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Evaluation of Complaints Notified to Private Hospitals in Ankara Province

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Abstract

Depending on increasing interest in patient rights and innovations in medicine, the expectations of patients and value judgements change. This study aimed to examine the development process of private health services in Turkey and evaluate the problems and complaints about the services provided in these hospitals. In this context, the formal complaints to private hospitals in Ankara and applications made on the Internet were examined. The complaint data taken from the Ankara Provincial Health Directorate in 2013–2015 were analysed and 15 complaints were qualitatively examined. Evaluations were made by categorising the private hospitals and clinics and subcategories of data belonging to 'sikayetvar.com.tr', the biggest Internet complaint platform of Turkey. It was determined that the most problem was about wages, followed by patient rights, emergency services and medical errors. Most of the complaints in private hospitals were of doctors, and 57% of the complainants were women.

Keywords: Hospitals, medical errors, patient rights, Turkey.

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1. Introduction

The health sector is growing in Turkey as well as all over the world. Health institutions and organisations that want to survive in the growing sector have to meet the needs and expectations of patients, in addition to using their existing resources efficiently. The dissatisfaction that patients experience while receiving services is understood through patient complaints. This can be seen as an important opportunity for healthcare institutions which can see how they are perceived from the outside.

Health care is the most basic aspect of human rights. In modern societies, the amount of health service provided and the size of the service sector is one of the criteria used to measure the degree of development of a country [1]. It cannot find its true value if it does not integrate with the development, quality and patient rights practices. Patient rights are defined as the legal and ethical standards protecting individuals from unfair, unjust and unnecessary application and treatment, while expressing the rights of individuals benefiting from health services [2, 3]. The Patient Rights Regulation, enacted in 1998 by the Ministry of Health in Turkey, aims to increase the awareness of the rights of patients and the health of the society and health workers, with prevention of patient rights violations, increase of quality and legal protection measures in healthcare facilities, and measures taken to solve the problems experienced by patients in health services.

In addition to the services they provide, healthcare organisations should pay equal attention to issues such as patient satisfaction and patient rights. Patient satisfaction is defined as a measure of the satisfaction of the customer's expectations or the quality of care provided to the patient [4, 5]. Patient-centred healthcare organisations consider any feedback from patients as an opportunity. Patients who are more conscious and aware of their rights are also increasingly complaining about the quality of services provided [6, 7]. The feedbacks lead to healthcare facilities willing to provide patient satisfaction and protecting patient rights. Evaluation of patient complaints can be a factor for increasing patient satisfaction. Patient complaints provide information to help organisations identify the source and cause of problems in the service process [8–10]. Patient rights, needs, desires and expectations must be met in order to raise the level of patient satisfaction.

Lovelock and Wright [11, p. 101] describe complaints as a formal expression of dissatisfaction in the experience of a product and/or service to a third person or entity. Harrington *et al.* [12] describe a complaint as an important indicator of how the quality of knitwear is evaluated in terms of patients. As both can be understood, patient complaints about healthcare institutions indicate dissatisfaction of the patients' experience while being served, while at the same time they can be expressed as a quality indicator for healthcare institutions. Patients and their relatives can communicate directly with the authority of the institution in question, or with senior authorities, about the problems they encounter in the health system. Notification of the issues to the institution authorities should be the first priority. It should be the preferred stage where problems are solved as quickly as possible. It is also possible to express it directly with applications and direct complaints made through other agencies.

One of the control systems that came into effect for determination of the troubles in the health system in Turkey, and their resolution, is the Prime Ministry Communication Center (BIMER). BIMER is a public relations practice that is passed on by the Prime Ministry, using information and communication technologies. BIMER acts as a bridge to enable users to communicate with the state [13]. The Ministry of Health established a new health system called the Health Transformation Project, and established the Ministry of Health Communication Center (SABİM) in 2004 [14]. SABİM is an auto control system that is introduced in Turkey to solve problems found in the health system. One of the health service methods in Turkey, by which patients and their relatives can notify complaints about an institution, is by communicating to the parties by use of information systems. Through complaint sites on the Internet, customers can make their complaints about healthcare institutions, and these institutions are allowed to respond to them. This method is a consumer-indexed method for alerting consumers by announcing the negativity from the obtained results.

