

Complaints about hospital services

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Abstract

A retrospective study on complaints about hospital services over a one year period was undertaken at a 1,236 bed, tertiary referral centre. Of the 48 complaints received, 41 were sufficiently detailed to be investigated. Of these 80% (33) were justified and 20% (8) unjustified. Most complaints (58.25%) were subjective in nature. They were either about the inappropriate attitude or misconduct of hospital staff (39.5%), or dissatisfaction with perceived inappropriate hospital operational procedures (18.75%). The areas most frequently complained about were those involving high service turnover such as the outpatient clinics, and the accident and emergency department. Although complaints can serve as indicators for the need of restructuring for service improvement, they must be thoroughly investigated especially if the complaint is of a subjective nature.

Key words: complaints, hospital services, hospital complaints

Introduction

Complaints about hospital services can contribute to quality assurance assessment. They should be investigated to substantiate their basis and if justified, can indicate the need for restructuring and the improvement of services. However unjustified complaints can result in undue stress and animosity amongst hospital staff leading to deterioration of morale and its accompanying untoward consequences. A study on complaints about hospital services was undertaken to evaluate the aspects of hospital services, if any, that were repeatedly subjected to complaints.

Materials and Methods

All complaints about hospital services addressed to the office of the Hospital Director over a one year period from 1 January 1999 to 31 December 1999 were included. Records and documents pertaining to complaints during the study period were retrospectively reviewed. Aspects of the complaints which were evaluated include:

- i) the avenue through which the complaint was made;
- ii) the hospital services complained about;
- iii) how the issues which led to the complaints were resolved.

Results

There were 48 complaints over the one year period, the

majority 41 (85.4%) being made directly to the Hospital Director's office and 7 (14.6%) through other sources. Of the 41 direct complaints, 20, 16 and 5 were made through letters, written complaints in the Complaints Book, and verbally respectively to the Director's Office. Of the indirect complaints, 2 were made through the Ministry of Health, and one each through the press, a solicitor, a non-governmental organisation, a politician, and the police respectively.

Forty-four (91.7%) of the complainants furnished their names and addresses. There were 4 (8.3%) anonymous complainants. Thirty-two (66.6%) complaints were directed against individuals involved in providing hospital services. Of these 32 complaints, 7 were against staff manning service counters, 6 each against medical officers and nurses, 5, 3, 2, 2 and 1 against medical assistants, medical specialists, attendants, security guards, and a medical student respectively.

Sixteen (33.3%) complaints were directed against hospital services and departments with no individual named in the complaint. Of these, 9 were due to dissatisfaction with 'inappropriate' hospital procedure, and one each against the Records Department, Ambulance Department, Occupation Therapy Department, the food catering department, Blood Bank, and Accident and Emergency Service.

The majority (58.3%) of complaints were subjective. They were about inappropriate attitude and conduct of hospital staff (39.5%), and perceived inappropriate

hospital protocol, procedure and facilities (18.8%) (Table 1).

Table 1. Types and numbers of complaints

Types of Complaints	Cases	
	Nos.	(%)
"Inappropriate" staff attitude and conduct	19	39.5
"Inappropriate" hospital procedure and facilities	9	18.8
Alleged clinical mismanagement	7	14.5
Long wait for treatment	4	8.3
Substandard nursing care quality	2	4.2
Alleged assault by staff	2	4.2
Ambulance late arrival	1	2.0
Medical certificate problems	1	2.0
Refusal of requested admission	1	2.0
Unsatisfactory hospital food	1	2.0
Alleged non-return of valuables	1	2.0
Total	48	100

The areas or departments involved in the complaints (where individuals or services were complained against) are as listed in Table 2.

Table 2. Department or services involved in complaints

	CASES	
	Nos.	%
Outpatients	7	14.5
Medical	6	12.5
A & E	5	10.4
Psychiatry	3	6.25
Urology	2	4.16
Pharmacy	2	4.16
Cardiothoracic	2	4.16
Security	2	4.16
Pathology	1	2
Surgical	1	2
O & G	1	2
Cardiology	1	2
Paediatric Surgery	1	2
Paediatric	1	2
Skin	1	2
Food Services	1	2
Occupational Therapy	1	2
Record	1	2
Miscellaneous Hospital Services	5	10.4
Miscellaneous General Support Services	4	8.33
Total	48	100

Of the 48 complaints, 41 (85.4%) were investigated. Seven (14.6%) complaints could not be investigated as, 4

were made through anonymous letters, 1 complaint was subsequently withdrawn, 1 staff member complained against had already resigned, and 1 letter of complaint did not contain sufficient information to enable adequate investigation. Of the 41 complaints which were investigated, only 33 (80%) were found to be justified. Of those investigated, 29 (70.7%) led to the interview of and counselling where appropriate, of the respective hospital employee involved.

