relationships, organizations can develop targeted strategies to promote effective communication, reduce complaints, and minimize litigation.

## Empirical Literature

The following sub-section reviews the empirical literature on communication in healthcare by examining existing research on the impact of effective communication on patient outcomes, complaints and litigation management.

### Effective communication in public health

Effective communication is a vital component of healthcare delivery, significantly impacting the overall patient experience. Research highlights the importance of healthcare workers possessing strong communication skills, particularly empathy, Öğüt et al (2022). This enables them to effectively discuss complex procedures, address patient concerns, and manage sensitive situations, such as complaints and patient care incidents. The ability to remain calm in challenging situations is crucial, as confrontations and disagreements can arise. In such instances, strong communication skills play a critical role in diffusing tension and resolving conflicts. By employing effective communication strategies, healthcare workers can de-escalate potentially volatile situations, ensuring a positive outcome for all parties involved.

Before discussing communication in healthcare, it is essential to first establish a foundational understanding of communication. Generally, communication refers to the process of exchanging information, ideas, or messages between individuals, groups, or organizations. This exchange can occur through various channels, including verbal and non-verbal cues, written texts, and visual aids. Building on this general definition, communication in healthcare encompasses a unique set of skills and considerations, which involves providing emotional support to patients, maintaining patient privacy, and educating new healthcare workers on care provision. Kwame and Petrucci (2021) argue that the quality of communication in healthcare profoundly impacts the quality of care patients receive. Effective communication is crucial in fostering a supportive and comfortable environment for patients. As Hannawa et al (2022) notes that when healthcare professionals, including doctors, nurses, and hospital staff, communicate effectively with each other and with patients and their families,

patients feel more at ease and supported, thus reducing complaints and litigation.

## Communication methods

Effective communication in healthcare can be achieved through various methods, which can be broadly categorised into four main types. Verbal, non-verbal, written and visual communication.

### Verbal communication

Verbal communication is the most common form of communication and involves communicating through speech. Effective verbal communication is critical in healthcare settings, where clear and concise communication can help prevent misunderstandings and errors (Korkoryi, 2024). For instance, in addressing complaints and litigation, verbal communication can be used to empathize with patients, clarify concerns, and provide explanations and apologies when necessary. In a hospital setting, healthcare providers can use verbal communication to proactively address patient concerns, provide regular updates on treatment plans, and involve patients in decision-making processes, thereby reducing the likelihood of complaints and litigation.

### Non-Verbal Communication

Non-verbal communication encompasses body language, facial expressions, and physical gestures and being aware of one's non-verbal cues, as well as those of others, is essential for effective communication. In a healthcare setting, non-verbal communication can be used to convey empathy and compassion, such as through active listening and maintaining eye contact (Sarla, 2021). For example, a healthcare provider can use non-verbal cues to show understanding and validation of a patient's concerns, helping to de-escalate conflicts and reduce the likelihood of complaints and litigation.

### Written Communication

Written communication includes notes, emails, letters, and reports. Clear and concise language is essential in written communication, as is proper grammar, spelling, and punctuation (Khalilova, 2023). In a healthcare setting, written communication can be used to document patient information, communicate with other healthcare providers, and respond to patient complaints. For instance, a hospital can use written communication to acknowledge patient complaints, provide explanations and apologies, and outline steps taken to address concerns, thereby helping to resolve issues and prevent litigation.

### Visual Communication

Visual communication involves using visual aids such as charts, graphs, diagrams, and pictures to convey information, it is however crucial to ensure that visual aids are culturally sensitive and effective, this emphasizes the importance of researching the target audience's values, norms, language, and beliefs to create designs that respect cultural differences and communicate successfully (Yudhanto et al, 2022).

Visual communication can be particularly effective in healthcare settings, where complex information needs to be conveyed quickly and easily. However, visual aids must be clear, concise, and easily interpretable to be effective. For example, a hospital can use visual communication to provide patients with easy-to-understand information about the complaints process, their treatment plans, medication regimens, and follow-up care, thereby reducing confusion and miscommunication that can lead to complaints and

litigation. Additionally, visual communication can be used to provide a quick and easy-to-understand summary of key points, helping patients develop an initial understanding of their care and treatment.

