



Investigation of Complaints Received from Affiliated Centres in the Treatment Supervision Department of the Iran University of Medical Sciences in 2020

Fatemeh Najafipour Moghadam^{1*}, Hossein Farzaneh¹, Javad Tabaeian¹,
Roghaieh Noee Dehshal¹, Saeed Bagheri¹

¹ Department of Curative Affairs, Iran University of Medical Sciences, Tehran, Iran

ARTICLE INFO

Article History:

Received: 16 Nov 2021

Revised: 2 Mar 2022

Accepted: 27 Sep 2022

*Corresponding Author:

Fatemeh Najafipour Moghadam
Department of Curative Affairs,
Iran University of Medical
Sciences, Tehran, Iran.

Email:

Najafipour.f@iums.ac.ir

Tel:

+98-9125018036

ABSTRACT

Background: Complaints are expressions of dissatisfaction that need to be addressed and are a very effective tool for improving the quality of care and treatment services. This study was conducted to investigate the complaints received in 2020 in the treatment supervision department of the Iran University of Medical Sciences.

Methods: The present study is a retrospective descriptive study. All registered complaints, including written, oral and telephone, were reviewed by the complaints officer of the treatment supervision office in 2020. The data obtained from the review of complaints provided by clients of affiliated centres, including personal information of the complainant, the complainant was classified in an Excel file and analyzed by using descriptive statistics Such as number and percentage.

Results: Of the total number of complaints received in 2020 with 2121, the cases included complaints about the provision of care and medical services 809 cases, tariff 301 cases, health and infection control 222 cases, the activity of unauthorized persons 194 cases, visit services 125 cases, defects, respectively, Technical equipment 76 cases, lack of licenses 76 cases, admission and clearance services 69 cases, induced demand 66 cases, drugs 64 cases, how to deal 63 cases, center closure and non-service 20 cases, forgery and misuse 18 cases, illegal advertising 10 cases, manpower shortage 8 cases.

Conclusion: It seems that by identifying the effective factors in the occurrence of complaints and dissatisfaction and adopting solutions regarding Training in improving behavioural, communication and professional skills, periodic monitoring visits, reporting functional deficiencies to affiliated centres to correct and eliminate deficiencies, can be done to satisfy and prevent dissatisfaction so that the patient and with a pleasant memory of the process if necessary, refer others to the mentioned centre if necessary.

Key words: Complaint, Accountability, Satisfaction, Patient rights.

Citation

This paper should be cited as Najafipour Moghadam F, Farzaneh H, Tabaeian J, Noee Dehshal R, Bagheri S. Investigation of Complaints Received from Affiliated Centres in the Treatment Supervision Department of the Iran University of Medical Sciences in 2020. Evidence-Based Health Policy, Management & Economics. 2022; 6(3): 163-8.



Introduction

Patients are sensitive to several problems in providing health care and can diagnose it (1). Health services can create a different perception for each patient as a health care recipient (2). Receiving health services according to the laws and regulations set in each country is the right of every person (3) and due to access to modern information systems and increasing the level of education and public education, the participation of patients and their families in the process of health care and treatment of its diseases Have increased by playing an active role in clinical decision making. As a result, complaints about the quality of health care have increased significantly (4).

Complaints can harm individuals and organizations providing health care. Feelings of anger towards the patient, frustration, doubts about clinical competence, and fear of legalization can jeopardize the quality of care by shifting health care workers to defense medicine (5, 6). Today, grievance redress is an essential part of the system health care is about raising health standards. Patients' complaints are increasingly recognized to provide valuable insights into patients' experiences of health care (7). Considering that each complaint is considered as a valuable opportunity to find a way to improve the quality of service that patients receive, it can be done by combining heterogeneous data from different perspectives, including by integrating patient complaints and incident report data. Staff achieved a more comprehensive analysis of critical safety incidents (8).

