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Patient's Complaints and Response Mechanism Provided by Departments in the Ambulatory Care Settings of King Abdulaziz Medical City, Riyadh, Saudi Arabia

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Abstract

Background and Aim: Patient complaints received against different healthcare departments are usually justified that may lead to remedial actions, apology, or compensation. The purpose of this study was to analyse the services that receive most of patient's complaints together with examining the types of actions made by a specific department after receiving the complaint. This will ultimately assist in identifying the practices and procedures that need to be changed and help in making recommendations for intervention strategies aiming to reduce the rates of complaints.

Method: A descriptive study was undertaken using the complaint database from patient's relations department. All the recorded patients' complaints, from 1st January 2015 - 30th June 2016 were reviewed. Data were analyzed and categorized using SPSS version 20.

Results: A total of 627 complaints were reviewed, of which 63% complaints were received from females and 37% from males, respectively. The main actions being taken for a complaint raised were explanation and information (65.4%), services obtained (25.8%), policy and procedure review (4%), and education (1.8%). Findings also suggest that most of the complaints were received from OB / GYN department (19%), followed by plastic surgery (11%), Ophthalmology (10.8%), ENT (10.2%), Employee health clinic (6.5%), and General surgery (5.4%)

Conclusion: The results demonstrate that sufficient staff availability, proper communication skills, effective policy development, and paying attention to the requirements and expectations of the patient might reduce complaints from different departments and services. Studies in future with respect to patient complaints ideas as a tool to assess the quality of care are warranted.

Keywords: Patient complaints; Health care quality; Patient Satisfaction; patient experience; patient's relations.

1. INTRODUCTION

Patients satisfaction is essential indicator of healthcare quality and is thought to be a significant outcome [1]. To some extent, Patients satisfaction is often determined by satisfaction concerning care provided by the healthcare professionals. Healthcare administrators often emphasizes on the satisfaction because assessment offers important information for the service improvements [2]. Interpersonal features of the care delivery are of prime significance to the patient's evaluation of quality care [3].

When mistakes happen within the healthcare system, complaints are made [4]. Individuals expect the error to be dealt with and acknowledged thoroughly, efficiently, and quickly. Listening to individual's experiences indicates that mistakes can be solved faster, for which learning can take place and actions can be put into place that prevents the issues from recurring. If such complaint processes can be understood and dealt with effectively, then only a service can be improved for all concerned [5]. Most of the healthcare organizations initiated a patient relations department to look after the complaints of patient to document them and investigate what actions were taken for its resolution [6]. King Abdul-Aziz medical city is one of such organization. A well-established patient relation processes as well as structure supported by the right personnel is vital that aids to identify gaps between the care experiences and expectations of patients with the intention of managing the quality of care, patient expectations and perceptions [7]. The procedures of patient relations will offer hospitals with a way of tracking the patient quality experiences along with identifying the processes and system improvement that meets the patient expectations and needs.

While the utilization of the patient complaints in evaluating the satisfaction of patient and quality of care has acquired a lot of attention [8, 9, 10], reasonably limited literature is published with respect to the steps taken for effectively resolving the complaints. This study therefore aims to investigate the services that receive most of patients complain together with examining the types of actions made by the specific department after receiving the complaint.

2. METHODS

2.1 Research design

A descriptive study was undertaken to investigate the services that constitutes most of the patients complain (sources such as patient, family, relative, sitter, staff, and legal guardian)

together with examining the types of actions made by the specific department after receiving the complaint in King Abdul Aziz Medical City, Riyadh, Saudi Arabia.

2.2 Study population

The hospital enclosed a dedicated complaint department i.e. Patients relations Department in King Abdul Aziz medical city in Riyadh that collates and receives complaints from patients and their families. All complaints recorded with regards to the healthcare services and the service area involved were included in this study.

2.3 Sampling

Complaints received from 1st January 2015 through 30th June 2016 were included in the study. These patients were admitted to ambulatory care clinics of King Abdul-Aziz medical city, Riyadh, Saudi Arabia. Overall, 627 patient complaints were included using total patient population sampling.