The results of this method can form an agenda from time to time, and social media can cause serious problems against such institutions.

2. Materials and Methods

This study, which deals with the problems encountered by patients who apply to private health institutions, is finding more place in the health system every day in Turkey and is aimed to implement the solutions proposed by obtaining data that will shed light on the analysis and evaluation, by determining the actions carried out at the solution point of these problems. For this purpose, the complaints made to the Ankara Provincial Health Directorate and the www.sikayetvar.com.tr website regarding private hospitals were examined and subjected to content analysis. Codec-based content analysis is primarily linked to the identification of the analysis categories of the complaint (message). The categories of analysis relate to the content of the message and what it tries to reveal [15, p. 12].

The study was conducted for the examination, evaluation and analysis of complaints made against private hospitals in Ankara. Data between the years 2013 and 2015 of complaints that were applied to the Ankara Provincial Health Directorate against Private Hospitals in Ankara Province were used. In addition, sample examination results of 15 private hospital investigations were taken from the Provincial Directorate of Health and the complaints were summarised and evaluated.

The complaints made about the private hospitals in Ankara were evaluated from 'sikayetvar.com.tr', which is a complaint portal used intensely on the Internet. The Internet platform 'sikayetvar.com.tr', established in 2001 and used intensely in Turkey, has a total of 1.5 million individual members and an average of 2.8 million visitors per month [16]. It is understood that 7500 complaints about private hospitals and clinics have been made on the platform. In order to reach complaints made to private hospitals and clinics in Ankara, 'Ankara' was written in the search bar and the search was made. 'Health' and 'Private Hospitals and Clinics' categories were selected from the 'Complaint Categories' menu, respectively. A total of 245 complaints were found in the results. Five complaints were removed by the owners, and a total of 240 complaints were taken into consideration.

3. Findings

3.1. Assessment of Complaints of Ankara Private Hospital

Considering the applicants for complaints made about private hospitals in 2013–2014 and the first three months of 2015, it is understood that there is a remarkable increase in the number of complaints, especially in the first three months of 2015. When the complaints are examined by years, it is understood that 536 complaints (in total) were made to private hospitals between 2013 and 2014, and 489 complaints were made in 2015 (first three months) (Table 1).

Table 1. Ankara provincial directorate of health private hospital complaint distribution

	2013–2014			2015 (first three months)		
	Continuing	Resulted	Total	Continuing	Resulted	Total
SABİM	64	21	185	50	14	164
BİMER	67	23	287	36	31	264
Other	12	3	64	4	8	61
Total	143	47	536	90	53	489

It is understood that 196 of the 923 complaints made between 2013 and 2014 about the private hospitals serving in Ankara Province have been examined (Table 2).

Table 2. Complaint data distribution of Ankara provincial private hospitals, 2013–2014

Years	Total complaints	Number of complaints to be examined
2014	536	155
2013	387	41
Total	923	196

Since more than one defect is detected in the investigation and examinations made, the number of fines and the number of defects can be different. For example, in an inquiry, wage patient rights and medical reasons can be detected together. In total, 42 criminal penalties, 5 closing penalties and 3 administrative penalties were given and 4 cases were judicial applications (Table 3).

Table 3. Penalty distribution of Ankara provincial private hospitals, 2013–2014

Years	Notifications	Closings	Administrative fine	Judicial application
2014	18	2	3	1
2013	24	3	0	3
Total	42	5	3	4

When the reasons and the data for penalties are examined, the most common penalty consists of patient rights, personnel shortages, emergency medical services and medical reasons. The penalties given to private hospitals are higher than in 2010–2011. When the data are evaluated, it is seen that the total number of penalties given to private hospitals in 2010 is 50, while the total number of penalties is 16 according to the data of 2013. When the data are analysed, it is determined that the number of complaints is 387 in 2013, 536 in 2014 and 489 in the first three months of 2015; although the number of complaints has risen, the criminal procedures have fallen. Criminality is the sign of negativity, along with the need for equity and deterrence. In this context, when the available data are evaluated, it can be concluded that the audit functions of private hospitals should be questioned (Table 4).