Patients' complaints are a symbol of dissatisfaction with the care and service provided by hospital staff and an indication of gaps in the service delivery system that reflect the hospital's shortcomings. If a systematic approach is taken to address patient complaints throughout the hospital, not only will the organization's performance improve but also the quality of care will improve, so centers need to make clear policies and structures to improve their grievance performance. Systematically identify the root of the problem. Complaints may indicate some system defects, individual or a combination of both. In addition,

the experience of the complaint, including its outcome, is often lower than the patient's expectations, especially about the interpersonal behavior of health care workers. It becomes expensive (9).

Complaints handling experiences are valuable and necessary for the organization and the cases announced by the plaintiffs can be used to eliminate the shortcomings and improve the current situation. Frequency and classification of complaints received in the treatment supervision department of the Iran University of Medical Sciences in 2020. It is expected that the importance of the issues raised and the frequency of complaints announced by religious beneficiaries and recipients of care and treatment services, will be given special attention by managers and policymakers and will be used in long-term and short-term programs to improve the status quo.

Materials and Methods

The present study is a retrospective descriptive study. Complaints received from all medical institutions, physicians' and dentists' offices and educational and medical centers affiliated to Iran University of Medical Sciences in 2020 have been investigated. All registered complaints, including written, oral and telephone, were reviewed in the Complaints Officer of the Treatment Supervision Office in 2020. The data were recorded, classified and analyzed by descriptive statistics such as frequency and percentage were used to categorize complaints by reviewing the complaints submitted by the clients of the affiliated centers, including expert documents, personal information of the plaintiff, the complainant, the complainant with confidentiality and failure to provide personal details in the Excel file version 2013.

Results

Out of 2121 complaints received (Table 1), the highest frequency is complaints about the provision of care and medical services (809 and 38.14 %), followed by complaints about payment tariffs (301 and 14.19 %), complaints about health and infection control (222 cases and 10.46 %), then



the activities of unauthorized persons (194 cases and 9.14 %), how to visit services (125 cases and 5.90 %), technical defects of equipment and lack of activity license (with 76 cases and 3.58 %), admission and clearance services (with 69 cases and 3.25 %), induced demand (with 66 cases and 3.11 %), medicine (With 64 cases and at the rate of 3.06 %), the manner of treatment of medical

staff (with the number of 63 cases and at the rate of 2.97 %), closure of the center and non-provision of services (with the number of 20 cases and at the rate of 0.94 %), forgery and abuse the evidence of others (with 18 cases and 0.84 %), illegal advertising (with 10 cases and 0.47 %), lack of manpower (with 8 cases and 0.37 %), (Table 1) and (Table 2).

Table 1. Number and categorized cases of complaints received in 2020

Subject of complaint	Number	Percentage
How to provide care and treatment services	809	38.14 %
Visiting services	125	5.90 %
Induction demand	66	3.11 %
Hygiene and infection control	222	10.46 %
How to deal	63	2.97 %
Technical defects of equipment	76	3.58 %
Lack of permission	76	3.58 %
Activities of unauthorized persons	194	9.14 %
Abuse of others' credentials	18	0.84 %
Lack of service	20	0.94 %
Unauthorized advertising	10	0.47 %
Lack of manpower	8	0.37 %
Tariff	301	14.19 %
Admission and clearance services	69	3.25 %
Medicine	64	3.06 %
Total	2121	100.00 %

Table 2. Frequency of complaints received in 2020 based on the type of complaint and the institution

Subject of complaint	Number	Hospital	Clinic	Limited surgery	Doctor's office	Substance Abuse Treatment Center (MMT)	Dental clinic	Business Offices
How to provide care and treatment services	809	697	92	20	--	--	--	--
Visiting services	125	90	17	2	16	--	--	--
Induction demand	66	61	5	--	--	--	--	--
Hygiene and infection control	222	166	42	12	--	2	--	--
How to deal	63	47	9	1	4	2	--	--
Technical defects of equipment	76	69	7	--	--	--	--	--
Lack of permission	76	--	--	--	40	5	9	22
Activities of unauthorized persons	194	10	59	21	80	--	21	3
Abuse of others' credentials	18	--	3	1	10	4	--	--
Lack of service	20	4	10	2	2	2	--	--
Unauthorized advertising	10	3	1	1	4	--	1	--
Lack of manpower	8	8	--	--	--	--	--	--
Tariff	301	167	32	11	48	21	12	10
Admission and clearance services	69	56	10	3	--	--	--	--
Admission and clearance services	74	20	--	--	--	44	--	--
Total	2121	1398	287	74	204	80	43	35



