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Compliment letters to healthcare professionals: A qualitative comparison across hospital care settings

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Abstract

Background

Research on compliment letters received by hospitals has primarily examined them as expressions of gratitude and satisfaction. In a previous study conducted in a neonatology setting, we approached them as accounts of experience. We identified five core aspects of experience and five underlying needs motivating their writing. This study examined whether these core aspects of experience and underlying needs were also present in other hospital settings to determine whether clinical contexts shaped the content of compliment letters.

Methods

Using a deductive-inductive approach, we analyzed 458 compliment letters received in geriatrics, emergency medicine, internal medicine, and plastic and reconstructive surgery settings across three Swiss hospitals. The analyses were informed by the framework developed in the neonatology study but not restricted by it.

Results

The same core aspects of experience and underlying needs were identified across all settings. Although no new categories emerged, variations were observed in core aspects of experience's expression. *Recall of the care and hospital stay* focused on admission circumstances and care trajectories in neonatology and emergency medicine, and on hospitalization's duration in other settings. *Life after the hospital discharge* centered on accounts of children's development and everyday lives in neonatology and return home in comparison settings. *Patients and relatives' feelings* emphasized the difficulty of hospitalization for parents in neonatology, whereas patients in comparison settings sometimes reported having enjoyed it despite the circumstances. Similar variations were observed for underlying needs. *Closure* was expressed by contrasting hospitalization with children's ordinary lives upon discharge in neonatology, and through recovery and taking leave of healthcare professionals in comparison settings. *Partial closure* was conveyed through evidence of children's progress in neonatology and through ongoing recovery in other settings. *Managing the sense of indebtedness* was described as long-lasting and existential in neonatology whereas in comparison settings it was expressed without the same existential significance. Other core aspects of experience and underlying needs did not present variations. Overall, letters emphasized the relational dimension of care.

Conclusion

Variations in the expression of core aspects of experience and underlying needs suggest that the writers' characteristics may influence the content of the letters more than clinical settings. The prominence of the relational dimension highlights the central role of interactions with HPs. This suggests that compliment letters may support HP's reflexivity and contribute to the recognition of relational dimension of care within healthcare organizations.

Background

Over the past decade, researchers have started to take an interest in positive feedback received by hospitals such as compliment letters from patients and relatives. Studies have handled this material as expressions of gratitude and satisfaction [1, 2] and have focused on: a) aspects of care patients and relatives value in compliment letters [3–6]; b) effects of gratitude on healthcare professionals (HPs) such as increased well-being, job satisfaction, reduced stress, and burnout [4, 5, 7–9]; c) messages intended for HPs contained in compliment letters [5]; d) possible uses of positive feedback to improve the quality of care and patient safety [1, 6, 10–12].

In a previous study conducted in the neonatology setting [13], we examined compliment letters regarding the overall experience parents conveyed, rather than limiting the focus on expressions of satisfaction and gratitude. The aim was to gain a deeper understanding of the core aspects of parents' experiences within the care journey of their children, and to examine their underlying needs when providing feedback. The findings revealed that parents' experiences were shaped by five core aspects: the context of care, HPs' ways of doing and being, parents' feelings during the hospitalization of their children, life after their discharge, and overall sense of gratitude towards HPs. Regarding underlying needs, they were related to expressing gratitude to HPs, seeking closure after the care experience, desiring to maintain a connection with HPs, providing a testimony of their experience, and managing a sense of indebtedness toward HPs. These results led us to consider compliment letters as conveying more than gratitude and contributing to a sense-making process.

The present investigation was built on this study and raised the questions of whether and how hospital care settings influence patients' and relatives' experiences and ultimately shape the content and purpose of their compliment letters.

In this respect, geriatrics emerged as a compelling comparative setting, offering both contrasts and parallels with neonatology. Although the patient populations differed in terms of age and health conditions, both settings shared similarities, particularly the patients' dependency on their relatives and the potential involvement of families in the care process. To further diversify care settings and extend the comparison, compliment letters from other adult settings were also included in the analysis: emergency medicine, internal medicine, and plastic and reconstructive surgery. These settings offered additional contrasts in terms of contextual factors such as the acute nature of emergency care, the prevalence of chronic illness in internal medicine, and the challenge of altered body image and need for restorative work in plastic and reconstructive surgery. This multi-setting approach enabled a nuanced

exploration of the diversity of patient and relatives' experiences, as well as the underlying needs expressed through compliment letters.

