

The Complaints of Patients or their Relatives about Emergency Department services in the Al-Basrah Teaching Hospital

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Abstract

Introduction: Hellman explained that complaints inevitable because doctors and patients, even if they come from the same cultural background, view ill health in very different ways, and patient complaints continue to be mentioned in people talk, media in addition to tribal councils, the aim of this study was to evaluate the complaints of patients or their relatives towards the services in emergency department in the Al-Basrah Teaching hospital.

Material and Methods: This was a retrospective study done by studying all written application complaints reported to the emergency department of the Al-Basrah Teaching hospital in the south of Iraq, over a two-year period from February 2018 to February 2020. All available data, including age, gender and job of the complainants, who reported the complaint, time and reason for admission to the emergency department, the cause of dissatisfaction, against whom was the claim, where and when the complaints were received, what was the type of action or response undertaken and the opinion of the staff were evaluated and analyzed

Conclusion: Most of the complaints were avoidable and most of the cases were simple.

Key words: *Patients complaints; patients and relatives complaints towards medical staff; complaints towards doctors.*

Introduction

As Helman explained¹ complaints inevitable because doctors and patients, even if they come from the same cultural background, view ill health in very

different ways¹, and patients complaint continue to be mentioned in people talk, media², in addition to tribal councils.

The quality of health services delivery depends on many factors including an outcome measure which means survival and hospital stay, patient safety incidents and evaluation of complaints against individuals, departments and organizations³.
⁴. Complaints can be made by the patients or who represent him. Patient-physician interactions in the emergency unites are special in that prior relationships may not exist; interactions are brief, and the environment is hostile⁵.

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Adverse outcomes caused by malpractice strongly correlate with complaints and financial penalties^{6, 7}.

The aim of this study was to analyze all complaints made towards emergency department of the Al-Basrah Teaching hospital over a 24 month period.

Method

This was a retrospective study conducted in the emergency department of the Al-Basrah Teaching hospital in the south of Iraq, over a two year period from February 2108 to February 2020. Al-Basrah Teaching hospital is a 600-bedded public hospital in the center of Basrah, with 700-1000 patients attending the outpatient clinics every day and about 1000-1250 patients attending the emergency unite every day. All available data, including age, gender and job of the complainants, who reported the complaints, time and reason for admission to the emergency department, the cause of dissatisfaction, against whom was the claim, where and when the complaints were received, what was the type of action or response undertaken and the opinion of the staff were evaluated. All the written complaints and available data were analyzed.

Results

There were 34 complaints related to emergency department took place within 24 months. Twenty (58.82 %) of them were against doctors and 13 (38.24 %) were against the hospital and one (2.94 %) was against a nurse. All complainants 34 (100 %) were male. Twenty four complaints (70.6 %) were made by

relatives, while those made by the patients themselves were 10 (29.4 %). The age of most complainants 15 (44.1 %) were in the third decade of age, followed by 9 (26.5 %) in the fourth decade of age, 8 (23.5 %) were in the fifth decade of age, and 2 complainant (5.9 %) under age of 20 years. Professionally, the majority of complainants were civil servants 21 (61.7%), followed by workers in the private sector 11 (32.4 %), one religious man (2.9 %), and one worker (2.9%). Regarding the time of admission of the patients, 17 (50%) were admitted in day time (8.00 a.m. – 3.00 p.m.), 13 (38.2%) were admitted in the hours between (3.00 p.m. – 12.00 a.m.), and 4 (11.8%) were admitted in the hours between (12.00 a.am.- 8.00 a.m.).

The causes of admission were surgical reasons in 17 patients (50%), medical reasons in 11 patients (32.4%), and gynecological reasons in 6 patients (17.6%), as shown in table 1.

While the reason for dissatisfaction shown in table 2.

All the complaints were reported to the Inspection Division in Basrah Health Directorate, which started investigation in nine cases and as a result of that, two warning punishments were giving for two doctors. The rest of the complaints, were solved by drawing attention of the staff, giving new instructions or waiting for completion of the investigations.

Most of the complaints, there were no clear opinion was found among the staff except in one case.