Resolution of issues which led to the complaints involved remedial action in 4 (8%), discussion with the complainant in 3 (6%), explanation and apology where appropriate by letter to the complainant in 33 (69%) instances. One (2%) complainant could not be contacted. Seven (15%) complaints could not be investigated because of reasons already stated and did not receive further attention. Of the 33 letters sent to the complainants with an explanation and an apology where appropriate, there was not a single response from the complainant. None of the 48 complaints were followed by any legal action to seek redress or any threat of such action.

Discussion

Health care providers have been reported as being unable to judge patient satisfaction accurately (Hailey *et al.*, 2000). Hence, complaints can serve as useful indicators leading to the development of strategies for restructuring and improving hospital services (Brown *et al.*, 2000). Forty-eight complaints over one year, of which, 41 were deemed appropriate for investigation and 80% (33 of 41) found to be justified, is relatively low when compared to the rate of 1.32 complaints per 1,000 occasions of service reported by Anderson *et al.* (2000). At our 1,236 bed tertiary referral centre, the Department of Orthopaedics alone provides more than 48,000 occasions of service per year. The large proportion (58.3%) of complaints of a subjective nature could mean that a substantial number of complaints were not about serious shortcomings of hospital services but about how the service was perceived to be delivered.

A large proportion (39.5%) of complaints was made about the alleged inappropriate conduct of individuals providing services at registration and triage counters. Areas of high service turnover and frequent public (patient, relative or advocate) contact bore the brunt (37.4%) of complaints (Table 2). These included the outpatients (14.5%), medical (12.5%) and accident and emergency (10.4%) departments. In contrast, the food service, occupational therapy, and medical record departments had one complaint each.

Although 29 staff members were interviewed and counselled as a result of complaints it will never be known whether they were solely at fault. Many patients attend the "shop front" departments like outpatients and

accident and emergency with specific expectations. If these expectations are not met, dissatisfaction and its subsequent consequences, sometimes of an inappropriate magnitude, can result (McKinley & Middleton 1999; Rao *et al.*, 2000). It has been reported that certain categories of patients, relatives, or advocates, are more likely to complain (Sigal *et al.*, 2000; Nolen-Hoeksema, 2000) and different categories of patients complain about different aspects of hospital service (Harrington *et al.*, 2000). The 20% of complaints which were found to be unjustified after investigation should make one be wary of complaints about hospital services and carefully consider consequences prior to taking disciplinary action however mild against hospital employees involved.

Although inappropriate, hospital staff may occasionally behave in an abrupt manner because of their demanding work load and working conditions. They may be enduring high levels of stress with some impairment of function. Altered cardiovascular and endocrine responses, and low working blood pressures have been reported as a consequence of being on the night shift (Munakata *et al.*, 2001). Furthermore, hospital employees have no avenue to complain or seek redress when they become victims as reported by McNamara *et al.* (1995) in whose study, 98% of resident staff had on at least on one occasion, been abused, harassed or subjected to unwelcomed sexual advances. The large proportion of complaints of a subjective nature (58.25%) alleging inappropriate attitude and conduct of staff (39.5%) and dissatisfaction with hospital procedure, protocol and practices (18.8%) perhaps may serve as an indicator that the public can benefit from being aware of the services the hospital can provide and how it can do so as suggested by Kismodi & Hakimian (2001) in whose study, even patient representatives and advocates were reported to be unaware of standard hospital procedures, protocol and practices.

The absence of response from all 33 complainants who were sent letters of explanation and apology could mean that they did not wish to pursue their complaint any further or that they had accepted the explanation and apology. The reasons for the lack of further action from the seven complainants whose complaints could not be investigated and followed up are not known.

Although complaints can serve as indicators for the need of restructuring towards the improvement of

services, they may sometimes be unjustified or perhaps occasionally vindictive. When complaints are of a subjective nature especially about inappropriate attitude and conduct, they should be thoroughly investigated. It may help if patients and advocates appreciate what services the hospital can provide and how it can do so.

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