Methods

This qualitative study was based on a deductive-inductive approach, utilizing compliment letters from the four aforementioned care settings across three hospitals. The research design drew on the analytical framework of the neonatology study to explore patients and relatives' experiences and underlying needs.

Material

We collected compliment letters from geriatrics at Lausanne University Hospital, as well as at secondary care centers of Fribourg and Neuchâtel, Switzerland. Letters from emergency medicine, internal medicine and plastic and reconstructive surgery were gathered by the Communication Service of Lausanne University Hospital as part of an institutional project opened to all the clinical departments. Within this project, all departments were invited to share the compliment letters they had received. The first author, VC, was granted direct access to this material. These care settings were selected based on their specificities and on the number of available letters.

Satisfaction questionnaires, obituary notices, compliment letters exchanged between HPs, and letters in illegible handwriting were excluded from the study.

The final dataset for analysis consisted of 458 compliment letters written by patients or their relatives; the "baseline" letters from the neonatology setting were written by parents for the most part, and a few by grandparents (see Table 1 for details).

In the comparison settings, compliment letters ranged from 3 to 617 words, with a mean word count of 58.94 and a median of 37. In the baseline neonatology setting, word counts ranged from 1 to 573 words, with a mean word count of 65.26 and a median of 47.

Table 1
Description of the material

Settings	Number of compliment letters collected	Number of compliment letter included in the dataset	Word count range	Mean word count	Median word count
Baseline					
Neonatology	**1425**	**573**	**1-573**	**65.26**	**47**
Comparison settings					
Geriatrics	231	209	5-617	47.97	30
Emergency medicine	50	40	41–533	158.55	126
Internal medicine	140	116	8-201	43.46	32
Plastic and reconstructive surgery	117	93	3-238	56.76	43.5
Total for comparison settings	**538**	**458**	**3-617**	**58.94**	**37**

Data analysis

Core aspects of patients and relatives' experiences identified in the neonatology study were used as a sensitizing framework, and further analyses were based on it. The analyses were informed but not restricted by this framework. This methodological strategy allowed a structured yet flexible exploration of compliment letters' content. The core experiential aspects identified in the baseline compliment letters and reflected in the initial framework were:

1. *Recall of the care and hospital stay;* 2. *Life after the hospital discharge;* 3. *Patients and relatives' feelings; 4. Perception of the HPs;* 5. *Patients and relatives' gratitude*.

Similarly, the underlying needs expressed in the compliment letters from the comparison settings were analyzed using a deductive-inductive approach, building on the findings from the baseline neonatology study; the underlying needs identified were as follows: 1. *Closure*; 2. *Partial closure*; 3. *Managing the sense of indebtedness*; 4. *Taking its own place in the care*; 5. *Thanking the team*.

Table 2 presents descriptions of the core experiential aspects, and the underlying needs identified in the neonatology compliment letters.

Table 2
Core experiential aspects and underlying needs

Core experiential aspects	**Content**
Recall of the care and hospital stay	Contextual information related to the children stay in the unit to situate parents' experience
Life after the hospital discharge	Parents' experience of their child's everyday life after the discharge
Patients and relatives' feelings	Parents' feelings in relation to their children's hospital stay during or after the care
Perceptions of the HPs	Parents' experiences of HPs' actions, attitudes, and qualities
Patients and relatives' gratitude	Thanks to HPs for a specific reason or without an explicit motive
Underlying needs	**Content**
Closure	Parents need to affirm that children have recovered and should no longer be considered as ill
Partial closure	Parents' need to provide feedback on the evolution of the child's condition
Managing the sense of indebtedness	Parents need to acknowledge the debt they consider to owe to HPs
Taking its own place in the care	Parents need to express how their children's hospital stay affected them
Thanking the team	Parents need to thank HPs for reasons of politeness or other reasons such as superstition

Results

In this section, we first present the results concerning the core aspects of experience and then the results concerning the underlying needs, highlighting variations of expressions across the settings.

