

## ANALYSIS OF TOTAL QUALITY MANAGEMENT (TQM) BY EMPLOYEES TOWARDS CONSTRUCTIVE IMPROVEMENT EFFORTS IN HOSPITAL

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### Abstract

The Emergency Department (ED) is a strategic service unit of hospitals with a high level of complexity and a significant potential for patient complaints if service quality is not optimally managed. Patient complaints not only reflect dissatisfaction but can also be utilized as a constructive effort for service quality improvement. This study aims to analyze the implementation of Total Quality Management (TQM) by employees toward constructive hospital efforts as measured through patient complaints in the Emergency Department of Sultan Imanuddin Regional General Hospital. This study employed a quantitative method with descriptive and verificative approaches. Data were collected through questionnaires distributed to ED staff and supported by patient complaint records, then analyzed using multiple linear regression analysis. The results indicate that both partially and simultaneously, TQM dimensions including customer focus, leadership, continuous improvement, employee involvement, process approach, and fact-based decision making have a significant effect on constructive hospital efforts. Proper implementation of TQM is proven to reduce the number of complaints and improve the quality of emergency services. This study concludes that consistent implementation of TQM is an important strategy in managing patient complaints as a means of continuous improvement and enhancement of hospital service quality.

**Keywords:** *Total Quality Management, Patient Complaints, Emergency Departement, Service Quality, Hospital*

### INTRODUCTION

Emergency Department (ED) services are one of the main indicators of hospital service quality because they serve as the first point of entry for patients in critical conditions. The high intensity of interactions and the complexity of cases in the ED increase the potential for complaints from patients and their families. Patient complaints that are not managed systematically can damage the hospital's image and negatively affect public satisfaction and trust. Therefore, patient complaints are not merely expressions of dissatisfaction but also represent important sources of information for the development of constructive improvement efforts within hospitals. Total Quality Management (TQM) is a quality management approach that involves all members of an organization in a comprehensive process of continuous improvement to meet or exceed customer expectations (Goetsch & Davis, 2021). In the context of hospital services, TQM principles—such as patient focus, staff involvement, data-based decision making, and continuous improvement—are highly relevant to improving the quality of complaint handling.

Sultan Imanuddin Hospital is a Class B hospital based on the Decree of the Head of the Regional Investment and Licensing Agency Number 570/01/PK/XII/BPMDP/201. In 2024, the total workforce of RSUD Sultan Imanuddin Pangkalan Bun amounted to 877 personnel across various professional categories. Furthermore, Sultan Imanuddin Hospital has been designated as a regional referral center in Central Kalimantan under the Governor of Central Kalimantan Regulation Number 83 of 2013. This designation positions the hospital as the main referral facility for several districts, including West Kotawaringin, Lamandau, and Sukamara. As a regional referral hospital, Sultan Imanuddin Hospital experiences a high volume of visits to its Emergency Department. High patient volumes increase service pressure and the risk of incidents related to patient safety, as well as the occurrence of public

complaints. In response, the hospital conducts risk management reporting and regular community satisfaction surveys as part of its quality assurance efforts. To illustrate the service load in the Emergency Department, the number of ED patient visits in 2024 is presented in the following table.

Table 1. Number of Emergency Department Patients in 2024

No	Month	Number of Patients
1	January	2,044
2	February	1,941
3	March	1,923
4	April	1,864
5	May	1,992
6	June	1,770
7	July	1,764
8	August	1,665
9	September	1,652
10	October	1,925
11	November	1,746
12	December	1,870
<b>Total</b>		<b>22,156</b>

Source: Patient data recapitulated from the Electronic Medical Record System, January–December 2024.

Systematic, prompt, and transparent complaint handling reflects a strong commitment to service quality and patient safety, thereby supporting constructive improvement efforts within the hospital. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 on Patient Safety, patient complaints are an integral part of the reporting system and must be analyzed to improve services. Therefore, this study is important to analyze the implementation of Total Quality Management (TQM) in the complaint-handling process as a constructive effort in the Emergency Department of Sultan Imanuddin Hospital, aimed at improving service quality and patient satisfaction.