Table 4. Penalty distribution of Ankara provincial private hospitals, 2013–2014

Reason of penalty	2010	2011	2012	2013	2014	Total
Emergency health services	6	4	2	7	1	20
Patient rights	17	13	4	4	1	39
Lack of personnel	7	7	1	2	10	27
Advertisement promotion	2	1	-	-	6	9
Medical causes	8	7	-	1	2	18
Medical records – archive	9	5	1	-	1	16
Fee – Financial	1	4	-	2	2	9
Architectural causes	-	-	-	-	1	1
Total	50	41	8	16	24	139

As understood from the contents of the articles, most of the complaints cover wage issues, and patient rights violations, followed by medical malpractice issues. The most common complaints must be addressed in order to carry out regulatory functions and remove healthcare priorities from commercial concerns (Table 5).

Table 5. Evaluation of complaints of Ankara provincial directorate of health private hospitals

Reason for complaint	N
Wage	7
Patient rights	5
Medical error	5
Emergency health services	5
Misleading action	2
Illegal processing	2
Indifference	1
Total*	27

*Complaints include multiple complaints

3.2. Evaluation of Complaints on the Internet about Ankara Provincial Private Hospitals

As understood from the contents of the articles, most of the complaints cover wage issues, and patient rights violations, followed by medical malpractice issues. The most common complaints must be addressed in order to carry out regulatory functions and remove healthcare priorities from commercial concerns (Table 5).

Table 6. Distribution of complaints on the Internet about Ankara provincial private hospitals

Subject of complaint	N	%
Examination	90	37
Wage	84	35
Personnel behaviour	66	28
Total	240	100

Complaints made to private hospitals and clinics were given as complaints about the staff. A total of 81 (34%) doctors, 42 nurses (17%), 47 civil servants (20%), 6 patient caregivers (2%) and 63 other personnel (27%) were considered as the complaint-related personnel. Doctors appear to be the most complained about personnel, while the rates of nurses and civil servants are close to each other. The least were patient caregivers (Table 7).

Table 7. Distribution of Internet complaints according to personnel in Ankara private hospitals

Personnel related to complaints	n	%
Doctor	81	34
Nurse	42	17
Officer	47	20
Caregiver	6	2
Other	64	27
Total	240	100

A total of 104 (43%) of the complainants were male and 136 (57%) of them were female. Although the rates are not too far apart, the rate of female complainants is higher. Most complaints from private hospitals and clinics, 189 (79%), were related to general hospitals, while branch (Dal) centres had 51 (21%) complaints (Table 8).

Table 8. Distribution of Internet complaints according to gender and hospital groups in

Ankara private hospitals		
Complainants	N	%
Male	104	43
Female	136	57
Total	240	100
Complained	N	%
General hospital	189	79
Dal centres	51	21
Total	240	100

4. Discussion and Conclusion

Private hospitals have undertaken a leading role in quality and diversity in healthcare services in Turkey. One of the aims of private hospitals is to provide comfort, which people expect from their health services. When the study data are examined, it is seen that private hospitals, whose numbers in the health services are increasing recently, have a significant share in treatment and diagnosis-oriented services and health services. As the role of private hospitals increases in health services, it is inevitable that there will be an increase in the dimensions of the problems to be encountered. Private hospitals are required to provide health services with a profit margin priority for the purposes of establishment. If the size of the commercial dimension in health services is not well defined, it may cause many different problems. As a matter of fact, it is seen that the cases in private hospitals are seriously increasing in the scope of services. In order to reduce the problems encountered in the health services of private health institutions, it is important to determine the problems causing the conflicts and to take all the factors into consideration and make arrangements according to the health policies. When regulatory and supervisory legislations to reduce problems in private hospitals are being changed, negative reflections of healthcare policies and public health services of the country should be examined without considering the service culture and commercial dimension of private hospitals.

