



# Analysis of The Complaints of The Patients and Their Relatives to Healthcare Professionals

## Sağlık Çalışanlarına Yönelik Hasta ve Yakınlarının Şikâyetlerinin Analizi

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### Abstract

**Aim:** The aim of this study is to determine the complaints of patients and their relatives, to provide necessary measures and to find solutions.

**Material and Method:** It was retrospectively analyzed and conducted as a single-center study. The complaints of patients and their relatives who applied to the Patient Rights Unit, Ministry of Health Communication Center, Prime Ministry Communication Center, Presidential Communication Center from the hospital medical records between 2018 and 2019 were examined. Data were analyzed on IBM SPSS Statistics 22.0 package program.

**Results:** 1385 applications were examined. The number of male genders of the complainant was 66.1%. The most frequent complainants were between the ages of 20-40 (56.3%), high-school graduates (56.3%), in the self-employed/artisan group (24.2%). The most of the complaints were made application to the Patient Rights Unit (58.7%). Complaints were most common for physicians who in charge of primary care of the patient (49.5%) and least common for consultant physician (0.2%). The most common complaints were about poor attitude (26.9%) and long waiting time (21.7%). Most of the complaints were made in 2019 (n:835), July (n:239) and on Friday (n:326), and also most of the complaints were made against the Department of Pediatrics (n:190 (13.7%)) and Emergency Medicine (n:129 (9.3%)). When the complaint-patient ratio was examined, it was perceived that the most complaints were from the laboratory and pathology departments.

**Conclusions:** It is concluded that patient rights units are very crucial and they have an important role in evaluating the quality of institutions and determining the existing deficiencies as well as increasing patient satisfaction.

**Keywords:** Patient rights, analysis of complaints, patient right unit, hospital complaints

### Öz

**Amaç:** Bu çalışmanın amacı hasta ve hasta yakınlarının şikâyetlerini araştırmak ve buna yönelik olarak gerekli önlemleri almak ve çözüm bulmaktır.

**Gereç ve Yöntem:** Araştırma tek merkezli ve geriye yönelik olarak yapıldı. 2018-2019 yılları arasındaki hastane kayıtlarından Hasta Hakları Birimi, Sağlık Bakanlığı İletişim Merkezi, Başbakanlık İletişim Merkezi, Cumhurbaşkanlığı İletişim Merkezi'ne başvuran hasta ve hasta yakınlarının şikâyetleri incelendi. Veriler IBM SPSS Statistics 22.0 paket programında analiz edildi.

**Bulgular:** 1385 şikâyet başvurusu incelenmiştir. Şikâyetçilerin çoğu erkek (%66.1), 20-40 yaş arası (%56.3), lise mezunu (%56.3) ve serbest meslek/esnaf grubundadır (%24.2). Şikâyetlerin çoğu Hasta Hakları Birimi'ne (%58.7) yapılmıştır. Şikâyetler en çok hastanın birincil bakımı ile ilgilenen hekimlerine (%49.5), en az da konsültan hekimlere (%0.2) yapılmıştır. En sık şikâyetler kötü tutum (%26.9) ve uzun bekleme süresidir (%21.7). En çok şikâyet 2019 yılında (n:835), Temmuz ayında (n:239) ve Cuma günü (n:326) yapılmış olup en çok Çocuk Sağlığı ve Hastalıkları Anabilim Dalı (n:190 (%13.7)) ve Acil Tıp Anabilim Dalına (n:129 (%9.3)) şikâyet yapılmıştır. Şikâyet-hasta oranı incelendiğinde ise en çok şikâyet oranının laboratuvar ve patoloji bölümleri olduğu görülmüştür.

**Sonuç:** Hasta hakları birimlerinin çok önemli birimler olduğu; kurumların kalitesinin değerlendirilmesinde, mevcut eksikliklerin tespit edilmesinde ve hasta memnuniyetinin artırılmasında önemli bir role sahip olduğu sonucuna varılmıştır.