Variations in core aspects of experience across settings

Analysis of comparison settings' compliment letters revealed the same five core aspects of experience identified in neonatology. Regardless of the setting, writers recalled the hospital stay, detailing admissions circumstances and treatment progression (*recall of the care and hospital stay*), explained what had happened since they left the hospital (*life after the hospital discharge*), conveyed their feelings about care or accompanying the patient (*patients and relatives' feelings*), described HPs' attitudes and actions (*perceptions of the HPs*), and finally expressed gratitude, sometimes highlighting HPs' actions or attitudes through their thanks (*patients and relatives' gratitude*). However, variations in the expression of core aspects of experience were observed, reflecting the influence of patients' characteristics and

clinical specificities. Core aspects of experience are presented below in order of the most important variations, with verbatim excerpts used for illustration. Identifying information in the excerpts were altered. The variations are summarized in Table 3 at the end of this subsection.

Recall of the care and hospital stay

When recalling the care and hospital stay, writers of neonatology and emergency medicine compliment letters described the care journey, detailing circumstances of admission and providing information allowing readers to grasp the severity of the patients' condition. In other settings, *recall of the care and hospital stay* was mainly centered on the length of the hospitalization. Reasons for admission were rarely mentioned.

- *Elena was born on March 13, 2012, at 26 weeks and 4 days, weighing 770g.* (NEO 26.2012)
- *I ended up with a nasty wound from the nose to the upper lip after being bitten in the face by a dog. I was referred to you for an ENT opinion.* (ED 18)
- *I was a patient in your department for about two weeks.* (PR SURGERY 98)

Another variation related to *recall of the care and hospital stay* that is worth noting even though it falls outside the main focus of our analysis, concerns narrative style used in neonatology and emergency medicine compliment letters. Indeed, in their letters, writers sometimes employed storytelling techniques to describe the course of the stay, whereas in other settings, writers only focused on the length of the stay to account for the hospitalization without using narrativization techniques.

- *My name is David, and I had a very unusual beginning. I was scheduled to be born on June 25, 2017, but after consulting with doctors, they decided to deliver me by C-section on Sunday, June 18, 2017. That day started like any other day, but in the early afternoon, Mom started having contractions that were getting closer and closer together. Dad quickly left work to take us to the hospital where he helped Mom breathe calmly. Finally, I was born... They hurried to cover me up and noticed that I was having difficulty breathing. After a quick exchange between Mom and Dad and a quick photo for souvenirs, I was off to neonatology. The next day, at around 4pm, seeing no improvement in my condition, quite the contrary, the hospital moved me to Lausanne University Hospital for safety reasons. (…) Now that I can breathe on my own, I've been moved to a hospital closer to home, which makes Dad, Mom and my sister happy because they'll be able to spend more time with me than on the road.* (NEO 64.2018)
- *One evening, I arrived at the emergency room of the Lausanne University Hospital at 9 pm. (…) I was even given a bed! Hours went by. The incessant activity continued. Morning arrived. It was time for the shift change. I observed the same hurried pace at work and the same kindness as before, which continued until 1 am, when I was taken by ambulance to the medical department in another building. Once again, I appreciated the welcome and kindness of the bed transporters, doctors and nursing staff, who were also working quickly.* (ED37)

Life after the hospital discharge

In neonatology's compliment letters, parents provided information about what happens after the discharge and often recounted their children's daily and family life. In comparison settings, patients and relatives focused on the return home or, as in some cases in the geriatrics setting, the patient's admission to an institution, without further elaborating on their life.

- *She's a playful, pleasant, and curious baby who is full of life and hungry. She loves to eat on her own and would only eat meat and cheese if we let her :-) She's very energetic; Martha can only stay calm when she's stacking cubes or rings or looking at a book with Daddy. She spends the rest of her days walking or running on rolling objects.* (NEO 58.2018)
- *I have gotten used to my new home at the nursing home. I have rediscovered some of the atmosphere of the geriatric rehabilitation clinic.* (GER55)

Patients and relatives' feelings

In neonatology's compliment letters, when parents evoked their *feelings*, they most often described the hospital stay as difficult and expressed their relief to be able to leave the hospital. They also mentioned being reminded of the team during particular circumstances such as their children's birthdays or follow-up hospital visits. In comparison settings, patients and relatives often reported that they enjoyed their stay and sometimes expressed a sentimental longing for this period.