2.4 Data collection/ Research Instruments

The patient relation department was approached to gather data concerning all complaints arriving to the department. Retrospective records review was undertaken including the gender, age, in which the complaints were received, department reporting complains, and types of actions made by the involved medical and operational departments after a complaint was received. No peculiar information of patient was mentioned in the records. The instrument included the type of department and appropriate actions and measures taken. The review of the relevant literature was made to ensure validity. The format of form in the patient relations department was used in which the patient who made a complaint was responsible to fill it, enclosing socio-demographic information (gender, age), date of complain, types of complains, department and sources of complaints (patients or relatives).

2.5 Data Analysis

Analyses of findings were primarily descriptive and variables were put in tabular formats with frequency and percentages using SPSS version 20.

3. RESULTS

Overall, 627 complaints were received from different department of the King Abdul-Aziz medical city, Riyadh, Saudi Arabia. Of the 627 responding complainants, 63% were females. Female patients were reported to lodge more complaints (63%) than men (37%). Patients aged 30-39 years were reported to lodge more complaints (22%). Patients under the age of 12 made more complaints (10.7%) than individuals over the age of 80 (3%) (Table 1).

Table (1): Sociodemographic of the respondent

	Frequency	Percentage
Age (years)	627	100
< 12 y	67	10.7
12 - 19 y	42	6.7
20 - 29 y	103	16.4
30 - 39 y	138	22.0
40 - 49 y	88	14.0
50 - 59 y	79	12.6
60 - 69 y	47	7.5
70 - 79 y	44	7.0
80 y and above	19	3.0
Gender	627	100
Female	395	63.0
Males	232	37.0

Table 2 illustrates the distribution of complaints according to the hospital departments received during 1st January 2015 through 30th June 2016. Over 44 department were found to receive complaints over several different issues. Most of the complaints were received against OB / GYN department (19%), followed by plastic surgery (11%), Ophthalmology (10.8%) ENT (10.2%), Employees health clinic (6.5%), and General surgery (5.4%). On the other hand, CT scan section, Physiatry, Physiotherapy, Rheumatology, Anti-coagulation, Eligibility, and Gastroenterology departments reported less number of complains.

Table (2): Departments reported complains

Department reporting complains	Frequency	Percent
OB / GYN	119	19.0
Plastic surgery	69	11.0
Ophthalmology	68	10.8
ENT	64	10.2
EHC	41	6.5
General surgery	34	5.4
Medical Records	32	5.1
Dermatology	19	3.0
Psychiatry	18	2.9
Orthopedics	17	2.7
Internal Medicine	13	2.1
Neurology	12	1.9
Pharmacy	11	1.8
OB / GYNE Ultrasound	9	1.4
Urology	9	1.4
Registration	8	1.3
Nephrology	7	1.1
Hemodialysis	7	1.1
Appointments	6	1.0
MRI	6	1.0
Others	58	9.2
Total	627	100.0%

The most common types of actions made after receiving complaints were to provide appropriate explanation and information (Table 3). Around 65.4% of the cases were handled through proper explanation and information i.e. when health professionals suitably elucidated how it had been possible for the incident to happen. The results also suggested that only 5 cases (0.8%) of the patients became satisfied when the professional presented an apology showing sympathy for what had happened and when some efforts were made to reinstate the relationship of doctor and patients, through meeting (1.1%). Interpersonal behaviors of such kind on part of the health professionals in response to the complaint leads to patient satisfaction. Only 11 cases lead to re-education or 25 leads to clarification of policy and procedure resulted in following immediate review of patient care policy and practices (Figure 1).