**Anahtar Kelimeler:** Hasta hakları, şikâyetlerin analizi, hasta hakları birimi, hastane şikâyetleri



## INTRODUCTION

In recent years, the concept of patient rights has gained importance in many countries, especially in European nations. With the adoption of the Universal Declaration of Human Rights in 1948, patient rights, like many other rights, have made quite an important progress.<sup>[1]</sup>

Patient rights refer to the rights of individuals who need to benefit from health services just because they are human and are guaranteed by the Constitution of the Republic of Turkey, international treaties, laws, and other legislation.<sup>[2]</sup>

Patient rights are defined as a sub-branch of human rights. The first international document on patients' rights was the Lisbon Declaration published in 1981. In 1989, the World Health Organization published a limited declaration of patients' rights. Thereby, in the following years, efforts for patients' rights intensified. Thereafter, the "Amsterdam Declaration" was published on March 28-30, 1994.<sup>[3,4]</sup>

The World Medical Association published the Bali Statement in 1995 to resolve the problems concerned with patients' rights.<sup>[5]</sup> In regard to patient rights, the Ljubljana Health Care Reform Charter was published in 1996,<sup>[6]</sup> the European Patient Rights Charter in 2003,<sup>[7]</sup> and the Santiago Declaration in 2005.<sup>[8]</sup>

In parallel with the developments in the world, it can be said that the development of patient rights in Turkey has a similar history. The right to health was included in the 1961 Constitution for the very first time. In 1998, the Patient Rights Regulation was published. Later on, in the year 2005, the Patient Rights Implementation Directive got published and it has been an explanatory and guiding regulation on patient rights since then. Following the regulation, the state and public institutions started to put the necessary practices into action.<sup>[9]</sup>

After all these regulations were issued on patient rights in Turkey, an official organizational structure got established. "Patient Rights Units and Institutions" and "Patient Rights Communication Units" were recognized under the "General Directorate of Treatment Services" affiliated with the Ministry of Health 2. Patient rights units are generally located in polyclinics in hospitals and are located in easily accessible places. Applications of the patient or their relatives are received and evaluated, if they can find a solution on the spot, they are applied, but if not, applications are further submitted to the Patient Rights Board.

Within the scope of the Health Transformation Project, which started in Turkey in 2003, the Ministry of Health Communication Center (SABIM) was established in 2004.<sup>[10]</sup> Then in 2006, another interactive service, known as the Prime Ministry Communication Center (BIMER), was established.<sup>[11]</sup> Due to the transition to the Presidency management system in Turkey in 2018, the activities of

the Office of the Prime Minister were terminated, BIMER was closed, and the operations related to this service were transferred to Presidency Communication Center (CIMER).<sup>[12,13]</sup>

Nowadays, the use and delivery of health services are among the most important indicators that determine the socio-economic development level of countries. In modern nations, the quality of medical care plays an essential role in the improvement of patient satisfaction and the development of their positive perception. In order to provide good health care, it is necessary to measure the quality of the service received; This can be possible by performing satisfaction surveys and evaluating the patient complaints received.

The aim of this study is to define patient complaints, then examine the resources of the objections made and assess the demographic characteristics of patients and their relatives. With the evaluations made, the inadequacies that are the subject of complaints in health services will be determined and thus, it will be possible to take distinct measures to repair the origin of these defects.

## MATERIAL AND METHOD

### Study Design

Patients formally conveyed their complaints to four different units in the Turkish Health System as presented below:

**Patient Rights Unit of the Hospital:** These are the entities formed by the Patient Rights Units and Institutions in hospitals containing 100 beds or more under the General Directorate of Treatment Services of the Ministry of Health.

**Ministry of Health Communication Center (SABIM):** It is the unit that is operated under the Ministry of Health as a facility that aims to put people at the center of service by providing multi-interactive participation of those benefiting from health services.

**Prime Ministry Communication Center (BIMER):** It is an important communication center where patient complaints are made, collected and the necessary actions are initiated. It was closed in 2018 and this task was transferred to the Presidential Communication Center (CIMER).

**Presidency Communication Center (CIMER):** Due to the transition to the Presidential management system in 2018, CIMER is the center that was formed to collect all the transactions previously made by BIMER after it got terminated.