- *Mark and Jonathan fought hard for this encounter with life. It was a tough battle, but thankfully, it's now just a distant memory.* (NEO 53.2011)
- *After the cocoon of the hospital, however welcoming home may be, I feel a bit melancholic.* (INT MED 4)

Perceptions of the HPs and *patients and relatives' gratitude*

Regarding the remaining core aspects – *perceptions of the HPs* and *patients and relatives' gratitude* –, writers described their perception of HPs qualities and actions and thanked the team in similar ways regardless of the setting.

Self-disclosure

Finally, an interesting finding when examining core aspects of experience in comparison settings' letters, is the identification of forms of self-disclosure that were not observed in neonatology. Self-disclosure concerned writers' professional status or their previous connections with HPs and appeared through writers' use of professional emails, business letterheads or business cards and the mention that they knew someone working in the unit. In neonatology compliment letters, parents never disclosed their profession or reported any prior acquaintance with HPs.

Table 3 summarizes variations in core aspects of experience across settings.

Table 3
Variations in core experiential aspects across settings

Core experiential aspect	Variations identified across settings
Recall of the care and hospital stay	**Clinical trajectory vs. hospitalization episode.** In neonatology and emergency medicine letters, the experience is contextualized through accounts of admission circumstances, illness severity, and care progression. In other settings, the experience is primarily situated through the duration of the hospitalization.
Life after the hospital discharge	**Central vs. secondary place of post-discharge life.** In neonatology letters, post-discharge life is a substantial part of the experience recounted; in other settings' letters, it mainly serves to indicate the patient's situation after discharge (e.g., return home or institutional placement).
Patients and relatives' feelings	**Hardship and relief vs. enjoyment and nostalgia.** Neonatology letters emphasize the difficulty of the experience and relief after the discharge, whereas other settings more often emphasize enjoyment of the stay and, occasionally, nostalgia afterwards.
Perceptions of the HPs	**No variation identified.**
Patients and relatives' gratitude	**No variation identified.**

Variations in underlying needs across settings

Comparison settings' compliment letters addressed similar underlying needs as the neonatology letters. Indeed, regardless of the setting, patients and relatives' letters appeared to be motivated by needs for closure and resuming a normal life (*closure*), maintaining a connection with HPs by providing updates on the recovery (*partial closure*), acknowledging the debt that patients and relatives felt they owed to HPs (*managing the sense of indebtedness*), accounting for how the hospital stay was experienced (*taking its own place in the care*), and expressing their gratitude (*thanking the team*).

However, as for core aspects of experience, variations in the expression of underlying needs were observed. Variations are presented below and are illustrated by verbatims excerpts. They are summarized in Table 4 at the end of this subsection.

Closure

In neonatology compliment letters, parents expressed the need for *closure* by providing details about their children's current life, in contrast with their condition during hospitalization. In doing so, parents emphasized that their children now enjoyed an ordinary life as "normal" children do, and were no longer patients. They ultimately sought to take leave from the medical world. In comparison settings, writers

expressed closure by stating that patients had recovered, thanking the staff, saying goodbye, sometimes adding humorously that they hoped never to see HPs again. In addition, in compliments letters from relatives of deceased patients, closure was sometimes expressed by honoring the patients' wish to transmit a last message to the HPs.

- *Hello, I'm sending you this message to thank you and your team for all your care and attention during my eventful birth. Today, I have a mischievous smile, shining eyes, and a heart that pounds to the rhythm of my antics. I'm filled with energy and I'm happy to discover dishes, games, baths and walks. Mom and Dad are delighted to see my progress and hear me vocalize. Thanks again.* (NEO 10.2016)
- *Dear Sir, Lina passed away at the palliative care facility on Friday night. She had insisted on several occasions that I write to you, Doctor, and your entire team to thank you for doing everything possible over the years to help her survive. She experienced a great deal of suffering in her life, and she really appreciated your empathy and your warmth. Thank you again on her behalf.* (PR SURGERY 105)

Partial closure

Partial closure manifested differently across settings. In neonatology, parents expressed partial closure by demonstrating their children's progress, describing observable signs of recovery as reflected in their development and daily life. In comparison settings, writers expressed this need by reporting that recovery was ongoing, but without providing evidence of improvement.

