

Study of Patient's Complaints Reported over 36 Months at a Large Public Educational Specialized Center of Obstetrics and Gynecology

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Abstract: Introduction Nowadays, the handling of complaints is considered as an essential part of the health care system to improve health standards, patient satisfaction and quality of health care. This study aimed to investigate the complaints of patients recorded in a public educational specialized maternity and women's hospital in Mashhad, Iran. Methods In this cross-sectional and explanatory study all written and oral complaints of patients and their companions (758 complaints) were investigated. The complaints classified using a form developed by the researchers and analyzed using descriptive statistics and using Microsoft Excel 2007. Results The findings showed that 53% (403 cases) and 5.4% (41 cases) of complaints were related to therapeutic and Para-clinic wards respectively. The main reasons of complaints were about ignoring the standards of clinical care (218 cases, 29.2%), communication failure (183 cases, 24.4%), quality of basic amenities (180 cases, 23.7%) and delay in delivery general services or canceled appointment (102 cases, 13.3%). Neglecting the standards of clinical care 39.9%, poor communication 77% and general facilities deficit 16.09% were the most subjects of complaints that identified as priority areas for intervention, Conclusion: Enhancing the capabilities of the staff and students to provide high quality medical care, improving their communication skills as well as providing sufficient information to the patient can be effective in reducing the complaints.

Key words: Complaint • Patients • Quality Improvement • Teaching hospital

INTRODUCTION

Despite the best efforts of the medical staff, there is always a possibility of error to occur [1]. All preventable adverse events do not lead to complaint and legal claim and all poor clinical outcomes do not result in compensation [2]. Complaint is expressing dissatisfaction which needs response and handling. The complaints are recognized as a valuable source of information [3]. The patient's complaint is a formal,

written or oral complaint which the patient cannot make it explicitly resolved [4]. The study of the rate, nature and the possible cause of the patient's complaint is considered as an important step to improve the patient satisfaction and quality of health care [5].

Availability of modern information systems, raising awareness and patient participation in decision making cause to have more complaints on the quality of health care [6, 7].

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Patients can help to improve safety and reduce risk by sharing their treatment experiences [8]. The survey on patients' complaints is an effective way which cause to increase the quality of care, improve the knowledge and attitudes of medical and nonmedical staff, create a better and friendlier behavior toward patients, substantial savings in the direct and indirect costs arising from adverse incidents, complaints and claims and eventually preserving the sanctity of the medical community [9].

International reports show that despite significant advances in medical care, the number of complaints from medical staff has been increased [10]. Nowadays, the handling of complaints is considered as an essential tool to improve the standards of care delivery [2]. Health care organizations will be able to accurately recognize the risk factors, if they integrate and highlight the reported patient's complaints using systematic analysis [8]. Since no more studies in Iran have been conducted yet about this issue the current study aims to investigate the complaints of patients recorded in a large educational public specialized maternity and women's hospital.

MATERIALS AND METHODS

This cross-sectional and explanatory study was performed in 2012. Researchers conducted a retrospective review of complain reports. All the written and oral complaints (758 cases) in this public specialized maternity and women's hospital from 2008 to 2011 were investigated. This center is a single-specialty and subspecialty educational hospital with 82 active beds including Surgery, Gynecology and Obstetrics, NICU, operating rooms and Maternity wards. At first, a form was designed for collecting and classifying data by reviewing the literature. Then 50 complaints were randomly classified using the designed form and the necessary corrections on the form were done by the researchers. The validity of the form was assessed using content validation method. The parallel test method was used to confirm the reliability of the form ($r=0.8$) [11]. Finally, the complaint form was finalized with 7 categories (Table 1). The collected data were analyzed using descriptive statistics including frequency and percentage employing