**LITERATURE REVIEW**

**Theory of Total Quality Management (TQM)**

Total Quality Management (TQM) is a management approach that developed in the mid-20th century. In 1986, W. Edwards Deming introduced the *System of Profound Knowledge*, emphasizing that to achieve total quality, organizations must understand the system as a whole and continuously improve their processes. Deming’s theory is built on four main pillars: Appreciation for a System, which views organizations as interdependent systems that require a holistic managerial approach focused on overall quality improvement; Knowledge of Variation, which stresses the need to analyze variations in production or service processes to reduce inconsistency; Theory of Knowledge, which asserts that decision-making should be based on data and scientific knowledge; and Psychology, which highlights the importance of understanding human motivation and behavior for effective management. Deming is recognized as a pioneer of TQM, emphasizing that quality is the responsibility of management, not merely the workforce. Key concepts related to service quality include continuous improvement, reduction of process variation, leadership that supports quality, and the importance of data in decision-making through Statistical Process Control (Deming, 2018).

Subsequently, in 1998, Joseph M. Juran introduced the *Juran Trilogy*, which consists of three essential concepts in quality management. Quality Planning involves designing products and processes to meet customer needs; this includes determining whether to revise existing products or develop new ideas through structured and quality-oriented planning procedures. Quality Control focuses on monitoring performance to identify deviations and consists of four steps: choosing control subjects, establishing measurements, setting standards of performance, and measuring actual performance. Quality Improvement aims to identify new ways to continuously enhance performance, including allocating resources, assigning tasks and training personnel to support improvement projects, and establishing permanent organizational structures to maintain and sustain achieved quality levels (Mahmuda et al., 2025). Another relevant framework is Parasuraman’s SERVQUAL Theory, developed by A. Parasuraman, Valerie Zeithaml, and Leonard Berry. This theory provides a method for measuring service quality by identifying gaps between customer expectations and their perceptions of the actual service received. SERVQUAL helps organizations identify problematic service areas that require improvement and aligns closely with TQM principles. The

SERVQUAL dimensions include Tangibles (physical facilities and appearance), Reliability (the ability to perform services dependably and accurately), Responsiveness (willingness to help patients and provide prompt service), Assurance (knowledge, courtesy, and the ability to inspire trust and confidence), and Empathy (caring and individualized attention to patients) (Sinollah et al., 2019). Service quality is also discussed in Crosby’s Zero Defects Theory, proposed by Philip B. Crosby, which defines quality as conformance to requirements and promotes “zero defects” as a performance standard. The main principles of this theory are: quality is defined as conformance to requirements; the quality system should focus on prevention rather than inspection; the performance standard is zero defects; and quality measurement is based on the cost of non-conformance (Alsalem et al., 2018).

The implementation of Total Quality Management in hospitals includes the following aspects:

1. Patient Focus (Customer Focus)  
Patients are regarded as the center of services; therefore, hospitals must meet patient needs and expectations in both medical and non-medical aspects.
2. Employee Involvement  
All hospital staff are involved in quality improvement through teamwork, effective communication, and active participation.
3. Leadership  
Leaders play a crucial role in building a culture of quality, providing direction, and serving as role models for all staff.
4. Process Approach  
Each healthcare service is viewed as an interconnected process that must be optimized to improve efficiency and patient safety.
5. Continuous Improvement  
Continuous improvement is achieved through monitoring quality indicators, conducting patient satisfaction surveys, and performing ongoing internal evaluations.
6. Fact-Based Decision Making  
Managerial and clinical decisions must be based on data and scientific evidence, such as patient safety incident reports and complaint statistics.

Factors that hinder the implementation of TQM in hospitals include leadership that lacks strategic planning capability, inappropriate task delegation, weak teamwork, overly high expectations, resistance to change, and unclear communication of plans (Hanoum et al., 2022).

**Theory of the Relationship between the Implementation of TQM and the Reduction of Patient Complaints through Improved Employee Involvement and Service Process Quality**

This theoretical statement asserts that *the consistent implementation of Total Quality Management (TQM) principles will improve the quality of service processes and employee involvement, which in turn contributes to a reduction in the level of patient complaints in healthcare services.* The variables and their relationships are described as follows.

