



Patients' Complaints and the Effective Factors in Medical and Educational Center of Shahid Bahonar Hospital of Kerman in 2015

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ABSTRACT

Background: Patients' complaints show dissatisfaction from the services received in hospital and gaps in health care service providing system. The present research was conducted with the aim of determining patients' complaints and the effective factors in Shahid Bahonar Hospital of Kerman in 2015.

Methods: This research is cross-sectional with descriptive-analytical approach and studied all the recorded complaints in Shahid Bahonar Hospital of Kerman in 2015. Data was collected using form as census from 155 recorded complaints from office of complaints in accountability unit in 2015. Data was analyzed after extraction by SPSS₂₂ software, descriptive statistics, and chi-square test.

Results: Complaints of 155 people with 174 subjects were recorded. The maximum complaints were for clinical sector (54.2%). Each non-receiving desirable services and improper communication was the most proposed subject. Frequency of complaints based on team and doctors was 31.6% and administrative-support team was 30.5% as the maximum frequency. The most popular complaint subject for men was non-receiving timely, conscious, and desirable services with 23.87% frequency, and for women was improper communication and confrontation with 17.41% frequency. The efficient evidences based on relationship between genders and age weren't found among subjects.

conclusion: One hundred and fifty five complaints were recorded in Shahid Bahonar Hospital of Kerman in 2015. The reason for patients' complaints was non-receiving desirable services, improper communication, defect in facilities and amenities, ignorance to cares and costs. The most frequent factor was non-receiving timely, conscious, and desirable services. Therefore, it is suggested that senior managers of this center should formulate a proper operational program to promote medical services. Moreover, a permanent follow up of managers to increase number of approved beds and facilities for patient admission and treatment will reduce the amount of complaints.

Keywords: Complaint, Patient, Hospital

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Introduction

Patients' complaints show dissatisfaction from the services received in hospital and are symbol of gaps in health care system (1). A range of communicative managerial, and medical factors lead to patients' complaints (2). Patients' complaints can even give important and extra information about the promotion of safety to the health care provider organization (3).

Accountability to complaints can be studied based on aspect of patients' rights beside aspect of safety. Therefore, Iran Ministry of Health presented patient rights charter to all medical sciences universities besides obliging all organizations to obey this charter and providing the mentioned needs in it (4). Efficient observation system on patients' complaints is one clause of this charter. It is said that nearly all complainers don't want the event that occurred to them to happen to others not for their sense of altruism, but to return the sense of execution of justice (5).

Complaint management has always been challenging, because there is often no intrinsic solution to solve a problem. Success in this issue depends on accurate perception about complaints, how to follow complaints, and patient satisfaction about the offered solution (6). Moreover, complaints received from patients in hospitals have this potential to be considered as a timely awareness system and if it works, it can prevent serious events of safety (7).

Patients' critics is hardly acceptable for medical team, but the reality of medical work is that patient still find something to complain about despite the maximum attempts to provide good services. When a doctor is suddenly faced with patient's complaint, he/she is ready to give a structured answer and must attend to this matter even if that patient's complaint is not valid, because it may provide an opportunity to progress. Patient's satisfaction plays an important role in the present environment (8-10). Complaints in spite of negative loads and having illogical face can open a window toward discovery and solution to problem. As stated by Spencer et al., it is important to face a satisfied or angry patient with an open mind when

he/she directly faces a medical team or the doctor, and it is always probable he/she has right. In addition, he/she may have a useful suggestion for the medical team such as a vision to have an effective communication. Paying attention to patients' mental concerns usually doesn't need a significant attempt and is highly probable to give the patient a sense of confidence that makes a patient leave there happily and think of returning some other time (11). Therefore, troubleshooting of patients' complaints and providing proper solutions are essential in hospitals (12).

Accountability to complaints is the effective factor on the quality of the provided services in hospital according to the mentioned reasons, and awareness about the reason of complaints is a step in promoting satisfaction in medical centers. If it is mentioned, it can help managers in promoting hospital sophisticated processes and techniques. Therefore, along with this issue, this research aims to study the amount of patients' complaints and the effective factors in medical center of Shahid Bahonar Hospital of Kerman in 2015.