Table (3): Types of actions made after receiving the complaint

Types of actions	Frequency	Percent
Explanation and information	410	65.4
Service obtained	162	25.8
Policy and procedure review	25	4.0
Education	11	1.8
Meeting	7	1.1
System error review	7	1.1
Apology	5	.8
Total	627	100.0

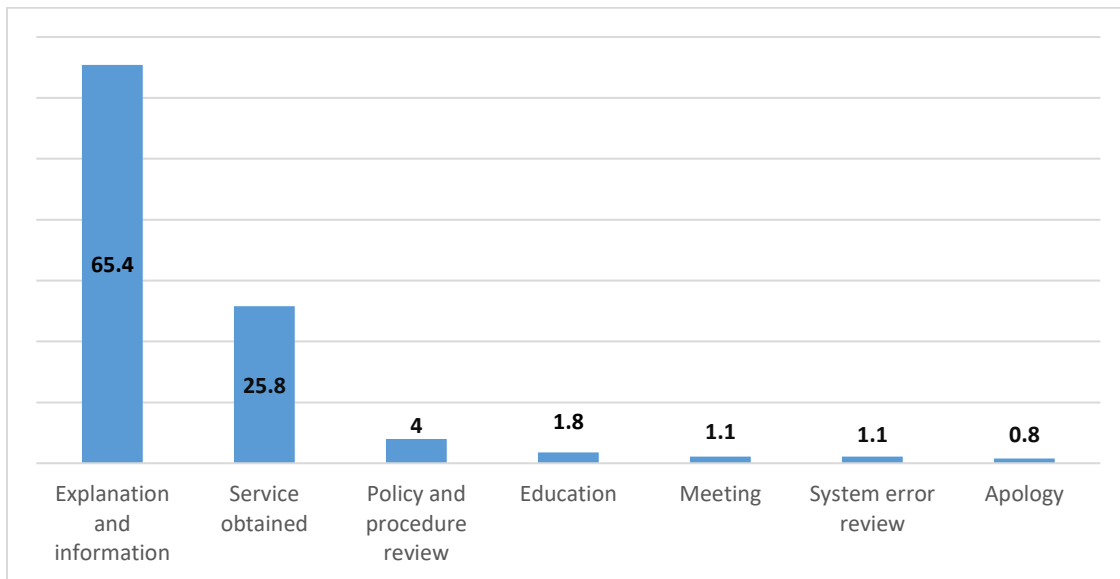


Figure (1): Types of actions made after receiving the complains

4. DISCUSSION

This study was carried out to investigate the type of services receiving more complaints, and actions made in response to complaints (e.g. explanation, meeting or apology) in King Abdul-Aziz City Hospital Riyadh, Saudi Arabia. The study used descriptive analysis to determine frequencies and full sampling technique to draw these complaints between 1st January 2015 and 30th June 2016.

Our study shows that patient who files a complaint usually needs a clarification of what happened, or evidence about proposed changes to prevent recurrences or a genuine apology from their health professionals, which is consistent with the findings of others [11, 12]. Thus, a patient

filing a complaint are usually not satisfied with the response to their complaints [13]. Looking for ways to effectively handling complains are usually meaningful for patient and a decent thing to do [14]. Improving how complaints can be handled may aid to reduce the number of prolonged legal disputes and financial claims between physicians and patients together with serving as an informational source for patient safety improvements and quality improvements [15, 16].

Regarding the actions made by the department after receiving the complains, explanation and information to the patients represented 65.4%, followed by services obtained which represented 25.8%. The result of this study agreed with other study that reported 82.8% of complaints were resolved with an explanation and apology [6], while, another study conducted in Tehran showed that (60%) of the complaints were solved where they had happened and the mean duration to response for most of complaints (52%) was 2 days [20]. Hence, responding to complaints on time without unreasonable delays as well as offering appropriate audit process tracing complaints may help to promote patient satisfaction.

Explanation and information of patients were extremely important action made by the departments after receiving complains. Similarly, Chavan et al. described that in an eye hospital of United Kingdom, overall 84% of the complaints were resolved at the very initial stage through proper explanation, assessment or apology. While only 1% were referred to legal authorities [17]. On the other hand, Wong study revealed that 83.9% of the complaints in Singapore were resolved in place [6]. Majority of the complaints were referred to the committee for managing complaints and reasonably only small proportion of complaints were resolved. One can conclude that such complaints were of severe intensity and the complaint sides were not able to settle an argument because of limited communication skills [6].

