



A ONE-YEAR ANALYSIS OF PATIENT COMPLAINTS REGARDING HEALTHCARE SERVICES IN QURAYYAT CITY, SAUDI ARABIA

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ABSTRACT

Objectives: To evaluate and classify patients' complaints regarding the healthcare services in Qurayyat in order to categorise the nature of these queries and focus on the areas that require intercession for improvement.

Background: Patient complaints are beneficial and can be used for assessing healthcare services and working to meet public expectancy of healthcare schemes. Nonetheless, no investigation has been conducted to address patient queries in Qurayyat.

Methods: Retrospective record-based analysis was used to analyze the contents of patients' complaints (n=524) in Qurayyat submitted to the call centre (called '937') of the Ministry of Health (MOH) between the period of October 2016 and October 2017 using the SPSS statistical package (ver. 18.0).

Results: The study classified 22 complaints categories; out of these, three were highlighted: Inadequate Resources 14.7% (n=77), Poor Staff Attitude 14.5% (n=76), and Inadequate Staffing 13.5% (n=71). Of the complainants, 69.5% (n = 364) were male, and 30.5% (n = 160) were female. Most complaints were raised against the healthcare facilities at Qurayyat General Hospital, 63.2% (n=331), Primary Healthcare Centers, 17.7% (n=93), and King Faisal Hospital, 6.9% (n=36).

Conclusion: The study revealed that Staff Attitudes, Inadequate Staffing and Resources were the most pivotal issues that most of the patients, or their relatives, complained against. Addressing these issues in the healthcare facilities in Qurayyat are important elements for improving patients' satisfaction.

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INTRODUCTION

Patient complaints are considered to be important sources of information that can be used for grading healthcare services and working to better understand public perceptions of the healthcare systems (Wong *et al.*, 2007). Consumers are becoming more knowledgeable and more familiar with their privileges, and this has led to an escalation in complaints related to the quality of healthcare (Hsieh *et al.*, 2005).

Basically, when patient complaints are evaluated at a cumulative level (e.g., a hospital), they potentially highlight problematic aspects in healthcare setup (Bazrafkan *et al.*, 2008). Analyzing and handling patient complaints effectively helps to increase patient satisfaction and allow them to reach their expectations, especially if these complaints are treated as an opportunity to improve performance. The implementation of a customer complaints management system and the measurement of satisfaction have become essential requirements to ensure the success and continuity of the quality of health services (Taylor *et al.*, 2004; Reader *et al.*, 2014). The Ministry of Health (MOH) in Saudi Arabia has

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launched a call centre (937) to serve as a link between citizens and officials by receiving all communications and dealing with them in the fastest manner possible and the highest quality. The call centre is a 24-hour phone-in service that can be reached using a toll-free number (937) and is offered by the MOH. The service allows for the public to contact the Health Ministry through their landline, mobile, or emergency phones. The centre deals with transportation, treatment, complaints, and medical consultations. It also seeks to meet all of the necessities of citizens and to deliver some statistics, and analysis periodically, in order to contribute to the improvement of health services in the regions and governorates and eventually be included in the future plans of the Ministry of Health (MOH, 2017). Complaints from people in Qurayyat submitted to the 937 call centre were used for the scope of this study. Despite the significance of patient complaints in evaluating the healthcare services, no records of patient complaints could be found in Qurayyat until the advent of the health call centre (937), a year ago, by the MOH. Consequently, no research has been piloted, or published to report patient complaints in Qurayyat. This paper aimed to analyze and investigate patients' complaints of the healthcare services in Qurayyat, Saudi Arabia, over one year (October 2016 to October 2017). The study will help to improve performance and efficiency in the health sector by identifying the problems that might need intervention to enhance the quality of health care in Qurayyat.

MATERIALS AND METHODS

The study was restricted to patient complaints in Qurayyat City, Al Jouf District, Saudi Arabia. Qurayyat City is situated in the north-western portion of Saudi Arabia. It has a population of almost 150,000 people according to the last statistical census conducted in 2010 by the General Authority for Statistics (GAS) in Saudi Arabia (GAS, 2017). The health facilities in Qurayyat that are owned by the government consist of one major general hospital (300-bed capacity) in the city centre, three peripheral hospitals each with a 50-bed capacity, a psychiatric hospital, and 17 primary healthcare centres. Appropriate ethical approval was obtained from the Research Ethics Committee in Qurayyat Health Affairs before commencing the study. The confidentiality and privacy of the complainants' information were maintained. The researchers analyzed the complaints in a collective manner that did not indicate or reveal complainants' identities. The study was carried out according to the principles of Helsinki Declaration. A retrospective record-based study was used to analyze complaints relating to the care of patients seen in Qurayyat healthcare facilities. The 937 call centre sends all patient complaints from Qurayyat to the Directorate of Health Affairs in Qurayyat, electronically, on a weekly basis. These complaints were collected and exported to an Excel file. Categorization and coding of complaints were carried out by all researchers through a rigorous analysis of the patients' complaint contents based on the validated Reader's coding taxonomy (Reader *et al.*, 2014). The study was carried out according to the principles of Helsinki Declaration. The study included all patients' complaints documented by the Qurayyat health call centre (937) between October 2016 and October 2017 as there was no previous helpline facility available to the Qurayyat community. A total number of 524 complaints for the indicated period were registered. Any written, or vocal complaints not registered in the Ministry of Health database for the 937 call centre were excluded. The frequencies of the

data were analyzed using SPSS for Windows (ver. 18.0; SPSS Inc., Chicago, Illinois, USA).