Patients and their relatives try to solve the problems they encounter in health services by using their complaint rights. Private healthcare institutions have to pay attention to patient satisfaction in order to increase the customer potential and market share. It is known that satisfied patients advertise the health institution outside.

The problems faced by patients and their relatives in health services can be directly communicated to the institutions within the scope of patient rights and the complaints are examined by the patient rights units. In addition, the problems encountered can be transmitted through BİMER, which was established within the premises of the Prime Ministry recently, and also through SABİM, established within the Ministry of Health. Other than these, problems can be shared with the public through Internet portals and consumer rights and effective results can be obtained. Official applications are being reviewed and reported by patient rights departments. Inadequate defences are under investigation and defects and deficiencies are resolved on legal grounds.

Regarding the problems encountered in private hospitals, 15 cases were investigated, and it was determined that patients' rights, emergency services and medical errors were the ones that were paid the most attention after wages. Bostan *et al.* [17] determined that 44.0% of the complaints was about not being able to benefit from the service and 45.2% was from the study of Kirgin and Sahin [18].

Within the scope of the study, it was understood that the complaints were mostly made about doctors, the medical reasons and wages constituted the complaint issues mostly, and the complainants were from females at 57%, with respect to gender. Bostan *et al.* [17] conducted a study on the evaluation of complaints made on the lines of SABİM 2014: 44% of the total complaints are

about examination, 41% about staff and 15% about wages. It is seen that 72% of the applicants were female patients and 28% was made by male patients in the survey conducted by Kirgin and Sahin [18] on 43,359 applications between 2006 and 2009. However, in [17], the ratio of male complaints is 66.3% and that of female complaints is 29.9% and the rate of those who do not specify is 3.8%. This research shows that the proportion of male complainants is higher than female complainants.

In the study, these issues and case studies can be seen as reflections of the commercial element, as the complaints have a rising tendency by years. The deterrent nature of the penal sanctions is not sufficient and the complaints focus mainly on wages, patient rights, medical reasons and emergency services. Bostan *et al.* [17] found that there was a surging situation in complainant applicants between 2004 and 2009. Unconsciously changing rates of complaints over the years is determined as the changes in the health system in the process.

The state has to provide the citizens' health needs in accordance with the social state principle. The drawbacks of the disease psychology of patients should be left to the commercial phenomena considered. It is not possible to make a measurement of the necessity of health services, and the fact that certain criteria have been introduced does not remove the problem from the conscientious and moral boundaries of the physician and the institution. For this reason, in many countries in the world, health is the responsibility of the state, being a basic human right. There is no country in the world where health services are 100% in the private sector. It is a fact that the private sector in Turkey is encouraged in every area. Health services are among the sectors that are encouraged in this context. Due to the unique nature of healthcare services, leaving out the private sector completely will bring about many social obstacles with it.

In conclusion, while the state primarily fulfils its responsibility in health services, rather than increasing the support to private health services, the public sector should attach importance to scientific ethics and development. Regulations and initiatives to bring public health services to compete with the private sector will also minimise the problems in the private sector. The private sector can be encouraged with private insurance, which is indexed to the income situation, and the load of the public can be reduced. In short, private insurance and private hospitals should be able to make a minimum contribution from the public budget, and supplement and support one. As of now, higher income groups and middle income groups benefit from private hospitals in greater ratios, and continue to provide private hospitals services with differential wages and fees and treatment fees collected from SGK. It is the responsibility of the public as a challenging and costly function to examine and monitor the control and necessity of the provision of services provided by private hospitals.

Consideration should be given to the incentive arrangements for the health service employees, who primarily provide services considering the service aspect. Physicians who serve in the public and private sectors should be evaluated with the post-treatment outcome indexes, supported by scientific incentives by the state, and the service and education standards of the employees should be raised together. It will be possible to reduce the problems as a result of patient satisfaction becoming the service institutions in which the empathy culture which is kept on the agenda is run and the competition conditions with the private sector being ensured. In order to take such short-term measures to reduce the complaints that are not working, such solutions should be made in accordance with the above-mentioned principles.

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