- *Hello everyone, I just wanted to give you an update on James and thank you for your great work. The beginning was very hard, he cried almost all the time because of gastric reflux, and he also needed surgery to repair an inguinal hernia. Now, he is almost 8 months old and improving every day. Congratulations to the entire team for your skills, support, and positive attitude. Best regards.* (NEO 84.2012)
- *Dear Madam, my husband and I would like to thank you and the entire emergency team for taking such good care of him. He contracted an infection while receiving a pacemaker. Thanks to your skills, he is on the road to recovery. THANK YOU!!!* (ED 36)

Managing the sense of indebtedness

The symbolic importance of the debt that patients and relatives felt they owed to HPs also differed across settings. In neonatology, this debt took on an almost existential quality. Parents frequently portrayed HPs as responsible for their children's survival, and, as such, as part of their family's history, creating a sense of eternal indebtedness. In comparison settings, the sense of debt was conveyed when writers expressed their gratitude, explaining that HPs had enabled them to resume their activities and their daily life. Writers stated their desire to give back, but their sense of debt had not the same existential and enduring significance as in neonatology.

- *A big THANK YOU to the entire neonatology care team for all that you have done for Julia. Without your care, we wouldn't be enjoying these beautiful days with her. Thank you for your care, and for reassuring, supporting and encouraging us*. (NEO 53.2013)
- *Dear Sirs and Madams, On November 5, 2020, I was admitted to the emergency room. From November 5 to November 11, 2020, I was hospitalized with Covid-19, in room 22.*

After seven days, I would like to express my sincerest thanks to the doctors, nurses, assistants, nurses' assistants, the trainees, and night watchmen and watchwomen for their dedication and kindness towards patients. What you do is more than a job, it's a vocation! I would also like to thank the cleaners, who always have a kind word for patients.

I would also like to thank the head chef and his team for preparing delicious meals for the patients.

You are a wonderful team, full of attention and always in a good mood despite fatigue and the current circumstances. I can assure you that if I have the opportunity to help ensure your comfort, I'll be the first to get involved.

Finally, I would like to thank you very, very much for the care you provided during my stay.

Yours respectfully. (GER104)

Taking its own place in the care and *thanking the team*

The remaining underlying needs — *taking its own place in the care* and *thanking the team* — were expressed similarly across settings: patients and relatives appeared to need to explain how the hospital stay had affected them and to express their gratitude to the HPs.

Table 4 summarizes variations in underlying needs across settings.

Table 4
Variations in underlying needs across settings

Underlying need	Variations identified across settings
Closure	**Restored normality vs. closure of care** In neonatology, closure is expressed through the contrast between the description of children's condition during hospitalization and the demonstration that they now enjoy an ordinary everyday life, restoring a state of normality. In comparison settings, closure is expressed through the mention that recovery has ended, followed by taking leave of HPs.
Partial closure	**Observable progress vs. reported ongoing recovery** In neonatology, partial closure is expressed through observable signs of healing drawn from the child's development and everyday life, whereas in comparison settings, it is expressed through the statements indicating that recovery is ongoing.
Managing the sense of indebtedness	**Enduring indebtedness vs. care-related indebtedness.** In neonatology, indebtedness is portrayed as lasting and tied to what HPs made possible in children's and family's life. In comparison settings, it is primarily expressed in relation to the recovery, daily activities, and everyday life that HPs helped restore.
Taking its own place in the care	**No difference identified.**
Thanking the team	**No difference identified.**

Discussion

When selecting comparison settings, we assumed that their characteristics might have an influence on compliment letters' content and thus expected that they could lead to the emergence of new categories of experience and underlying needs. For instance, in highly technical settings such as plastic and reconstructive surgery, one could have anticipated categories of experience centered on the praise of the care procedures and their results. Instead, in all the settings studied, the letters offered little details regarding the care provided and remained focused on relational dimension.