Discussion

The findings of the present study indicate that considering that complaints about the provision of care and treatment services, payment of tariffs, health and infection control, activities of unauthorized and unlicensed people in the field of health, how to provide visit services, technical defects of equipment, admission and discharge services, induced demand (creating unnecessary costs and in excess of the patient's needs in diagnostic and treatment), how to give medication, how to treat medical staff, closing the center and not providing services, forgery, and so on the development of appropriate solutions by the managers of care providers, the use of regulatory leverage, attention to the number of complaints, performance review and decision to extend the license or the development of the units requested by the evaluated centers will be effective. Due to the limitations of the studies, the relevant researches are stated below.

Based on the study of Jafarian et al. (10), the reasons for filing a complaint based on the patient's complaint in eight groups: Error treatment, negligence (lack of attention, absence, absence, negligence), financial issues, incompetence of the doctor, misdiagnosis, inappropriate treatment, the lack of complete justification of the patient about the actions and non-compliance with government systems is divided (10), which is somewhat in line with the present study. Another study found that one of the factors that led to a large number of health service complaints was that patients were rejected by the hospital due to overcrowded treatment rooms and patients being forced to pay extra (2), according to a Barn Horn study et al. (11) most of the patient's unintended complaints are related to clinical problems, lack of seriousness, and the third is related to professional issues (11).

Communication skills are essential for health professionals to communicate positively with patients, improve their health and quality of life. From this perspective, communication skills training can be an effective strategy to improve the care provided by patient care professionals and the quality of health services (12), which are consistent

with the results of the present study. The common view is that the reason for most patients' complaints is that they want their voices to be heard and apologized to (13) given that one of the factors related to the behavior of service providers in medical centers is the most important reason for patients to complain. In addition to treating patients, the hospital should control the individual factors causing complaints in patients by observing the principle of respect for the patient and implementing technical and professional criteria (14). Also, communication skills including effective information transfer, verbal communication, speech and ear strategies and non-verbal communication such as gestures and expressions, eye contact and body language, as tools that can enable the patient to understand and process information while being cared for by health professionals, through empathy, informed participatory choice and patient involvement (15).

Due to the limitations of the study, the lack of documentation of the received complaints and the relative cooperation of some plaintiffs to provide information, an attempt was made to collect the information in a proper manner by examining the cases more closely.

Conclusion

Considering that patients' complaints are a symbol of dissatisfaction with the care and service provided by staff and indicate the gaps in the service delivery system that reflect the shortcomings of the center, pay attention to developing appropriate solutions and mechanisms in the process of monitoring the performance of medical institutions subordinate includes hospitals, limited surgery centers, offices, general and specialized clinics, etc. by policymakers, managers and employees to reduce the gap or eliminate possible misunderstandings of patients and their companions. Due to the limited studies in the field of reviewing complaints in the field of health care, it seems that studies on the subject of knowledge and attitudes of health care workers about patient rights and ethical standards, compliance with the guidelines in the field of care and treatment



services in the framework. The notified rules and regulations will be effective in improving the current situation and removing the obstacles and problems ahead. Due to the limitations of the research, in some cases, the generality and ambiguity of the received complaints, which tried to further classify and determine the complainant, while reviewing the relevant documents.

Acknowledgements

Acknowledgements from professors, experts and practitioners in the field of therapeutic tourism and all the collaborators who have been involved in this research are grateful.

Conflict of interests

The authors declared that they have no conflict of interests.

Authors' Contributions

Najafipour Moghadam F, Farzaneh H, Tabaieian J, Noee Dehshal R, and Bagheri S designed research; Farzaneh H, Tabaieian J, and Najafipour Moghadam F conducted research; Noee Dehshal R, Bagheri S analyzed data; and Najafipour Moghadam wrote the paper. Najafipour Moghadam F had primary responsibility for the final content. All authors read and approved the final manuscript.