## Barriers to effective communication in health

Effective communication is a persistent challenge in healthcare, contributing to complaints, patient safety incidents and adverse events. Despite its seemingly simple nature, communication breakdowns remain a significant issue. According to Guttman et al (2021) communication error is a major factor (70%) in adverse events. This highlights the need for public hospitals to prioritise communication improvement strategies.

Effective communication entails utilising language skilfully to deliver the desired message to a specific audience. Authors such as Alshalawi et al (2025) have found that ineffective nurse-patient communication in the emergency department (ED) can lead to frustration, mistrust and inadequate pain management. Therefore, it can be concluded that communication is an important factor in service delivery.

Additionally, communication in healthcare applies to all units and staff including the operating room. Nwangene (2024) argues that communication can reduce the risk factor for mishaps and complaints between members of the operating room and the patients. For example, in the operating room, effective communication between team members and patients is direly needed for efficient performance, patient safety and successful outcomes of surgical procedures.

Therefore, barriers to effective communication in healthcare increase the risk of miscommunication, leading to errors, complaints and potential litigations. Nwangene (2024) further argues that the sender's shortcomings, the listener's shortcomings, and improper communication methods are the three main categories of traditional barriers to effective communication. The shortcomings of the sender or hospital staff member in this case may include lack of clarity when speaking to the patient, being ambiguous using the wrong communication channel, etc. The receiver's or patients' shortcomings may include poor listening, lack of interest, difference in perception, and biased attitude, among others. Lastly, the choice of medium used to communicate the information is just as important in ensuring that the receiver gets the information as intended.

Enhancing communication and complaint resolution processes becomes a crucial approach to mitigating these risks. By adopting such an approach, public hospitals can effectively reduce the occurrence of misunderstandings and errors, fostering improved patient satisfaction and trust. This facilitates prompt conflict resolution and ultimately may reduce litigation, promoting a safer and more transparent healthcare environment.

In conclusion, the literature reviewed in this study provided the theoretical framework for this paper. The Social influence model of technology use was adopted and discussed. The model illustrates the complex relationships between social influence, technology, and individual behaviour, providing a framework for understanding how these factors intersect to impact communication, complaints, and litigation. Furthermore, effective communication as a vital component of healthcare delivery in hospitals and public sector institutions was discussed, focusing on the various forms, including non-verbal and verbal communication. Lastly, barriers to effective

communication in health were explored. The following section focuses on the Research Methodology employed.

## Results and Discussions

The results of this mixed-methods study, comprising interviews, questionnaires, and document analysis, are presented below.

### **The study reveals that patients feel that healthcare facilities lack clear communication channels, are dishonest about incidents, and fail to provide patient-centred care.**

The questionnaire revealed that Embuleni Hospital had 34 out of 50 patients, (68%) responded *No* to the question: Were you informed or talked about the hospital's complaint process today? Similarly in Ermelo Hospital, 58 out of 87, (67%), and Evander Hospital 68 out of 95, representing 72% of patients stated that they were not informed about the complaints process at the respective hospitals. In summary, the questionnaire revealed that 204 of 224, reflecting 69% of the patients in the Gert Sibande District, needed to be informed about the complaints process when they visited the hospitals. However, 31% reported that they had been told. The interviews revealed an even higher number (90%) of patients who were not informed about the complaint process of the hospital. During further probing, the study revealed that the patients who were informed arrived at the facility between 6h00 and 8h30 in the morning, and the majority of those who reported not having been informed reported arriving after 8, which led to the conclusion that facilities informed patients once a day in the morning before 9h00.

Patients at the three selected hospitals indicated that "*over and above not being told about the complaints process, they found that the person allocated at the help desk was not there which made it difficult to manoeuvre the queues, the language barrier was also a grave concern, where staff addressed patients in vernacular instead of English*".

