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The profile of patients' complaints in a tertiary care hospital in South India

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ABSTRACT

Background: Complaints from patients and their carers are important indicators of problems in a healthcare system and provide valuable insights into safety-related problems within healthcare organisations. The objectives of the present study are to identify the frequency distribution of the people complained about, the units complained about and the total number of complaints.

Methods: We employed a descriptive, cross-sectional study to conduct this research. The research population included cases registered at the complaints unit of a tertiary care hospitals in selected months of May 2017 to August 2017. The data were collected through observation of available documents. Excel software program was used for data analysis.

Results: The administration received 692 complaints between the study period. The highest rate of complaints was filed against admission process (30.06%) and the lowest rate of complaints are filed against staff (2.51%). Our study results showed a significantly less complaints against nursing staff and no complaints against medical staff, indicates that the nursing and medical staff of the hospital might be observing medical ethics and professional commitment to a high standard and communicating well with the patients. High rate of complaints against admission unit, house keeping unit and high billing amount indicates the unrealistic expectations prevailing in the minds of clients from the health care provider.

Conclusions: The current study generated the profile of patient's complaints in a tertiary care hospital running in a charitable model. Such data can be utilised to identify common problems and to plan strategies.

Keywords: Complaints, Hospital, Patients, India

INTRODUCTION

Complaints from patients and/or their carers are important indicators of problems in a healthcare system and provide a valuable source of insight into safety-related problems within healthcare organisations, some of which are not identified by traditional systems of healthcare monitoring (e.g., incident reporting systems, retrospective case reviews). 1.2 Complaints from patients

and/or their careers provide a distinctive and large data, often related to safety and service quality problems in the care they received and about treatment, including the quality of communication with health professionals.³ Furthermore, literature suggest that analysing data on negative patient experiences can strengthens the ability of healthcare organisations to detect and resolve systematic problems in care.⁴ Despite the efforts of medical community, healthcare staff, and advances in medical

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technology, the rate of dissatisfaction and complaints is increasing.⁵ Healthcare organisations receive huge volumes of complaints (eg, over 100 000 annually on hospital care in the NHS), and complaints can focus on diverse problems with different types of harm, which could have legal implications, and could have different underlying aims.⁶ Aghai et al in their investigation of complaints recorded at three hospitals affiliated with Tehran University of Medical Sciences surveyed 363 cases of complaints filed with hospitals. Most of complaints were about postponed or cancelled medical visits and improper behavior.⁷

Accordingly, this paper investigates the profile of patients' complaints in a tertiary care hospital in South India. Sharing the data of complaints among hospitals can be used to identify common problems and to plan strategies. The objectives of the present study are to identify the frequency distribution of the people complained about, the units complained about and the total number of complaints.

METHODS

This research is a descriptive, retrospective crosssectional study in which its data was collected after obtaining permission from respective authorities. The population included cases registered at the complaints unit of Igraa International Hospital and Research centre, Calicut, in selected months of May 2017 to August 2017 and data were collected through observation and investigation of the existing documents. In the checklist of collecting data, the units complained about and the person complained about were investigated. Complaints by patients/relatives regarding hospital services such as registration, admission and discharge processes, house keeping, clinical and other services were included. Complaints not directly related to hospital services such as complaints regarding canteen, car parking etc. were excluded, Excel software program was employed for data analysis and descriptive statistics were done.

RESULTS

Findings of the present study show that, from May 2017 to August 2017, the hospital administration received 692 complaints. The highest rate of complaints was filed against admission process (30.06%) and the lowest rates of complaints are filed against staff (2.51%). The frequency distribution of individual complaints are summarised in Table 1.

Hospital administration received 64 complaints against registration and discharge process (9.24%), out of which 42 complaints were regarding delay in receiving the discharge bill (65.63%), followed by high billing amount (17.19%). The rest of the complaints were regarding delay in getting discharge summaries (9.38%), difficulty in booking doctor for consultation (1.56%) and

unacceptable behaviour of staff at the registration and discharge unit (6.25%).

Table 1: The frequency distribution of individuals complaints about in the hospital.

Complaints	N	%
Registration and discharge process	64	9.24
Admission process	208	30.06
House keeping unit	200	28.90
Staff	14	2.02
Lift	65	9.39
Pharmacy	115	16.62
Radiology	26	3.76
Total	692	

Hospital administration received 208 complaints against admission process (30.06%), out of which 191 complaints were related to unavailability of rooms for admission (91.83%) and the rest of the complaints were related to slow admission procedures (8.17%).

Hospital administration received 200 complaints against house keeping unit (28.90%), out of which 195 complaints were regarding unsatisfactory cleanliness of rooms, including bathrooms (97.5%) and the rest of the complaints were related to the unacceptable behaviour of the house keeping staff.

Hospital administration received very few complaints regarding clinical staff, attenders and security personals. The total number of complaints against staff were 14 (2.02%), out of which there was no complaints against treating doctors, 5 complaints against labour room staff, 2 complaints against nurses, 6 complaints against attenders and 1 complaint against security personal.

Hospital administration received 65 complaints regarding lift (9.39%), out of which 56 complaints were regarding delay in getting lift when needed (86.15%), and the rest of the complaints were regarding the unacceptable behaviour from the lift operators (13.85%).

Hospital administration received 115 complaints against pharmacy unit (16.62%), out of which 109 complaints were related to delay in drug dispensing (94.78%), and the rest of the complaints were regarding the unacceptable behaviour from the pharmacy staff (5.22%).

Hospital administration received 26 complaints against radiology unit (3.76%), out of which 21 complaints were related to delay in ultrasonography (80.77%), and the rest of the complaints were regarding the unacceptable behaviour from the radiology staff (19.23%).

DISCUSSION

Our study results showed a significantly less complaints against nursing staff and no complaints against medical

staff, which is not consistent with the past studies. In a previous study from Iran, the nursing staff received the most complaints (31.1% to 39.5%) after medical staff (33.6% to 54.4%).⁵ Another study by Mirzaaghai et al investigated complaints registered at three hospitals of Tehran University of Medical Sciences and their related factors. The highest number of complaints was claimed to be about physicians.⁷ Complaints about nurses were reported 10.2%. One of the major reason for the patients' complaints against doctors was found to be insufficient communication with the patients and their relatives. The absence of complaints against medical staff indicates a good doctor-patient relationship in the hospital studied. Furthermore, the above result also indicates that the nursing and medical staff of the hospital might be observing medical ethics and professional commitment to a high standard and communicating well with the patients regarding the treatment process and its possible consequences, without exaggerating the treatment results.

In our study, admission unit and house keeping unit received the maximum complaints. Though the studied hospital is a tertiary care hospital working in a charitable model and charge relatively less from the patients for admission, investigations and treatment, the results indicates that patients and their care givers are expecting high quality personalised care from the hospital staff and a very clean hospital environment, which may not be feasible in a very busy charitable setting. One of the most important complaints regarding most of the unit studied was the delay in receiving services such as bill, discharge summary and medicines from pharmacy, indicating the unrealistic expectations of the clients from a very busy charitable hospital. Furthermore, a significant number of complaints were regarding high billing amount, which also reinforces the unrealistic expectations prevailing in the minds of clients from the health care provider.

CONCLUSION

The current study generated the profile of patient's complaints in a tertiary care hospital running in a charitable model. Such data can be utilised to identify common problems and to plan strategies.

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Institutional Ethics Committee

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