Funding

The authors declared no conflict of interests.

References

- Weingart SN, Pagovich O, Sands DZ, Li JM, Aronson MD, Davis RB, et al. Patient-reported service quality on a medicine unit. *International Journal for Quality in Health Care*. 2006; 18(2): 95-101. doi: 10.1093/intqhc/mzi087.
- Julianus Borolla HD, Indar, Razak A, Mallongi A. The difference in the number of complaints from patient health services using national health insurance at regional general hospitals. *Gaceta Sanitaria*. 2021; 35(1): S12-S14. doi: 10.1016/j.gaceta.2020.12.004.
- Kebon S. The road to national health insurance (JKN). 2015 National Team for the Acceleration of Poverty Reduction. Available from URL: <http://www.tnp2k.go.secretariat> of the Vice President of the Republic of Indonesia. Last access: 15 May, 2021.
- Siyambalapitiya S, Caunt J, Harrison N, White L, Weremczuk D, Fernando DJS. A 22-month study of patient complaints at a national health service hospital. *International Journal of Nursing Practice*. 2007; 13(2): 107-10. doi: 10.1111/j.1440-172X.2007.00613.x.
- Jain A, Ogden J. General practitioners' experiences of patients' complaints: Qualitative study. *BMJ*. 1999; 318(7198): 1596-9. doi: 10.1136/bmj.318.7198.1596.
- Korcok M. Medicolegal hell in texas. *Canadian Medical Association Journal*. 1995; 153(7): 963-6.
- Claydon O, Keeler B, khanna A. Understanding complaints made about surgical departments in a UK district general hospital. *International Journal for Quality in Health Care*. 2021; 33(3). doi: 10.1093/intqhc/mzab095.
- Van Dael J, Gillespie A, Reader T, Smalley K, Papadimitriou D, Glampson B, et al. Getting the whole story: Integrating patient complaints and staff reports of unsafe care. *Journal of Health Services Research & Policy*. 2022; 27(1): 41-9. doi: 10.1177/13558196211029323.
- McCreadie M, Benwell B, Gritti A. A qualitative study of National Health Service (NHS) complaint-responses. *BMC Health Services Research*. 2021; 21: 696. doi: 10.1186/s12913-021-06733-5.
- Jafarian A, Parsapour AR, Hajtarkhani AH, Asghari F, Emami Razavi SH, Yalda A. An survey on the complaints registered in Medical Council Organization of Tehran. *Journal of Medical Ethics and History of Medicine*. 2009; 2(2): 67-74. [In Persian]
- Barnhoorn PC, Essers GTJ, Nierkens V, Numans ME, Nka van Mook W, Wm Kramer A. Patient complaints in general practice seen through the lens of professionalism: A retrospective observational study. *BJGP Open*. 2021; 5(3). doi: 10.3399/BJGPO.2020.0168.
- Mata ÁNdS, De Azevedo KPM, Braga LP, De Medeiros GCBS, De Oliveira Segundo VH, Bezerra INM, et al. Training in communication



- skills for self-efficacy of health professionals: A systematic review. *Human Resources for Health*. 2021; 19: 30. doi: 10.1186/s12960-021-00574-3.
13. Simanowitz A. Standards, attitudes and accountability in the medical profession. *The Lancet*. 1985; 326(8454): 546-7. doi: 10.1016/S0140-6736(85)90474-X.
14. Zaboli R, Seyed Javadi M, Salari J, Aliaffje A. Investigating the extent and causes of complaints in the field of treatment of hospitals and medical centres under the auspices of Shahid Beheshti University of Medical Sciences in 2013. *Iranian Journal of Forensic Medicine*. 2015; 20(4): 193-200. [In Persian]
15. Ditton-Phare Ph, Loughland C, Duvivier R, Kelly B. Communication skills in the training of psychiatrists: A systematic review of current approaches. *Australian & New Zealand Journal of Psychiatry*. 2017; 51(7): 675–92. doi: 10.1177/0004867417707820.