The questionnaire provided to the staff revealed that staff were trained regarding the complaints, compliments and suggestion (CCS) guidelines. At Embuleni, six out of 12 employees responded yes (50%), at Ermelo six out of 16 (38%) also responded yes to being trained, and at Evander nine out of 16 (56%). The questionnaire's findings suggest a need for further training and education on the CCS for staff members who have not received training yet, with a specific focus on Ermelo Hospital indicating a greater need.

Both questionnaires and interviews with patients revealed that patients viewed the department as dishonest when dealing with complaints and more so regarding patient incidents. Patients expressed their dissatisfaction with responses received from the hospital staff. Additionally, 75% of patients stated that the hospital was not patient-centred

Lastly, the staff indicated the current processes were not managing complaints effectively and, therefore, could increase the risk of litigation. It should be noted that the staff was aware that litigations were mostly caused by clinical errors but maintained that how the Patient Safety Incidents (PSI) were handled could discourage or encourage the patient to pursue legal routes. This finding allows the department to review the complaints process and its practicality critically. A review of existing literature revealed that effective communication and complaint resolution are essential for

preventing litigation, improving patient satisfaction, and enhancing healthcare quality.

The paper then discusses the implications of these findings, highlighting the need for strategic approaches to enhancing communication and complaints resolution.

**Insufficient Information Dissemination:** The hospital's current practice of informing patients only once in the morning is inadequate, leading to a significant number of patients being uninformed.

**Need for Periodic Information Sessions:** Implementing regular information sessions throughout the day could improve patient awareness and understanding of the complaints process.

**Ineffective communication:** The current process of informing patients is not effective and needs to be reviewed

## Conclusion

Finally, the paper concludes that enhancing communication and complaint resolution is critical for mitigating healthcare litigation risks. By adopting strategic approaches to communication and complaint resolution, healthcare facilities can improve patient satisfaction, reduce litigation rates, and enhance healthcare quality and safety. It is highly recommended that hospitals adopt a patient-centred approach to care; equally, the importance of open disclosure policies, complaints resolution mechanisms, and staff wellness programs is also emphasised. The empirical findings were complemented by a comprehensive literature review, which provided a theoretical framework and contextualised the study's results. Additionally, the study found that effective communication between healthcare professionals and patients is critical for coordinated care and patient safety. The study has implications for healthcare policymakers and practitioners regarding evidence-based approaches to improving communication, complaint resolution, and, ultimately, patient safety and satisfaction. Furthermore, the conclusions of this study have far-reaching implications for an international audience. Healthcare systems worldwide face similar challenges in ensuring effective communication, reduction in litigation and patient safety. The findings of this study can inform global healthcare policy and international collaborations aimed at improving healthcare communication and patient safety. Furthermore, the conclusions of this study have far-reaching implications for an international audience. Healthcare systems worldwide face similar challenges in ensuring effective communication, reduction in litigation and patient safety. The findings of this study can inform global healthcare policy and international collaborations aimed at improving healthcare communication and patient safety. The study revealed significant communication gaps and challenges in Mpumalanga's healthcare settings, contributing to patient dissatisfaction, litigation, and staff distress.