The study is based on the patient complaint application records made to XXXXXXXXXXXX University XXXX Research and Application Hospital Patient Rights Unit, Ministry of Health Communication Center (SABIM), Prime Ministry Communication Center (BIMER), and Presidency Communication Center (CIMER) between January 1, 2018,

and December 31, 2019. It was retrospectively analyzed and conducted as a single-center study.

Gaziantep University Faculty of Medicine Ethics Committee's approval was obtained for the following study (Ethics committee decision no: 2019/430, date: 13.11.2019). All procedures were carried out in accordance with the ethical rules and the principles of the Declaration of Helsinki.

### Progress:

1987 complaint applications made to the four patient rights units mentioned above were examined, and 1385 of these applications were evaluated. The applications obtained were examined under the following headings:

- Demographic characteristics of complainants;
  - Gender
  - Age
  - Educational status
  - Profession
  - The degree of closeness with the patient
- Occupation of the complained personnel
- Complained section
- Subject of complaint
- The day and month of the complaint were examined.

### Statistical Analysis

- Data were analyzed on IBM SPSS Statistics 22.0 package program.

### Inclusion Criteria of the Study

- All official complaints made by patients and their relatives to the hospital patient rights unit, SABIM, and CIMER (all pediatric and adult patients)

### Exclusion Criteria of the Study

- Complaints that were not officially submitted
- Complaints that included an incomplete complaints application form

## RESULTS

Between January 1, 2018, and December 31, 2019, 2,268,042 patients applied to XXX University XXX Research and Application Hospital, and complaints against healthcare professionals were detected by 1987 patients and/or their relatives. Due to the lack of data on some of these complaints, which were applied to the patient rights unit, only 1385 were included in the study. The male and female gender numbers of the complainants were 916 (66.1%) and 469 (33.9%), respectively, and it was determined that the most common age group was between 20-40 years (n:448 (56.3%)) (Table 1). When the complaints were examined, it was revealed that most of them were high-school graduates (n:448 (56.3%)) and in the self-employed/artisan group (n:192 (24.2%)) (Table 1). Furthermore, it was shown that most of the complaints were made to the Patient Rights Unit (n:813 (58.7%)) (Table 2). Also, it was reported

that the submitted objections about health personnel were physicians (n:686 (49.5%)) and secretaries (n:229 (16.5%)) (Table 3). It was observed that the most common complaints were caused by poor attitude (n:371 (26.9%)) and long waiting time (n:300 (21.7%)) (Table 3). Most of the complaints were made in 2019 (n:835), July (n:239) and Friday (n:326) (Table 4), and most of the complaints were made against Pediatrics (n:190 (13.7%)) and Emergency Medicine departments (n:129 (9.3%)) (Table 5). When the complaint-patient ratio was examined, it was perceived that the most complaints were from the laboratory (0.011) and pathology departments (0.01) (Table 5).

**Table 1. Demographic characteristics of complainants**

	n (%)
<b>Gender</b>	
Male	916 (66.1)
Female	469 (33.9)
<b>Age</b>	
20-40	448 (56.3)
41-60	289 (36.3)
>60	38 (4.8)
<20	21 (2.6)
<b>Educational status</b>	
High school	398 (50.3)
University	237 (30.0)
Primary school	108 (13.7)
Secondary school	48 (6.1)
<b>Profession</b>	
Self-employment / Artisan	192 (24.2)
House wife	176 (22.2)
Officer	109 (13.7)
Unemployed	78 (9.8)
Student	77 (9.7)
Teacher	55 (6.9)
Retired	48 (6.0)
Military Personal	29 (3.7)
Worker	28 (3.5)
Other	2 (0.3)
<b>Kinship</b>	
Self	983 (71.0)
Parent	229 (16.5)
Child	86 (6.2)
Spouse	59 (4.3)
Sibling	20 (1.4)
Friend	2 (0.1)
Other	6 (0.4)

**Table 2. Distribution of Complaints by Unit and Years**

Years	Number of Applications to the Patient Rights Unit	Number of Applications to SABIM*	Number of Applications to CIMER**	Total
2018	324	130	96	550
2019	489	205	141	835
Total	813	335	237	1385

\*SABIM: Ministry of Health Communication Center, \*\*CIMER: Presidency Communication Center