Table 2. Relationship among Variables in the Implementation of Total Quality Management

Variable	Type	Relationship
<b>Implementation of TQM</b>	Independent	Includes leadership, human resource training, employee involvement, and continuous improvement
<b>Service process quality</b>	Mediator	Effective and efficient service quality influences patient perceptions
<b>Employee involvement</b>	Mediator	Engaged employees are more responsive in addressing patient needs and complaints
<b>Number of patient complaints as a constructive hospital effort</b>	Dependent	Final outcome indicating the level of service quality from the patient’s perspective

The theoretical framework proposes that the implementation of Total Quality Management enhances service process quality and staff involvement, which subsequently reduces the number of patient complaints. The basic assumptions of this theory are as follows:

1. Patient complaints are indicators of dissatisfaction that are closely related to perceived service quality.

2. The implementation of Total Quality Management does not directly reduce complaints but operates through the regulation of internal organizational processes and the development of a service-oriented culture.
3. Leadership that supports a culture of quality is crucial for the successful implementation of TQM (Anjelina et al., 2025).

Total Quality Management has been applied across various sectors, including manufacturing, education, and healthcare. In the manufacturing sector, TQM focuses on controlling the quality of production processes by involving the entire organization. This approach employs statistical techniques to reduce defects and improve efficiency, such as the use of Statistical Process Control (SPC) to monitor product quality and the implementation of continuous improvement (kaizen) practices (Prajogo, 2006). In the education sector, Total Quality Management emphasizes improving the quality of teaching and administrative services. This approach involves continuous evaluation, feedback from students and staff, and curriculum development. Examples include improving teaching quality through teacher training programs and the use of student satisfaction surveys (Tari, 2005). In the healthcare sector, Total Quality Management is used to enhance patient safety, reduce medical errors, and improve service delivery. This approach involves all staff in continuous quality improvement efforts. In hospitals, patients are regarded as customers whose satisfaction must be ensured throughout the treatment and care process. In this context, doctors, nurses, and hospital staff act as service providers who deliver optimal services to patients. The implementation of Total Quality Management in hospitals provides a framework for quality control of healthcare services and supports continuous improvement, ultimately leading to satisfaction for both service users (patients) and service providers.

## **METHOD**

The object of this study is the implementation of Total Quality Management (TQM) principles and the handling of patient complaints as a constructive improvement effort in the Emergency Department (ED) of RSUD Sultan Imanuddin, Pangkalan Bun, Central Kalimantan. This study specifically examines how TQM is applied in the ED by focusing on key TQM dimensions, including patient focus, leadership, employee involvement, process approach, continuous improvement, data-based decision making, and inter-unit relationships. In addition, the study analyzes the number and types of patient complaints received by the ED over the past three years as indicators of constructive organizational improvement. This research employs a quantitative methodology with a descriptive and verificative approach. The descriptive approach is used to illustrate the level of TQM implementation and the characteristics of patient complaints in the Emergency Department, while the verificative approach aims to test the relationship between TQM implementation and patient complaints. The study population consists of all employees working in the Emergency Department of RSUD Sultan Imanuddin. The sampling technique applied is a census or total sampling method, in which all ED employees are included as research respondents, ensuring comprehensive representation of the study population.

Primary data were collected using structured questionnaires designed to measure perceptions of TQM implementation across its dimensions. The questionnaire items were developed based on established TQM concepts and adapted to the hospital service context. Responses were measured using a Likert scale to capture the degree of agreement with each statement. Secondary data were obtained from hospital records, particularly documentation related to patient complaints in the Emergency Department over the last three years, including the number and categories of complaints. Prior to analysis, the research instrument was tested for validity and reliability to ensure the accuracy and consistency of the measurements. Data analysis was conducted using multiple linear regression to examine the influence of TQM dimensions on patient complaint outcomes. This statistical technique allows for the simultaneous assessment of the effects of multiple independent variables on the dependent variable. The results of the analysis are expected to provide empirical evidence on the role of Total Quality Management in improving service processes and reducing patient complaints in the Emergency Department, thereby supporting continuous quality improvement efforts within the hospital.