Table 1: The complaints classification form

Type of complaint	Complaint Subgroup	Definition	Example
Ignoring the standards of clinical care	Neglecting the standards of clinical care	Incorrect, inappropriate or inadequate diagnostic and medical care measures	The transfer of patients to the ward after surgery
	Inadequate attention to patient	Any ignorance and deficit in addressing the physical and mental status of the patient and his/her healthcare programs by medical staff	More attention to the patient in surgery ward
	Problems related to medical students' performance	The physical irritation or dissatisfaction with health or clinical care provided by students	The excess examination of the patient in maternity ward by students
	Not allowing the patient's spouse or companion to enter the hospital	A law which does not allow the men including spouse or male companion to enter the hospital	To allow the male companion to enter the hospital in appointment hours
Communication failures	Poor communication	Discourtesy, rudeness or inappropriate statement, suggestion or behavior	Surgical ward staff Inappropriate communication with patient
	Inadequate or incomprehensible information	The lack of guidance and accountability and providing necessary explanations to the patient and her/his companions by the administrative-medical staff	The lack of patient's guidance by the administrative-medical staff
Quality of basic amenities	General facilities deficit	The facilities that do not influence the treatment directly, but increase the patient's welfare	The lack of appropriate car parking for hospital
	Cleanliness	Factors such as cleanliness, hygiene and cleaning of patient rooms and hospital environment	Poor hospital hygiene
	Nutrition	Factors related to the nutrition services and its quality in the hospital	The poor quality of the food
Delay in delivery of services	Delay in delivery of general services	Delay in providing services such as preparation of medical reports, implementation of medical procedures and special consultations	The slowness of laboratory personnel for preparing reports
	Delayed surgery or hospitalization	Cancellation and delay of surgery and measures related to the hospitalization	Delay in decision making for surgery
	Lack of access to clinical services	Any deficit in access to specialist or other healthcare service providers	The lack of solography specialist in all days of the week
Others	Costs	Financial discount requesting and reducing the costs related to financial statements and the goods of the hospital store	The patient without nutrition services and facilities
	Medical equipment failure	The failure and malfunction in hospital equipment	The failure of patient's beds
	The loss of patient's graph, insurance and other belongings	The ignorance of medical staff toward the patient's stuff and their loss	The loss of insurance book

Microsoft Excel. Mashhad city (located in North East of Iran) was selected as the researchers were based at this city and access to data was easy for them. In addition, Mashhad is among the biggest cities of the country with a population about 3 million and accommodating around 20 million pilgrimages each year. Majority of patients coming from North East and East parts of the country are referred to Mashhad tertiary hospitals.

The Procedure for Handling Complaints in the Hospital:

The Complaint Department is a part of quality improvement system in this hospital, responsible for any complaints received from the patients, staff and visitors. The complainant can express his/her complaint in writing form, by telephone or in person and the relevant authorities are in charge of meeting the problem. In various wards of hospital the handling boxes have been set. All complaints are recorded in a special form. The tracking code is announced to the person for following the complaint handling procedure and the result would be informed to him.

All complaints are classified as emergency or non-emergency cases by the handling office. The emergency cases received in non-office hours were examined by the hospital supervisor and the possible problem or flaw is immediately resolved. The other emergency complaints received during office hours were referred immediately to the relevant department to be addressed urgently. The complaints were referred to the administration and support, director of physicians or director of nursing services of the hospital according to the cause of complaint. These departments are required to send the primary answer to the complaint handling office up to 48 hours. If the complaint can be solved by the receiving unit, the necessary action should be taken and the result must be sent to the complaint department to inform the complainant. The director of complaints handling office is required to monthly submit the reports of received complaint along with the final outcome to the hospital administration and Deputy of Curative Services of the University.

RESULT

During March 2008 to 2012 a total number of 758 complaints were received. Table 2 revealed that the complaints related to clinical-therapeutic departments were 53%, while the Para clinical wards had the least 5.4%.

The majority of complain 218 cases (29.2%) were due to ignoring the standards of clinical care, Communication failures 183 (24.14%), quality of basic amenities 180 (23.7%), Delay in delivery of services 102 (13.3%). Based on the result 'Neglecting the standards of clinical care 87 (40%)' was the first reason in complaints related to ignoring the standard of clinical services. The number of 141 cases (77%) was about poor communication which had the highest rate among all reasons for patient complaining. The result revealed that General facilities deficit 121 (67%) was causing main concern among patients about Quality of basic amenities while Nutrition problems had the lowest rank.