**Table 3. Health Worker Complained and Subject of Complaint**

	n (%)
<b>Health Worker Complained</b>	
Physician	686 (49.5)
Cashier (secretary)	229 (16.5)
Hospital administration	139 (10.0)
Technician	121 (8.7)
Personnel	82 (5.9)
Nurse	62 (4.5)
Cleaning staff	52 (3.8)
Security staff	5 (0.4)
Consultant physician	3 (0.2)
Other	6 (0.4)
<b>Subject of Complaint</b>	
Poor attitude	371 (26.9)
Long waiting time	300 (21.7)
Nonappointment	125 (9.0)
Physical conditions	125 (9.0)
Dissatisfaction with treatment	120 (8.7)
Poor communication	111 (8.0)
Dissatisfaction with examination	94 (6.8)
Financial affair	69 (5.0)
Misdiagnosis	61 (4.4)
Other	8 (0.6)

**Table 4. The relationship between examination days, months and complaints**

	n (%)
<b>Days</b>	
Friday	326 (23.5)
Wednesday	322 (23.2)
Monday	253 (18.3)
Thursday	245 (17.7)
Tuesday	236 (17.0)
Sunday	2 (0.14)
Saturday	1 (0.07)
<b>Months</b>	
July	239 (17.2)
August	178 (12.9)
September	178 (12.9)
October	150 (10.8)
June	121 (8.7)
November	116 (8.4)
December	98 (7.1)
April	92 (6.6)
May	89 (6.4)
March	58 (4.2)
January	40 (2.9)
February	26 (1.9)

## DISCUSSION

In our study, it was determined that the majority of complaints were made by patients and/or their relatives who were male gender, most frequently between the ages of 20-40, and 50.3% (n=398) are high school graduates. When we look at the occupational group of the applicants, it is reported that most of them are self-employed/tradesmen (n=192

**Table 5. Distribution of Complained Units**

Complained Unit	n (%)	Number of Patients Applying to the Unit	Complaint/Number of patients
Pediatric	190 (13.7)	376014	0.0005053
Emergency Medicine	129 (9.3)	465902	0.0002768
Obstetrics and Gynecology	81 (5.8)	77255	0.0010484
Otorhinolaryngology	80 (5.8)	68918	0.0011608
Radiology	69 (5)	20486	0.0033681
Orthopedics	64 (4.6)	77442	0.0008264
Ophthalmology	58 (4.2)	125465	0.0004622
Neurology	54 (3.9)	56760	0.0009513
Cardiology	54 (3.9)	51472	0.0010491
Oncology	47 (3.4)	38174	0.0012312
Laboratory	42 (3)	3733	0.0112510
Gastroenterology and Hepatology	41 (3)	71114	0.0005765
Urology	36 (2.6)	57449	0.0006266
Endocrinology and Metabolism	29 (2.1)	82271	0.0003524
Anesthesia and Reanimation	28 (2)	27866	0.0010048
Respiratory Medicine	27 (1.9)	28829	0.0009365
Hematology	26 (1.9)	53456	0.0004863
Psychiatry	24 (1.7)	50946	0.0004710
Dermatology	23 (1.7)	97287	0.0002364
Physical Therapy and Rehabilitation	22 (1.6)	82874	0.0002654
Nephrology	22 (1.6)	37285	0.0005900
General Surgery	19 (1.4)	50962	0.0003728
Vascular Surgery	17 (1.2)	13628	0.0012474
Neurosurgery	15 (1.1)	30525	0.0004914
Pathology	14 (1)	1386	0.0101010
Infectious Diseases	11 (0.8)	41212	0.0002669
Geriatric Medicine	10 (0.7)	13520	0.0007396
Plastic and Reconstructive Surgery	8 (0.6)	11366	0.0007038
Pediatric Surgery	7 (0.5)	13280	0.0005271
Child and Adolescent Psychiatry	5 (0.4)	28554	0.0001751
Forensic Medicine	4 (0.3)	10567	0.0003785
Nuclear Medicine	4 (0.3)	7021	0.0005697
Thoracic Surgery	3 (0.2)	12075	0.0002484
Other	122 (8.8)	82948	0.0014708
Total	1385 (100)	2268042	

(24.2%)) and housewives (n:176 (22.2%)) in comparison to other occupational groups. There are differences in the literature in terms of gender, age range, educational status, and occupation of the complainant.<sup>[10,14-22]</sup> We attribute this to the type of health institutions, sample size, time zone, data source, and socio-cultural structure of the society.