## **RESULTS AND DISCUSSION**

### **Validity Test**

Before confirming that all statement indicators were appropriate as research instruments, a large-sample validity test was conducted involving 40 respondents. At a significance level of 5%, an item is considered valid if the calculated correlation coefficient ( $r_{\text{count}}$ ) is greater than the critical value ( $r_{\text{table}}$ ). Conversely, if  $r_{\text{count}}$  is less than  $r_{\text{table}}$ , the item is considered invalid. The results of the validity test are presented below.

Table 3. Validity Test Results of Research Variable Items

Variable	Item	r Count	r Table	Remark
<b>Patient Focus</b>	X1_1	0.773	0.312	Valid
	X1_2	0.791	0.312	Valid
	X1_3	0.809	0.312	Valid
	X1_4	0.704	0.312	Valid
	X1_5	0.716	0.312	Valid
<b>Leadership</b>	X2_1	0.744	0.312	Valid
	X2_2	0.885	0.312	Valid
	X2_3	0.840	0.312	Valid
	X2_4	0.823	0.312	Valid
	X2_5	0.731	0.312	Valid
<b>Continuous Improvement</b>	X3_1	0.814	0.312	Valid
	X3_2	0.907	0.312	Valid
	X3_3	0.848	0.312	Valid
	X3_4	0.870	0.312	Valid
	X3_5	0.775	0.312	Valid
<b>Employee Involvement</b>	X4_1	0.635	0.312	Valid
	X4_2	0.761	0.312	Valid
	X4_3	0.770	0.312	Valid
	X4_4	0.785	0.312	Valid
	X4_5	0.649	0.312	Valid
<b>Process Approach</b>	X5_1	0.745	0.312	Valid
	X5_2	0.806	0.312	Valid
	X5_3	0.859	0.312	Valid
	X5_4	0.674	0.312	Valid
	X5_5	0.789	0.312	Valid
<b>Decision Making</b>	X6_1	0.798	0.312	Valid
	X6_2	0.802	0.312	Valid
	X6_3	0.811	0.312	Valid
	X6_4	0.838	0.312	Valid
	X6_5	0.796	0.312	Valid
<b>Constructive Effort</b>	Y6	0.765	0.312	Valid
	Y7	0.782	0.312	Valid
	Y8	0.807	0.312	Valid
	Y9	0.680	0.312	Valid
	Y10	0.766	0.312	Valid

The validity test results indicate that all questionnaire items have r count values greater than the r table value of 0.312. Therefore, all statements across the research variables are valid and suitable for use as instruments to measure the research data.

**Reliability Test**

Table 4. Reliability Test Results

Variable	Cronbach's Alpha	Interpretation
<b>Patient Focus</b>	0.814	Reliable
<b>Leadership</b>	0.863	Reliable
<b>Continuous Improvement</b>	0.897	Reliable
<b>Employee Involvement</b>	0.769	Reliable
<b>Process Approach</b>	0.831	Reliable
<b>Decision Making</b>	0.860	Reliable
<b>Constructive Efforts</b>	0.816	Reliable

# ANALYSIS OF TOTAL QUALITY MANAGEMENT (TQM) BY EMPLOYEES TOWARDS CONSTRUCTIVE IMPROVEMENT EFFORTS IN HOSPITAL

Istihara et al

Based on the reliability test results, all research variables are declared reliable as their Cronbach's Alpha values exceed the minimum threshold of 0.6. This indicates that the questionnaire items demonstrate good internal consistency and are capable of producing stable and consistent measurement results. Therefore, the research instrument is considered reliable and suitable for further statistical analysis.

## Normality Test

Table 5. Normality Test Result

Variable	Sig.	Threshold	Interpretation
<b>Unstandardized Residual</b>	0.114	> 0.05	Normal

Based on the table, the Asymp. Sig. value is 0.114, which is greater than 0.05. This indicates that there is no significant difference between the distribution of the research data and a normal distribution. Therefore, the data meet the normality assumption and are suitable for further statistical analysis.