Materials and Methods

This is a cross-sectional study with descriptive-analytical approach of all documented complaints in medical center of center of Shahid Bahonar Hospital of Kerman in 2014-2015. Data was collected using a form including all demographic information, type of complaint, the complaint team, the complaint unit, the complaint subject as census from 155 recorded cases in 2015 in all verbal, written, telephone, and SMS forms using complaint office in accountability unit. Given that all complainers don't express their complaints easily, complaints and satisfaction survey unit registers patients' complaints and the observed complaints during round in hospital by supervisors which were recorded in supervisor's report form for management. Therefore, the maximum capacity was used to register complaints of center and their extraction. Data was analyzed after extraction by SPSS₂₂ software, descriptive statistics, and chi-square test.



In addition, the declaration of Helsinki was considered for ethical issues. First and last name and other information of complainers weren't written for the sake of privacy.

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Results

Medical and Educational Center of Shahid Bahonar Hospital of Kerman with 370 beds was active as the main center of state south east trauma and has emergency, orthopedics, general surgery, neurosurgery, special sectors, internal sector, maxillofacial surgery, and urology. Number of hospitalized and outpatients of this center was 235867 people in 2015 among whom 155 people were with full information complaints that were recorded in accountability unit and some of them stated more than 1 complaint. Complaints with incomplete information were omitted.

The mean age of complainers was 37 and 30-39 years old age group had the maximum number of complainers with 47% frequency. Nearly 59% of complainers were men and about 33% were patient themselves.

Clinical sectors with 54.2% have the maximum complaints, then emergency and clinic with 21.9%, then administrative-support sector with 13.5%, and finally para-clinic sectors with 10.3%.

Two subject of non-receiving timely, conscious, desirable services and improper communication of service providers were close to each other and each one has 34% which attributes the maximum percentage of complaints to themselves.

The most popular method of informing a complaint is verbally which has 40.6%, then

suggestion complaints box was 36.1% all over the hospital.

Based on Table 4, the maximum complaints from medical team were 31.6%, then complaints from administrative-support team with 30.5% had the maximum frequency. Next ranks were for nursery team with 23%, para-clinic team with 6.3%, service team with 4.6%, and guard team with 4%.

The most popular subject of complaint among men with 23.87% frequency was about non-receiving timely and desirable services, and the most popular subject of complaint among women was improper confrontation and communication with 17.41%. (However, as it was observed in test statistics table, according to the chi-square test, there wasn't enough evidence about the significant relationship between gender and complaint subject).

The complainers in the studied society were older than 20 and younger than 59. Among the mentioned age groups in Table (6), the maximum complaints were related to 30-39 years old age group with 47%. In 20-29 years old age group, the maximum complaint was 9% for improper confrontation and communication. In 30-39 years old age group, the maximum complaint was 20.64% for non-receiving timely, conscious, and desirable services. In 40-49 years old age group, the maximum complaint was 9% for improper confrontation and communication. Both defect in welfare facilities and non-receiving desirable services with 1.9% has the maximum complaints in 50-59 years old age group.

Table 1. Frequency distribution of complaints based on units/sectors of medical and educational center of center of Shahid Bahonar Hospital of Kerman in 2015

Unit/Sector	Number	Percentage (%)
Clinical sectors	84	54.2
Emergency and clinic	34	21.9
Para-clinic	16	10.3
Administrative - support	21	13.5
Total	155	100



Table 2. Complaints frequency based on complaints subject

Subject of complaint	Number	Percentage (%)
Failure to receive timely, conscious, with desirable information services	60	34.5
Improper confrontation and communication	59	33.9
Defects in facilities, amenities, nutrition, and cleaning	33	19
Ignorance or mistake in curing	16	9.2
Costs	6	3.4
Total	174*	100

* The reason for more complaint subjects than number of complainers shows that complainers have more than 1 subject for complaint.