The other complaint made about Delay in delivery of general services 62 (60.78%) which had the highest rate and Lack of access to clinical services 9 (8.8%) had the lowest rate. 41 cases (5.4%) complains made for Cost issue (Table 3).

Tables 2 and 3 classify the complaints in terms of different wards of the hospital and the type of complaint, respectively.

DISCUSSION

This is a cross-sectional and explanatory study which aimed to investigate the complaints of patients recorded in a large educational public specialized maternity and women's hospital affiliated with Mashhad University of Medical Sciences during 2008 to 2011.

Results show that an important part of the complaints was related to ignoring the standards of clinical care. These findings are consistent with other similar studies conducted in Iran, Australia and Italy [5, 11, 12]. The complaints of an emergency ward of a hospital in Singapore in 2002 and 2003 showed that 76% of complaints related to dissatisfaction with medical care services were not valid. Although, the current thinking among medical care providers is that most of patients' complaints are due to the high level of patients' demands and expectations [13].

It is difficult to assess this concept because there is not any certain standard for its exact determination. On the other hand, complaints in this group are most due to the lack of appropriate medical staff communication with patient and the lack of explanation on the reasons for therapeutic action or its common side effects. Late or incorrect diagnosis, mistakes in prescribing medicines, poor technical procedures for treatments can be seen as the causes of complaints [14-16]. However, one of the

Table 2: Distribution of complaints according to the department

Departement	n	%
Clinical-Therapeutic	403	53
Administrative-Support	315	41.5
Para clinical	41	5.4
Total	758	100

Table 3: Distribution of complaints according to the issue

Complaint	n	%	Total		
			N	%	
Ignoring the standards of clinical care	Neglecting the standards of clinical care	87	40	218	29.2
	Inadequate attention to patient	52	23.8		
	Dissatisfaction with students' performance	42	19.2		
	Not allowing the patient's spouse and companion to enter the hospital	37	16.8		
Communication failures	Poor communication	141	77	183	24.14
	Inadequate or incomprehensible information	42	23		
Quality of basic amenities	General facilities deficit	121	67	180	23.7
	Cleanliness	36	20		
	Nutrition	23	12.7		
Delay in delivery of services	Delay in delivery of general services	62	60.78	102	13.3
	Delayed surgery or hospitalization	31	30.3		
	Lack of access to clinical services	9	8.8		
Other	Costs	41	5.4	41	5.4
	Medical equipment failure	30	3.95	30	3.95
	The loss of patient's graph, insurance and other belongings	4	0.52	4	0.52
Total	758			100	

major problems in clinical teaching wards is the performance and relationship between students and patients. patients often refuse of admission in teaching hospital in spite of presence of skilled physicians and better instruments.

Moreover, the patients' lack of trust in students due to the educational nature of the hospital, being tortured in the presence of students and the lack of supervision are of issues that include in the therapeutic standards.

The results of a study in North West of Iran showed that 90% of patients were satisfied from participation of students in their care and cure. The patients believed that this could increase their medical information about their disorder and self care. 28% of patients were dissatisfied with the repeated history recording and examination by the medical students and 65.5% of patients knew it was the cause of elongation of visits. On the other hand, 89% of patients believed that the simultaneous presence of physicians and students in the ward increase the accuracy of diagnosis and treatment. Finally, 57.5% of patients said that the scientific discussion during their visit, warned about their disorder [17]. Therefore, despite prolonged examination, findings showed that the majority of patients hospitalized in the educational hospital

evaluated that the presence of students is useful [17]. It is hoped that this chance would be used appropriately considering the other rights and expectations of patients.

The inappropriate communication was the second cause of complaints in our study. The other studies in Italy, Victoria and Singapore also showed a high percentage of complaints related to improper communication [5, 11, 13, 18]. Montin *et al* found that the poor communication and dissatisfaction with medical care services were placed in the second and third ranks, respectively [3]. The communication failure is mainly due to discourtesy, rudeness or inappropriate behavior of medical staff, inadequate explanation and insufficient or inconsistent information [19]. The medical staff should employ strategies to improve their communication skills. The knowledge and efforts of the medical staff may have a major impact on the appropriate patient-staff relationship [19]. The medical staff is required to know how to deal with different patients. They also should realize that a single approach is not suitable for all patients [20]. In this case, using educational courses to improve the knowledge and attitudes of medical and nonmedical staff can significantly reduce the communication problems.