## Heteroscedasticity Test

Table 6. Heteroscedasticity Test Results

Variable	Sig.	Threshold	Interpretation
<b>Focus on Patients</b>	0.857	> 0.05	No heteroscedasticity
<b>Leadership</b>	0.898	> 0.05	No heteroscedasticity
<b>Continuous Improvement</b>	0.595	> 0.05	No heteroscedasticity
<b>Employee Involvement</b>	0.744	> 0.05	No heteroscedasticity
<b>Process Approach</b>	0.499	> 0.05	No heteroscedasticity
<b>Decision Making</b>	0.327	> 0.05	No heteroscedasticity

Based on the table, all probability values are greater than 0.05, indicating that no heteroscedasticity occurs in the proposed variables. This means that the residual variance is homogeneous, the regression model satisfies the classical assumptions, and the estimation results are unbiased and reliable for further analysis.

## Multicollinearity Test

Table 7. Multicollinearity Test Results

Variable	Tolerance	VIF	Interpretation
<b>Focus on Patients</b>	0.137	7.294	No multicollinearity
<b>Leadership</b>	0.115	8.664	No multicollinearity
<b>Continuous Improvement</b>	0.140	7.165	No multicollinearity
<b>Employee Involvement</b>	0.113	8.889	No multicollinearity
<b>Process Approach</b>	0.140	7.136	No multicollinearity
<b>Decision Making</b>	0.137	7.294	No multicollinearity

Based on the table, all variables have tolerance values greater than 0.10 and VIF values below 10, indicating that no multicollinearity exists among the independent variables. Therefore, the regression model is free from intercorrelation issues and produces unbiased and reliable predictions.

## Autocorrelation Test

Table 8. Autocorrelation Test Results

DU	DW	4 - DU	Interpretation
<b>1.8538</b>	1.950	2.1462	No autocorrelation

Based on the calculation results, the Durbin-Watson (DW) value of 1.950 lies between the DU and (4 - DU) values, namely 1.8538 and 2.1462 ( $DU < DW < 4 - DU$ ). Therefore, it can be concluded that there is no autocorrelation in the regression model used in this study. The absence of autocorrelation indicates that the residuals are independent across observations and that the classical assumptions of regression analysis are satisfied.

**Multiple Linear Regression Test**

Table 9. Multiple Linear Regression Test Results

Variable	B	t-value	Sig.	Remark
(Constant)	-1.108	—	—	—
Patient Focus	0.370	6.693	0.000	Significant
Leadership	0.129	2.453	0.020	Significant
Continuous Improvement	0.116	2.541	0.016	Significant
Employee Involvement	0.160	2.784	0.009	Significant
Process Approach	0.184	3.587	0.001	Significant
Decision Making	0.106	2.079	0.045	Significant
F-value	495.847			
Sig. F	0.000			
Adjusted R Square	0.987			

## Regression Equation

$$Y = -1.108 + 0.370X_1 + 0.129X_2 + 0.116X_3 + 0.160X_4 + 0.184X_5 + 0.106X_6 + e$$

The results of the multiple linear regression analysis indicate that all independent variables have a positive and statistically significant effect on constructive hospital efforts. The negative constant suggests that without the implementation of TQM dimensions, patient responses tend to be negative, potentially leading to dissatisfaction or conflict. Patient focus has the strongest influence, followed by process approach and employee involvement, indicating that patient-centered services, clear service processes, and active staff participation play a crucial role in transforming patient complaints into constructive feedback. Leadership, continuous improvement, and data-based decision making also significantly contribute by creating a responsive, consistent, and objective service environment. The high Adjusted R<sup>2</sup> value (0.987) demonstrates that the model explains a substantial proportion of the variance in constructive complaint handling.

**Partial Hypothesis Testing (t-test)**

## 1. Patient Focus

The significance test shows a probability value of  $0.000 \leq 0.05$ , indicating that patient focus has a significant effect on constructive efforts. This result reflects prompt and clear handling of patient complaints, prioritization of patient safety, services tailored to patient needs, clear information provision in the Emergency Department, and the use of patient feedback to improve service quality.