Table 3. Complaints frequency based on complaint manner

Complaint manner	Number	Percentage (%)
Suggestion complaints box	26	36.1
In person	63	40.6
Informing supervisor and registration in polls questionnaire	18	11.6
Telephone	3	1.9
SMS system	13	8.4
Upstream organizations	2	1.3
Total	155	100

Table 4. Complaints frequency based on the complaint team

The complaint team	Number	Percentage (%)
Medical	55	31.6
Nursery	40	23
Guard	7	4
Service	8	4.6
Administrative- support	53	30.5
Para-clinic	11	6.3
Total	174	100

Table 5. Frequency of the subjects of recorded complaints in medical center of center of Shahid Bahonar Hospital of Kerman based on gender

Gender		Complaint subject										Total	
		receiving timely, conscious, and desirable	Improper confrontation and communication	Defects in cleanliness, nutrition, and welfare facilities	Ignorance and mistake in care	Costs	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	
Gender	Men	23.87	37	17.41	27	10.32	16	4.51	7	2.58	4	58.7	91
	Woman	12.9	20	17.41	27	5.16	8	5.8	9	0	0	41.3	64
Total		36.7	57	34.82	54	15.48	24	10.32	16	2.58	4	100	155
Pearson Chi-Square		Test- statistics										P*	
		7.512 ^a										0.111	

*Significant at the 0.05 level



Table 6. The frequency of the recorded complaint subjects in medical and educational center of center of Shahid Bahonar Hospital of Kerman based on age

		Complaint subject										Total	
		Non-receiving timely, conscious, and desirable services		Improper confrontation and communication		Defects in cleanliness, nutrition, and welfare facilities		Ignorance and mistake in care		Costs			
		Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency		
Age (age groups)	20-29	6.45	10	9	14	1.9	3	2.58	4	0.65	1	20.65	32
	30-39	20.64	32	15.48	24	6.45	10	2.58	4	1.9	3	47	73
	40-49	7.74	12	9	14	5.16	8	4.51	7	0	0	26.45	41
	50-59	1.9	3	1.3	2	1.9	3	0.65	1	0	0	5.9	9
Total		36.77	57	34.83	54	15.48	24	10.32	16	2.58	4	100	155
Pearson Chi-Square				Test- statistics						P*			
				11.952 ^a						0.450			

*Significant at the 0.05 level

Discussion

According to the findings of this study, the maximum complaints were for medical team, then administrative-support team, and nursery team. It was indicated in Mirzaaghaei study (13) by reviewing other studies that complaints of 3 hospitals under the supervision of Tehran Medical Sciences University were checked. The first rank of complaints was for doctors and then nurses. However, in Movahednia study (1), the first rank of complaints was for nurses and the second rank was for doctors. Various factors are effective in complaints about the service provider team in hospital which Forstater referred to as the lack of reciprocal understanding among doctors and patients and declare that this factor is the most important factor of making complaint (14). In Amuei research (15), the most important reasons for complaints were behavioral factors of doctors in studying the effective factors on complaints about doctors.

In checking the causes of complaints in this research, non-receiving timely, conscious, and

desirable services was the main reason of complaints with the maximum frequency whose results are in line with those of Mirzaaghaei study (13). In a research by Zaboli et al. (16), delay in providing medical services contributes to 14% of complaints from hospitals and medical centers covered by Shahid Beheshti University of Medical Sciences in 2013. Hospital validation standards emphasize on the principle of providing timely, conscious, and desirable services, and this issue is considered as the initial principle of patients' rights, and hospitals are supposed to execute this culture through various ways.

In this study, the second reason of complaint is improper confrontation and communication of service provider in hospital. Improper communication in this context implies the manner of confrontation and providing information and guidance by hospital for various reasons such as lack of attention to the professional ethical principles, lack of intensive time, and high working load in medical and educational center. The highest reason of complaints by patients from nursery



employees in Movahednia study (1) was for improper communication of some nurses with clients. The second reason for complaints in Mirzaaghaei study (13) is also this case which are in line with the results of this study. Furthermore, other studies show many complaints about improper communication. Zaboli (16) refers to the complaint about medical team in his research, and the improper communication was the highest reason of complaint in Anderson study (17). According to the importance of consideration of ethical principles from service receivers, the principle of human dignity and respect for patients' rights are mentioned in health care service providing organizations (18).