RESULTS

A total of 524 complaints were analyzed over the indicated period from October 2016 to October 2017. Of the complainants, 69.5% ($n=364$) were male, and 30.5% ($n=160$) were female. These complaints were classified and categorized, based on the nature of each complaint, into 22 different categories (Table 1). The following is a brief description of the most frequent complaint categories.

Table 1. Distribution according to the patient complaints

Complaints Categories	Complaints Frequencies	Percentage %
Service Issues	35	6.7
Patient Rights	26	5.0
Inadequate Staffing	71	13.5
Inadequate Resources	77	14.7
Delays	39	7.4
Medical Errors	17	3.2
Bureaucracy	30	5.7
Environmental Issues	17	3.2
Communication Issues	13	2.5
Staff Attitude	76	14.5
Treatment Issues	6	1.1
Errors in Diagnosis	15	2.9
Patient Journey	9	1.7
Quality of Care	26	5.0
Incorrect Information	5	1.0
Safety Issues	13	2.5
Medication Errors	6	1.1
Referrals	3	0.6
Access & Admission	29	5.5
Skills & Conduct	1	0.2
Finance & Billing	6	1.1
Discrimination	4	0.8
Total	524	100

Inadequate Resources: This category exhibited the highest frequency of 14.7% ($n=77$ complaints). Complainants under this category expressed dissatisfaction related to the lack of medical resources (e.g., medications, vaccinations, some medical devices) in Qurayyat healthcare facilities, mostly in Qurayyat General Hospital (QGH) and the Primary Healthcare Centres (PHCs).

Poor or Negative Staff Attitudes: This category exhibited the second highest frequency of 14.5% ($n=76$ complaints). In this category, patients stumble upon poor attitude, rude, and disrespectful or insensitive behaviours from medical and administrative staff in the different healthcare facilities in Qurayyat, particularly in QGH and PHCs.

Inadequate Staffing: This category exhibited the third highest frequency of 13.5% ($n=71$ complaints). Under this category, patients' complaints related to the substantial deficiency in medical staff, mainly the nursing staff in QGH, which recurrently caused increased waiting time for the patients and poor quality of care.

Delays: Results show that 7.4% of both male and female patients complained of experiencing delays in admissions or access to treatment mainly in QGH. The vast majority of complaints were directed against Qurayyat General Hospital (QGH) by 63.2% of the complainants. Complaints of the same nature appear at a lower rate in Primary Healthcare Centres (PHCs) and King Faisal Hospital (KFH) (17.7% and 6.9%,

respectively). Table 2 shows the complaints' rates in all Qurayyat healthcare facilities.

DISCUSSION

Surveys of patient complaints are increasing in terms of total number as well as countries represented. Scrutinizing patient complaints serves two key functions within healthcare organizations. First, they allow for the concerns of specific patients to be heard, for redress to occur, and for solutions to be designed for solving case-specific safety problems. Second, they can provide insight into system-wide problems in patient care and allow for comparisons between healthcare organizations. The latter requires aggregate analyses of patient complaints so that patient complaint data can be used to identify safety and quality issues within healthcare systems or conditions that increase the probability of poor care (e.g., management problems). To aid the researchers in classifying, coding, and interpreting the patients' complaints, a comprehensive and standardized tool was adapted from "patient complaint coding taxonomy" by Reader et al (2014). It categorizes patients' complaints into three domains, namely, Clinical, Management, and Relationships. It helped us in interpreting and analyzing the patient complaint data that appeared related to the category and domain levels. This study revealed that Staff Attitudes, Inadequate Staffing, and Resources were the most significant issues that most of the patients or their relatives complained against. Many studies that have analyzed patients' complaints have deduced findings that are similar to the present study. For instance, a study conducted in Turkey in 2014, which aimed to determine the rate of complaints, their nature, and the profile of the people who lodged them in a 940-bed university hospital between the period of June 2008 and June 2012, found similar results (Zengin, 2014). The results revealed that 453 complaints were made against the hospital over 4 years, relating to medical care, the attitude of staff, waiting times, and financial issues. In fact, ineffective staff distribution or lack of personnel are the two major problems being faced by majority of the hospitals worldwide (Rezapour *et al.*, 2010). Scarceness of resources for health care exists in every country.