## 2. Leadership

The probability value of  $0.020 \leq 0.05$  confirms that leadership significantly influences constructive efforts. This effect is demonstrated through leaders who model good service behavior, encourage continuous quality improvement, provide clear guidance, appreciate employee performance, and actively participate in quality improvement initiatives.

## 3. Continuous Improvement

The significance value of  $0.016 \leq 0.05$  indicates that continuous improvement has a significant effect on patient complaints. This finding is supported by ongoing service improvements, regular quality audits, the use of complaints as a basis for improvement, continuous service innovation, and proactive improvement efforts even in the absence of major problems.

## 4. Employee Involvement

With a probability value of  $0.009 \leq 0.05$ , employee involvement significantly affects patient complaints. This is reflected in employee participation in SOP development, opportunities to provide improvement suggestions, effective internal communication, and shared responsibility for service quality.

## 5. Process Approach

The probability value of  $0.001 \leq 0.05$  demonstrates that the process approach significantly influences patient complaints. This is due to consistent adherence to SOPs, efficient service flow, service processes designed to minimize errors, and routine evaluation of service procedures.

## 6. Decision Making

The significance value of  $0.045 \leq 0.05$  confirms that decision making significantly affects patient complaints. This result indicates that service decisions are based on quality data, audit results are used for service improvement, and patient complaint data are analyzed regularly to support constructive efforts.

### **Simultaneous Hypothesis Testing (F-test)**

The F-test results show an F-value of 495.847 with a significance value of  $0.000 < 0.05$ . This indicates that patient focus, leadership, continuous improvement, employee involvement, process approach, and data-based decision making simultaneously have a significant effect on constructive efforts and complaint handling in the Emergency Department. These findings confirm that the implementation of Total Quality Management dimensions contributes substantially to improving hospital service quality.

### **Coefficient of Determination (Adjusted R<sup>2</sup>)**

The Adjusted R<sup>2</sup> value of 0.987 indicates that 98.7% of the variation in constructive efforts is explained by patient focus, leadership, continuous improvement, employee involvement, process approach, and data-based decision making. The remaining 1.3% is influenced by other factors not included in this research model.

## **DISCUSSION**

### **Effect of Patient Focus on Complaints as a Constructive Effort**

The study results indicate that patient focus has a significant partial effect on complaints as a constructive effort. This is reflected in prompt and clear handling of patient complaints, prioritization of patient safety in every action, and services tailored to patient needs. The Emergency Department also provides easily understandable information and utilizes patient feedback to improve service quality. These findings are consistent with Miolda (2020), who emphasized that patient complaints and feedback are key indicators for evaluating service quality and serve as a basis for systemic improvement. Thus, patient focus, particularly listening to and acting upon patient complaints, influences both the level of complaints and patients' perceptions of service quality. In healthcare services, patients are the primary customers; therefore, patient-centered care is essential to reduce complaints and improve overall service quality (Goetsch & Davis, 2014; Kotler & Keller, 2016; Koç, 2024).

### **Effect of Leadership on Complaints as a Constructive Effort**

The findings show that leadership has a significant partial effect on patient complaints. Leaders who model good service behavior, actively encourage quality improvement, provide clear guidance, appreciate employee performance, and engage in quality initiatives contribute to improved service outcomes. This result aligns with Zhao (2024), who found that leadership support significantly affects healthcare professionals' job satisfaction and service performance, indirectly reducing patient complaints. Effective leadership also fosters a patient safety culture, minimizes service errors, and improves communication, thereby reducing the risk of complaints (Nabilla & Dhamanti, 2023; Huang et al., 2024). Strong leadership is therefore a key strategy for improving service quality and minimizing patient complaints.

### **Effect of Continuous Improvement on Complaints as a Constructive Effort**

The study demonstrates that continuous improvement significantly affects patient complaints. Regular quality audits, ongoing service innovation, systematic follow-up of complaints, and proactive improvements—even without major problems—contribute to better service quality. This finding supports Manafe et al. (2023), who stated that continuous quality improvement (CQI) reduces errors and increases patient satisfaction. Musyawir (2021) further emphasized that systematic complaint management is part of continuous improvement, encompassing not only clinical but also managerial and operational aspects. Integrating complaint handling into CQI strengthens public trust and enhances service quality.