In this study, the existing defects in hospitals in field of welfare facilities, amenities, and nutrition are the third complaint that was calculated as 8.74% in Firuzgar Hospital in Movahednia study (1) and 8.3% in Mirzaaghaei study (13). Execution of hoteling promotion of hospitals in health care system development plan is one of the valuable actions according to patients' satisfaction promotion and reduction of complaints that pay attention to the structural and welfare conditions of hospitals.

The factor of ignorance and mistake according to the perspective of patients and their families is the fourth reason of complaints for increasing medical information and awareness of patients' rights among social classes. A percentage of 6.26% of complaints in Movahednia study (1) occurred for this reason. Complaints for complications of treatment were 2.8% in Zaboli study (16). Siyabani (19) concluded in a study about the reasons for complaints from doctors in Kermanshah such that 36.9% of complaints from doctors were for making complication, and 13.8% was for complication of treatment. It is stated in Darabi study (20) that complaints about medical team is proposed all over the world, and all medical team may be accountable in legal centers one day.

The last reason of complaint in this center is for treatment costs which has the minimum complaints, while costs was the second reason of complaints in Firuzgar Hospital in Movahednia study (1). The maximum complaint in Zaboli study (16) was about receiving money out of tariff

with 61% which was significant (16). Since patient health promotion requires adherence to the principle of justice and not demanding for financial claims in disease treatment (21), and with the government attempt to reduce people financial burdens in health and treatment, health care system development plan should take a special look toward reducing financial load from people shoulders, and if financial resources are supplied, the mentioned plan will be effective and is considered as a valuable action to reduce people costs.

Conclusion

A number of 155 people complained in Shahid Bahonar Hospital in 2015. The reasons of patients' complaints include non-receiving desirable services, improper communication, defect in facilities and amenities, ignorance in caring, and high costs. The maximum reasons for complaint were non-receiving timely, conscious, and desirable services. Therefore, it is suggested to formulate and execute operational plans to promote educational medical and nursery services with the help of senior managers of this center. Moreover, a permanent follow up of managers to increase number of approved beds and facilities for patient admission and treatment will reduce the amount of complaints. In addition, permanent improvement of hospital activities and promotion of hoteling center is an important step that must be executed to reduce the expressed and non-expressed complaints loads. The more patients become aware of their rights, the more medical health services provision is supposed to go along with this wave by accepting medical and non-medical expectations, needs, and promoting society quality and satisfaction from hospital services by respecting these rights. Accountability to complaints and studying reasons for the complaint are ways of respecting these rights that are mentioned in approved charter of patient rights.

Holding educational classes for employees and medical groups is effective along with awareness of service receivers' rights and actions such as amicable communication with patient, proper confrontation, and provision of accurate and



timely information to patient to reduce the complaints.

Thus, training communication skills with patients including confrontation with patients, and the manner of breaking unpleasant news must be included in training of medical sciences team.

According to the harmful effects of medical mistakes, selecting a systematic approach is suggested due to the occurrence of mistake in carrying out responsibility and defect in employees' knowledge.

According to the importance of the issue of potential and actual complaints, it is suggested to have individual unit and active, coherent, and efficient complaints handling system, and the obtained information are given to the upstream organizations to select proper decisions.

The advantage of this study is accuracy and honesty in the received data and its analysis and using the presented data can be mentioned as the limitations of the study. It is suggested that further studies should use longer period (5 years) on

information of several hospitals. Investigating the complaints of hospital did not show all of them, because many people withdraw their complaints for personal and organizational reasons. Therefore, a prospective and active study by interview with complainers can be designed.

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Conflict of interests

There are no conflict of interests to be declared

Authors' Contributions

Ranjbar M and Ahmadinejad M designed research. Sheikholeslami Sh conducted research. Ranjbar M and Sheikholeslami SH analyzed data. Ranjbar M, Ahmadinejad M and Sheikholeslami Sh wrote the paper. Sheikholeslami SH had primary responsibility for final content. All authors read and approved the final manuscript.

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