The world's health systems face many increasing challenges, the most important of which are the escalation in health needs and the lack of financial and human resources, which greatly limit the effectiveness of these systems (Almalki *et al.*, 2011). A study conducted in a Canadian Tertiary Care Radiology Department that inspected all complaints submitted between November 2010 and March 2013 found that examination scheduling and interpersonal conflicts were equally represented as the greatest frequency of concern (21% [21/100]); the study therefore recommended to enhance effective communication between healthcare professionals and patients in order to improve satisfaction (Robins, 2014). Similarly, in our study, poor staff attitude and communication failure were of a primary concern. Defective communication or inadequate explanations usually end up in clients' dissatisfaction and often provokes the aggressive behavior. Periodic educational workshops and seminars should be conducted by healthcare providing authorities in order to improve the communication skills and staff behavior. Improvement in tolerance levels and listening skills will help reduce the communication gap between the healthcare provider and the patient (Bazrafkan *et al.*, 2008).

Results of another study conducted by Ebrahimipour *et al.* (2013) were in accordance with ours, revealing that the main reasons for complaints were approachability to medical staff (21.46%), communication failures (20.17%), and discontent with the provided care (14.59%). However, a study conducted by Harrison *et al.* (2016) used the same patients' complaint taxonomy, as in our study, to distribute and report the patients' complaints on the three domains; clinical, management, and relationships. Their results varied from our study as they concluded that delayed diagnosis, misdiagnosis, medication errors, inadequate examinations, inadequate/nil treatment, and quality of care including nursing care, were more frequent. Another aspect of the study was to highlight the healthcare facilities in Qurayyat against which most of the complaints were launched. The vast majority of complaints were directed against Qurayyat General Hospital (QGH) by 63.2% of the complainants. This is likely because QGH is the largest healthcare facility providing health services to the community of Qurayyat. Thus, these complaints of the same nature appear at a lower rate in Primary Healthcare Centres (PHCs) and King Faisal Hospital (KFH) (17.7% and 6.9%, respectively) (Table 2).

Table 2. Distribution of the complaints in Qurayyat Healthcare Facilities

College	Frequency	Percentage %
Qurayyat General Hospital	331	62.2
King Faisal Hospital	36	6.9
Private Health Centres	16	3.1
Dental Medical Centre	16	3.1
Primary Healthcare Centres	93	17.7
Qurayyat Health Affairs	19	3.6
Esawiah Hospital	5	1.0
Diabetic Centre	5	1.0
Psychiatric Hospital	3	0.6
Total	524	100

It must be considered that the method of complaints varies widely and depends on, for example, the hospital policy as well as social, cultural, demographic, and other factors. It is important to ensure that the complaint management system is established and developed in a way that everyone can submit his/her complaints in the most expedient way. Usually more than 50% of complaints are presented by patients' relatives. In studies conducted in England, Singapore, Turkey, and Iran, this number ranged from 50–86% (Wong *et al.*, 2007; Mirzaaghae *et al.*, 2008; Zengin *et al.*, 2012). This might be due to the patients' health status, which does not usually allow them to report and pursue their complaints. Moreover, to have more gratified customers and proper use of their feedback, designing an effective complaint handling system is indispensable. The Health Services Review Council recommends some guiding principles, including the following: proper organizational foundation, description of the complaint handling process, skills including setting up needed tools, and finally evaluating the system using a Seriousness Assessment Matrix (Gorton *et al.*, 2011). The present study has several limitations. First, the complaints of patients were analyzed, and classified by researchers and are subject to bias. However, each complaint has been independently categorized by all researchers to control bias and ensure realistic classification of the patients' complaints. Second, some complaints are of a complex nature and are likely to be wrongly categorized. Moreover, our study did not include the multiple complaints from the singular complainant because the 937 call center deals with the chief complaint of the complainant and focus on

resolving it. In addition, this study did not follow the actions taken by the authorities to resolve the complaints. Finally, we did not have the means to verify the authenticity of the complaints. In conclusion, complaints are potentially useful quality assurance tools. Rigorous analyses of patient complaints will help to identify problems in our services to make necessary rectifications to policies or procedures. This study revealed many problems faced by patients during their visits to health facilities in Qurayyat. The most protuberant of these problems from the patients' perspectives were the lack of medical resources (e.g., medicines, vaccinations), especially in QGH, PHCs, and KFH, the poor attitude of staff towards patients and their families, the lack of ability to support their needs, and the scarcity of medical staff. Other problems that occurred with less frequency have also been identified. Nonetheless, they should be taken into account if we really want to improve the quality of health services in Qurayyat, such as errors in diagnosis, poor communication, delays, bureaucracy, and the poor infrastructure of some of the health facilities. Effective communication between staff and patients, adequate staffing, and medical resources in the healthcare facilities in Qurayyat are important elements for improving patients' satisfaction in Qurayyat. Additional studies should be piloted to evaluate patients' satisfaction after resolving these problems and to determine difficulties that may be faced by health authorities in doing so.

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