### **Effect of Employee Involvement on Complaints as a Constructive Effort**

The results indicate that employee involvement significantly influences patient complaints. Employee participation in SOP development, open communication, opportunities to provide improvement input, and shared responsibility for service quality enhance operational performance. This finding aligns with studies showing that high employee engagement strengthens patient safety culture and reduces service-related complaints (Novadiana et al., 2024; Barnawi, 2022). Employee involvement within Total Quality Management improves coordination, accuracy, and responsiveness, thereby increasing patient satisfaction and reducing complaints (Zehir, 2023).

### **Effect of Process Approach on Complaints as a Constructive Effort**

The study reveals that a process approach has a significant effect on reducing patient complaints. Consistent adherence to SOPs, efficient service flow, error-minimizing procedures, and routine process evaluation contribute to better patient experiences. This finding is supported by Aboalghanam and Alzghoul (2024), who reported that clear process management reduces customer complaints. Studies on Lean Healthcare and process standardization also demonstrate that improved service flows reduce delays and service failures, thereby decreasing patient complaints (Anggraini & Ilhamda, 2020; Al-Haroon, 2021; Hasrul, 2020).

### **Effect of Data-Based Decision Making on Complaints as a Constructive Effort**

The findings show that data-based decision making significantly affects patient complaints. The use of quality audit results and routine analysis of complaint data enables evidence-based service improvements. This result is consistent with Berger (2020), who found that systematic use of patient feedback data leads to meaningful service changes. Further studies emphasize that accurate and structured complaint data support proactive and strategic quality improvement (Han, 2024; Lighterness, 2024). Data-driven decisions help identify root causes, reduce systemic errors, and effectively minimize patient complaints.

### **Simultaneous Effect of TQM Dimensions on Complaints as a Constructive Effort**

This study confirms that patient focus, leadership, continuous improvement, employee involvement, process approach, and data-based decision making simultaneously have a significant effect on patient complaints. These findings indicate that quality improvement efforts in the Emergency Department of Sultan Imanuddin Hospital must be implemented holistically rather than partially. Consistent with Pondaag (2021), comprehensive implementation of Total Quality Management is essential to reduce complaints, enhance patient satisfaction, and improve hospital performance. The integration of all six dimensions creates a responsive, consistent, and adaptive service system that effectively minimizes patient complaints and strengthens service quality (Sari, 2021; Hastuti, 2022).

## **CONCLUSION**

This study concludes that Total Quality Management (TQM) dimensions have a significant influence on patient complaints as a constructive effort in the Emergency Department of Sultan Imanuddin Hospital. Partially, patient focus, leadership, continuous improvement, employee involvement, process approach, and data-based decision making each show a significant effect on how patient complaints are managed and transformed into constructive inputs for service improvement. A strong patient focus ensures that services are aligned with patient needs and expectations, enabling complaints to be addressed promptly and effectively. Effective leadership plays a crucial role in fostering a supportive work environment, strengthening patient safety culture, and guiding staff toward consistent service quality. Continuous improvement allows hospitals to systematically evaluate services, use complaints as learning resources, and enhance quality on an ongoing basis. Employee involvement improves coordination, responsibility, and responsiveness, reducing service failures that often trigger complaints. The process approach ensures standardized, efficient, and well-coordinated service flows, minimizing errors and delays. Meanwhile, data-based decision making enables hospitals to identify root causes of complaints accurately and design evidence-based improvement strategies. Simultaneously, the integration of all TQM dimensions demonstrates a very strong explanatory power in influencing constructive complaint management, indicating that quality improvement in healthcare cannot rely on isolated efforts. Instead, a holistic and integrated implementation of TQM is essential to reduce patient complaints, enhance patient satisfaction, and improve overall service quality. Therefore, strengthening TQM practices is a strategic approach for hospitals to create patient-centered, safe, and continuously improving healthcare services.

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