## References

1. Rachmad, Y. E. (2022). *Communication Optimization Theory*. [https://scholar.google.com/scholar?hl=en&as\\_sdt=0%2C5&q=Rachmad%2C+Y.+E.+%282022%29.+Communication+Optimization+Theory.&btnG=](https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=Rachmad%2C+Y.+E.+%282022%29.+Communication+Optimization+Theory.&btnG=)
2. Mavimbelo, C. K., & Raseala, P. (2024). Exploring the Nexus Between Patients' Complaints and Litigation: The Case of Gert Sibande District Municipality. *PUBLIC ADMINISTRATION AND DEVELOPMENT ALTERNATIVES (IPADA)*, 250. [https://www.researchgate.net/profile/Charlene-Mavimbelo/publication/386497132\\_Exploring\\_the\\_nexus\\_between\\_patients\\_complaints\\_and\\_litigations\\_The\\_case\\_of\\_Gert\\_Sibande\\_District\\_Municipality/links/6752cd08eca147b25dec614/Exploring-the-nexus-between-patients-complaints-and-litigations-The-case-of-Gert-Sibande-District-Municipality.pdf](https://www.researchgate.net/profile/Charlene-Mavimbelo/publication/386497132_Exploring_the_nexus_between_patients_complaints_and_litigations_The_case_of_Gert_Sibande_District_Municipality/links/6752cd08eca147b25dec614/Exploring-the-nexus-between-patients-complaints-and-litigations-The-case-of-Gert-Sibande-District-Municipality.pdf)
3. Rogers, E. M. (1986). *Communication technology*. Simon and Schuster. [https://books.google.co.za/books?hl=en&lr=&id=9uFT080FcRkC&oi=fnd&pg=PR11&dq=Rogers,+E.+M.+\(1986\).+Communication+technology.+Simon+and+Schuster.&ots=AN4d4oQ0Ly&sig=0OxbiHzx6YxBzinVNOBWc3PQhHM&redir\\_esc=y#v=onepage&q=Rogers%2C%20E.%20M.%20\(1986\).%20Communication%20technology.%20Simon%20and%20Schuster.&f=false](https://books.google.co.za/books?hl=en&lr=&id=9uFT080FcRkC&oi=fnd&pg=PR11&dq=Rogers,+E.+M.+(1986).+Communication+technology.+Simon+and+Schuster.&ots=AN4d4oQ0Ly&sig=0OxbiHzx6YxBzinVNOBWc3PQhHM&redir_esc=y#v=onepage&q=Rogers%2C%20E.%20M.%20(1986).%20Communication%20technology.%20Simon%20and%20Schuster.&f=false)
4. Bahadur, S. G. C., Bhandari, P., Gurung, S. K., Srivastava, E., Ojha, D., & Dhungana, B. R. (2024). Examining the role of social influence, learning value and habit on students' intention to use ChatGPT: the moderating effect of information accuracy in the UTAUT2 model. *Cogent Education*, 11(1), 2403287. <https://doi.org/10.1080/2331186X.2024.2403287>
5. Dhiman, D. B. (2023). How social environment influences people's behavior: A Critical Review. *SSRN 4417597*. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4417597](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4417597)
6. Graf-Vlachy, L., Buhtz, K., & König, A. (2018). Social influence in technology adoption: taking stock and moving forward. *Management Review Quarterly*, 68(1), 37-76. <https://doi.org/10.1007/s11301-017-0133-3>
7. Öğüt, N., Karakoç, E., & Ghiasee, A. (2022). An empirical study on determining the communication and empathy skill levels of healthcare professionals. *Konuralp Medical Journal*, 14(1), 35-41. <https://doi.org/10.18521/ktd.951443>
8. Kwame, A., & Petrucci, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC nursing*, 20(1), 158. <https://doi.org/10.1186/s12912-021-00684-2>
9. Hannawa, A. F., Wu, A. W., Kolyada, A., Potemkina, A., & Donaldson, L. J. (2022). The aspects of healthcare quality that are important to health professionals and patients: A qualitative study. *Patient education and counselling*, 105(6), 1561-1570. <https://doi.org/10.1016/j.pec.2021.10.016>
10. Korkoryi Jr, D. M. (2024). *Communication barriers and medical errors affecting patients with limited or non-existent written or spoken English proficiency*. (Doctoral thesis, South University). <https://www.proquest.com/openview/95843737f9bcab401ced82b4cec48f53/1?pq-origsite=gscholar&cbl=18750&diss=y>
11. Sarla, G. S. (2021). Non-verbal communication: be kind with what you wordlessly say. *Prac Clin Invest*, 4(1), 8-11. [https://www.researchgate.net/profile/Gurmeet-Sarla-2/publication/344037351\\_Non-verbal\\_Communication\\_Be\\_Kind\\_with\\_What\\_You\\_Wor](https://www.researchgate.net/profile/Gurmeet-Sarla-2/publication/344037351_Non-verbal_Communication_Be_Kind_with_What_You_Wor)