The quality of basic welfare facilities not only affects the patient's comfort, but also is associated with the feeling of improving illness and acceleration of this process. Studies have shown that there is a wide gap between patients' needs and access to basic desired amenities even in developed countries around the world. Undesirability of these facilities may put the patient and his companions at risk [21]. The results of a study conducted in Tehran about patient satisfaction showed that 21% of patients were dissatisfied with the quality of foods and hospital nutrition system. 61.9% of patients have complaints on the hospital environment and facilities. In addition, a high level of satisfaction was obtained on the state of cleanliness of the wards and the hospital. These results are consistent with our findings [22]. The review of nutrition in public and even private hospitals in Iran shows that the control on the distribution of food is extremely poor and weak. On the other hand, the waste of high amounts of the foods and the lack of real data, results in the waste of resources. Furthermore, the nutrition section can strongly affect the public judgments on the performance of the hospital. [23] Ignoring Quality of basic amenities can lead to negative and cynical attitude towards the system even before receiving the actual service causing patients and staff dissatisfaction. According to the results of the current study, allocating more facilities to patients, improving the hospitalization rooms, increasing the number of employees and equipping the hospital are of the most important factors which can be used to reduce the number of complaints. Moreover, implementing measures to improve the cleanliness of the hospital environment, ventilation and the temperature of hospital rooms and public places and bathrooms and decreasing noise levels in hospital wards is essential.

The fourth cause of complaints in the present study was delay or cancellation of the appointment which is consistent with the findings of a similar study in Germany [3]. The results of a study at Tehran Heart Center showed that the complaints related to the appointment and the waiting time were the first and the greatest number of complaints [5]. The limited resources and high number of patients is one of the main reasons for cancellation of appointments in educational hospitals.

Unpredictable cases such as the need for providing services out of the turn to emergency patients and prolonged duration of some surgeries are the other causes of complaints [24]. Therefore, some of these complaints can be due to unrealistic expectations of the patients [5]. However, the most interfering cause of complaints is Delay

in delivery of services or cancellation of appointments due to the lack of enough coordination for leaving the ward or absence of medical staff. This result is consistent with findings of Saravanan's study which reported the delay or cancellation of appointments as a main reason for complaints [24].

Limitations: The present study has several limitations. Complaints are often complex and some may have been incorrectly categorized, leading to measurement bias. No objective standard to classify complaints is available. Some of them not recorded in hospital complaint department especially which handled orally or by telephone.

The incomplete demographic data as well as indistinctive information about complainant (patient or companion) were among the limitations of the present study. The complaints which handled orally or by telephone were not recorded in the complaints office of Omolbanin hospital. Furthermore, in many cases, the staff who were complained and causes of Complaints were unknown.

CONCLUSION

Complaints are potentially useful quality assurance tools. A study of complaints may help identify gaps in our services in order to make necessary corrections to policies or procedures.

The main causes of the complaints were ignoring the standards of clinical care, communication failure, Quality of basic amenities, Delay in delivery of services and cost that identified as priority areas for intervention. Enhancing the capabilities of the staff and students to provide high quality medical care, improving their communication skills as well as providing sufficient information to the patient, better allocation of resources and re-engineering of some processes can reduce the patient's complaints. A further study on the use of patients' complaints to improve the quality of care is recommended.

The use, compare and share of data on complaints in hospitals are a vital part that can recognize the most common problematic areas to be used in strategic planning. The lessons obtained from the complaints of a hospital can be used in other hospitals to solve similar problems. It is important for many people to know that when a wrong action is done, a measure is taken to ensure the lack of its recurrence. Although, the complaints are not preventable, they can be reduced by respectful provider of clear information to the patients. The systematic

analysis of the complaints could provide an important feedback about the performance of hospitalsto identify the areas of deficit.

Since the dissatisfaction withmedical careservices, inappropriate communication and facilities were the most common cases of complaints in the present study, the intervention in these areas should be considered. The active use of data on complaints is an effective step to improve the quality of care.

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