Table1. Reason for admission to emergency department

Reason for admission	n.	%
Abdominal pain	8	23.5
Labour pain	5	14.7
gastroenteritis	4	11.8
hypertension	2	5.9
Vaginal bleeding	2	5.9
Orthopedic problem	1	2.94
Head injury	1	2.94
Chest pain	1	2.94
Cardiac failure	1	2.94
Dysuria	1	2.94
Vomiting	1	2.94
fever	1	2.94
haematamesis	1	2.94
Nasal bone fracture	1	2.94
headach	1	2.94
dyspnoea	1	2.94
Fracture femur	1	2.94
Ureteric colic	1	2.94
total	34	100

Table2. Reason for dissatisfaction

Cause of dissatisfaction	n.	%
Doctor was not available	8	23.53
Not examined by specialist or senior resident	4	11.76
Delay in being seen	3	8.82
The patient was treated roughly or insulted	2	5.88
Referral to another hospital without explanation	2	5.88
Not allowed to stay in the ward	2	5.88

Cont... Table2. Reason for dissatisfaction

No air conditioning or services	2	5.88
No female nurse	2	5.88
Waiting for long time for ECG or CT scan	2	5.88
Asking for money	1	2.94
No female doctor	1	2.94
No ambulance available	1	2.94
Delayed blood transfusion	1	2.94
Receiving treatment without being examined	1	2.94
No follow up	1	2.94
No ultrasonic examination at night	1	2.94
total	34	100

Discussion

Dissatisfaction arises when the expectations are not met, that is why it becomes an inevitable part of clinical care and complaints against institute staff, regulations, procedures, and services occur.

Health care services are provided to patients in an environment with complex interactions among many factors, such as the disease process itself, clinicians, technology, policies, procedures, and resources^{8,9}.

In this study, we investigated the reason of complaints, complainant's characteristics and the outcomes of the complaints process in the emergency department of the Al-Basrah Teaching hospital which is a large hospital with a high referral rate for surgical, medical, gynecological and pediatric and other medical and surgical branches services. This was the first kind of studies ever done in our hospital.

More than two thirds, 76 % of the patients were admitted for mild, non-life threatening conditions such as gastroenteritis, vomiting, dysuria, etc., while 8

patients 23, 5% had more serious conditions. This is in contrast to other study by Behcet et al., who found that all the patients had a mild condition¹⁰. Surprisingly the major cause of dissatisfaction that observed in (23.53 %) were absence of emergency doctors, absence of specialist doctors or more senior doctors observed in (11.67%), delay in clinical examination observed in (8.82%), and insufficient care with rough handling of the patients observed in (5.88%). This means that more than one third (35.2%) of the complaints were due to the absence of the doctors, a major concern which need utmost care and quick solution.

It is known that delay in providing health care initiates dissatisfaction, but this usually occurred when the waiting time is more than 90 minutes¹¹, in our study, we found that 8.82% of the complaints was due to delay in the examination with no recording available for the waiting time. To come up this issue, it is essential to provide adequate number of the staff and continuous public education regarding utilization of emergency department services and among other suggestions is introducing activities during waiting

and keeping the patients and their relatives' informed².

Rough handling of the patients accounted for 5.88% of complaints with similar percentage for failure to provide a convincing and suitable explanation before referring the patient to another hospital. Other similar found similar results¹²⁻¹⁴.

Poor or failure in communication skills has been identified as an important factor in patient dissatisfaction^{15, 16}. Complaints that rose due to communication problems usual mentioned in the literatures among the top categories^{2, 16}.

Teaching communication skills would help in overcoming this problem as breaking bad news, dealing with angry patient and so on, is vital in undergraduate medical study and should continue during postgraduate training. In addition, performing staff seminar on handling difficult patient or relatives can help the staff to manage these kinds of patients carefully. Other studies showed that clinically focused customer service training improves patient satisfaction and ratings of physician and nurse skill. They also suggest that such training may offer a substantial competitive market advantage, as well as improve the patients' perception of quality and outcome^{17, 18}.

Other causes of dissatisfaction occurred because of limited resources, lack of some instruments, shortage of the working staff, and bad services. Patient satisfaction is an integral component of the measurement of health care quality. Proper attention to patient complaints is one part of a patient satisfaction management strategy aimed at revealing and alleviating the causes of patient dissatisfaction¹⁹.

Regarding complainant's characteristics, all the complaints were men in contrast to other similar study from Turkey⁶, where most of the complainants were women, the majority were civil servants in their third decade.

The limitations of this study were lack of details in patients records beside that verbal complaint were not mentioned so it is difficult to determine the rate of dissatisfaction and the actual degree of complaints.

Conclusion

Although, the problem of patient's complaints is not well documented in developing countries², it remains an important part of evaluation of quality of health service. Most of the complaints were due to mild cases and can be avoided by simple measures. This study highlights certain issues which need a suitable care and solut

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