Furthermore, one might also have expected that the emotionally intense experience of being a patient "on the edge of life", as in the setting of emergency medicine, could have encouraged the writers to describe the impact of this experience on their everyday life after the discharge. Yet rather than disclosing aspects of their personal lives beyond the hospital setting, writers focused on HPs, highlighting and praising their actions and contributions.

The findings of this study show that recounting personal experience of care through compliment letters involved the same core aspects of experience and underlying needs regardless of the settings. In addition, they also reveal the importance of the relational dimension across settings, which has also been highlighted by previous studies [6, 14]. Indeed, patients and relatives experienced care mostly

through their interactions with HPs. The emphasis on the relational dimension may be explained by the need of connection involved by the strong emotional toll that patients and relatives experienced during care and hospitalization regardless of the settings.

The findings suggest however that writers' individual characteristics influence compliment letters' content, as reflected in variations in core aspects and underlying needs across settings. These variations may be viewed as reflecting what is at stake for writers during the care experience, depending on whether the patient is a child, an adult, or an elderly person. In this respect, psychology may offer a useful framework for understanding these variations. Indeed, the hospitalization may destabilize the patients and/or relatives' identity and reactivate – or intensify – psychosocial conflicts as described in Erikson's model [15]. These conflicts, defined as psychosocial tensions emerging across the lifespan, may manifest clinically through dynamics such as autonomy versus dependency, competence versus helplessness, or generativity versus stagnation.

Variations in the descriptions of *recall of the care and hospital stay* in neonatology and emergency medicine – expressed by a focus on the circumstances leading to hospitalization, patients' state of health and the course of the care – may reflect the unexpected nature of the situation for the writers. The potential existential threat involved may prompt a need to recount events to restore a sense of continuity disrupted by suddenness of the issue [16, 17].

In addition, variations of expressions of *life after the hospital discharge* across settings may reveal writers' efforts to restore their identity. In this regard, the descriptions of the post-discharge life in neonatology may be interpreted as parents' efforts to establish, reaffirm, or repair a parental identity undermined by their children's medical situation. Indeed, parents did not experience the first moments of their children's life as they expected. During the hospitalization, the possibility of enacting their parental role was limited by their children's medical needs. Consequently, after the discharge from the hospital, recounting everyday activities may be a way for parents to indicate that they are finally fully able to assume their role. As their children have never known a family life and a "normal" existence, parents may also emphasize everyday activities as signs of their children's recovery and development. In comparison settings, writers focused on the return home, which may be interpreted as a return to their former life, and represent adult patients' way of restoring their sense of continuity and a coherent sense of self [18]. By contrast, in geriatrics, older patients sometimes mentioned moving into a nursing home. This suggests that they may be confronted less with reclaiming former capacities than with negotiating acceptance of their current condition, trying to limit loss of autonomy, echoing later-life psychosocial tensions described by Erikson.

In comparison settings involving long or repeated hospital stays, such as geriatrics, writers evoked their *feelings*, describing hospitalization as an experience they enjoyed. This may be related to the opportunity to develop meaningful relationships with HPs during this period. These relationships may support psychosocial needs for connection, recognition and valued sense of self in situations of vulnerability. By contrast, in neonatology, parents often described hospitalization as a difficult experience. This suggests

that the support of HPs could not ease parents' feelings of anxiety towards their children's condition. Parents' position of bystanders may increase their sense of helplessness: they occupied a position in which they were responsible for their children but had limited control over the situation. The hospitalization may therefore be associated with a period of existential threat and vulnerability despite positive memories of the support received.

Regarding underlying needs, we found similar findings: no new categories were identified although their content varied. In neonatology, parents expressed *closure* by describing the contrast between their children' state of health during hospitalization and the statement that they enjoyed an ordinary daily life at the time of writing. Given the potential long-term consequences of prematurity, the contrast between children's condition during care and their current life may help parents to reassure themselves that closure remains possible – and has, at least partially, been achieved. In other settings, *closure* mostly takes the form of taking leave of HPs and explaining that recovery is over without any mention of the writers' daily life. In contrast to neonatology, it seems that patients or relatives may achieve closure by themselves, without having to demonstrate it.