The results of our study also demonstrated that only 11 cases lead to re-education or 25 leads to clarification of policy and procedure resulted in following immediate review of patient care policy and practices. Conversely, other published literature discusses the research and policy basis for quality improvement approach to complaints management and reveals that documentation is extremely important during complaint management [18]. Everything regarding a specific complain should be documented including the actions taken by the respective authority to resolve the same. If the complaint outcomes indicate change in policy, then the service user should know it. It therefore reveals that a certain complaint has been taken seriously and

improvements are also being made. Resolution of a certain complaint has nothing to do with winning a certain argument. It concerns with the acknowledgement where failing recurs and are put in place to make certain changes. Any lessons or complaint outcomes needs to flow into education, training, strategy and policy [18]. Likewise, Tingle [19] suggested gold standard to be a complaint that can be solved equitably and honestly and that an individual making a certain complaint becomes an advocate for a certain organization.

Our findings also demonstrated that maternity complaints were the highest, followed by plastic surgery (11%). Patients with complaints associated with a plastic surgery were more likely due to shortage of staff. On the contrary, the results of Scott in the year 2003 [21] reported that 34% of the complaints were lodged against the Orthopedic and Accident and Emergency departments. While, in our study most of the complaints (88%) were received from clinical departments. Similarly, other complaints were related to administrative departments such as appointments and registration. This figure is higher than other figures declared at three hospitals affiliated to Tehran University of Medical Sciences, where 62% of the complaints concerned physicians more than nurses (10%) [20]. On the other hand, CT scan section, Physiatry, Physiotherapy, Rheumatology, Anti-coagulation, Eligibility, and Gastroenterology reported less number of complaints (2%).

The analysis of the complaints though not without limitations, helps to highlight gaps in services that needs to be bridged along with the departments involve. Furthermore, policies and procedures also needs to be altered. Results can therefore be translated into the goals for training staff. Conversely, there must be suitable balance and check to ascertain that physicians can continue to practice good medicine in the wider interest of the patients with confidence that the hospital will resolve their issue and stand up for them if the compliant raised are not valid. Primarily, with such actions, patient satisfaction can be reached.

4.1 Limitations

We recognize that an important limitation of this work is that the study was conducted in only one hospital of Riyadh, which made the results unrepresentative of the general population. No studies have been conducted in Saudi Arabia in the past pertaining to the reporting of complaints. The evaluation and analysis of complains were solely undertaken by the researcher,

therefore; there may be lack of experience in categorizing and investigating all the types of complains. Time constraints were also acknowledged as a limitation to the work.

5. CONCLUSION

This study is aiming to explore the type of services receiving more complaints, and action that are being made in response to complaints. At present, despite the efforts of the healthcare staff and medical community together with technological advancements, dissatisfaction of patient and complaints are gradually increasing. Reducing the blame culture, improving information flow, and training health professionals in team work is the best way of ensuring patient safety and satisfaction. Improving personnel skill to offer high quality healthcare, increasing the communication skills as well as offer suitable information to patients will aid to reduce such complaints.

5.1 Recommendation

It is recommended that complaints should be investigated fairly, thoroughly, and speedily. Adequate attempts should be made to resolve complaints at a very early stage as well as at a local level. As soon as a complaint is formally made, it needs to be handled at a senior level to command the cooperation as well as confidence of all concerned. The concerned should be kept informed fully of the investigation progress. Furthermore, it is also recommended that the procedure of complaints should be readily accessible and publicized.

Moreover, to ensure better handling of complaints, some strategies are suggested such as promoting a culture of accountability and reporting, effective communication approach, using and gathering information, undertaking patient satisfaction surveys, following up the issues, tackling the investigation progress and complaint resolution, initiatives taken for addressing the patient feedback and complaints, comparing the system of complaints against external standards, making changes and learning from complains to improve the services with respect to the concerns raised over a certain complaint. Future studies should therefore be undertaken about the patient complaints ideas as a tool to assess the quality of care.

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