The expression of the need of *managing the sense of indebtedness* also varied in neonatology compared to other settings. Parents emphasized the eternal character of the debt, implying that HPs were part of their family's history. This may be explained by the fact that their children may represent their most precious beings. In this sense, the children's survival may heighten the existential and emotional significance of the care experience, thereby intensifying their sense of indebtedness. In comparison setting, *managing the sense of indebtedness* was expressed without such existential emphasis, suggesting that writers may be grateful, but without being irrevocably bound to HPs.

These observations highlight the importance of further exploring who writes compliment letters and why. Previous research on complaints showed that HPs often attribute the cause of complaints to the complainants' characteristics rather than to the situations leading to the complaint process, which led to the identification of typical profiles of complainants [19]. Thus, the question of whether writers of compliment letters also share specific traits may be raised. Writing such a letter is a personal initiative that requires certain conditions: willingness, the capacity to write, a sense of legitimacy, and the expectation of being read. It may also be shaped by social norms of politeness or feedback practices. Further identifying the typical profiles of writers and exploring their experiences of care and perceived relationships with HPs would deepen the understanding of this material.

Conclusions

Compliment letters provide insights into the ways patients and relatives make sense of their care experiences. While they contain information about HPs' behaviors and actions, they are personal initiatives shaped by the writers' situations, perspectives and underlying needs. Compliment letters thus appear to serve functions that extend beyond expressing gratitude. They may provide patients and relatives with an opportunity to reconnect with HPs after the discharge (18) acknowledge their role [1]

and maintain a sense of continuity in the relationship [20]. Using compliment letters as objective measures of care quality may therefore be misleading, as they reflect lived experiences rather than comprehensive evaluations. This has several practical implications. First, our study showed that compliment letters offer insights into needs related to the care experience, which seem to persist beyond hospital discharge. This raises questions about whether healthcare organizations should address these needs and provide opportunities for patients and relatives to discuss their experience during care. If so, which criteria should be applied to identify patients and relatives who may benefit from such support, and which kind of HPs should be involved in addressing these needs?

Second, the relational focus observed across all settings highlights the central role of interactions with HPs in patients and relatives' experiences of care. Relationships with HPs appear to be meaningful for patients and relatives, supporting them in situations of vulnerability and uncertainty. However, HPs may not always perceive these relationships in the same way and may even experience a sense of incongruence between how they are portrayed in letters and how they perceive themselves (9). Compliment letters may therefore offer HPs opportunities to reflect on the relational dimension of care and on patients and relatives' care experience. As such, letters can be used to foster and support HPs' reflexivity, for instance during supervision sessions or training courses. In addition, the prominence of relational dimension across all settings makes its importance visible. In contexts where relation may be perceived as time-consuming and cannot be assessed through protocols and performance indicators, compliment letters contribute to its recognition within healthcare organizations.

Declarations

Ethics approval and consent to participate

The Ethics Committee of the Canton of Vaud (CER-VD) exempted this study from ethical review because it does not fall within the scope of the Swiss Human Research Act (HRA) and therefore does not require authorization (Req-2020-01046 and Req-2021-00577). Consequently, informed consent to participate was not required under the Swiss Human Research Act. The study was conducted in accordance with relevant guidelines and regulations. Full data protection was guaranteed, and identification or re-identification of individuals who submitted compliment letters was rendered impossible.

Consent for publication

Not applicable

Availability of Data and Materials

The dataset analyzed during the current study is not publicly available due to confidentiality issues and the fact that the analyzed compliment letters are the property of Lausanne University Hospital's geriatrics, internal medicine, neonatology and plastic and reconstructive surgery services, and of the geriatrics services at Fribourg and Neuchâtel hospitals.

Competing Interests

The authors declare that they have no competing interests.

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Authors' contributions

CB, BS and FS conceptualized the study. VC performed data acquisition. VC and CB analyzed the data. VC, CB, BS and FS interpreted the data. VC drafted the article. All the authors reviewed the article.

All the authors read and approved the manuscript.

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