When we examined which unit the patients applied to, it was determined that 58.7% (n=813) had applied to the patient rights unit. In the study conducted by İşeri,<sup>[15]</sup> the number of applications made for patients' rights was 96.5% (n=782). In the study of Yazıcıoğlu,<sup>[16]</sup> 58.3% (n=3043) of all applications were made to SABİM, while 57.4% (n=2998) were made to the patient rights unit. The number of applications received through SABİM and CİMER has increased gradually compared to previous years since it is the shortest, most accessible, and most effective way for patients and/or their

relatives to submit their objections. We suppose that most of the complaint applications are made to the patient rights unit due to reasons such as filling out the application form by directly speaking to the unit manager.

In our study, in correspondence to the health workers, doctors (n:686 (49.5%)), and secretaries (n:229 (16.5%)) were the most frequently complained about by patients and/or their relatives. In the study by Manouchehri et al.<sup>[23]</sup> nurses (n:218 (38.8%)) and doctors (n:110 (19.6%)) were complained about the most. Moreover, in the research conducted by İşeri,<sup>[15]</sup> doctors were the most complained about with a percentage of 34.5% (n:287). Whereas in the study of Yazıcıoğlu,<sup>[16]</sup> secretaries, security guards, and cleaning personnel occupied a higher proportion of 61.3%(n:1838) when compared to other laborers. Although the health workers who are complained about usually vary depending on various factors, when we look at the other research,<sup>[15,16,23]</sup> it is stated that the most complained personnel are usually doctors.

We think that this result is due to the fact that patients and/or patients' relatives expect immediate solutions from doctors. Since they mostly deal with doctors during the diagnosis and treatment process, they think that all improvements and solutions are the responsibility of doctors only. In addition, due to the high number of patients per doctor in our country, doctors may be the center of their complaints.<sup>[24]</sup> This problem can be overcome by reducing the patient density and workload of doctors, or it can be decreased by providing doctors training in communication skills.

In our study, it was seen that the most common complaint by patients and/or their relatives were due to poor attitude with 26.9% (n:372) and long waiting time with 21.7% (n:300). While in the study conducted by İşeri,<sup>[15]</sup> the most common complaint was on account of the inappropriate style and behavior of the staff with a ratio of 16.5% (n=150). When we examine the statistics on the distribution of the subject matter of the applications published by the Ministry of Health in 2013 regarding patient rights, it is seen that 46% of the applications are due to the inability to benefit from the service in general, while 21% are the applications made about the lack of dignity and comfort. In the research performed by Uludağ<sup>[19]</sup> in 2011, 40.6% (n=236) of them applied because of not being able to benefit from the service. When we look at the distribution of the subject according to the content, 40.4% (n=233) applied due to communication problems. Unlike the studies mentioned, in the research conducted by Gürlek, Kanber and Çiçek,<sup>[14]</sup> in 2011, more applications were made with 45.0% due to lack of respect and comfort. In the literature, it has been observed that patients and/or their relatives mostly complain about communication, long waiting time and behavior (poor attitude).<sup>[14,15,19,20,22,23,25-27]</sup> Although the results of our study seem to be similar to the literature, it is assumed that the complaints of the patients and/or their relatives will decrease by getting the patient's examination results more quickly, providing communication training to health workers, reducing the problems caused by

the hospital system and reducing the problems experienced due to the lack of medical equipment.

In our study, Pediatrics (n=190 (13.7%)) and Emergency Medicine Department (n:129 (9.3%)) were determined as the most frequently complained departments. In the different studies conducted by İşeri,<sup>[15]</sup> and Yazıcıoğlu,<sup>[16]</sup> the most frequently complained units were polyclinics with 82.7% (n=670) and 52.6% (n=1576), respectively. When we examine the statistics published by the Ministry of Health on patient rights in 2013, Polyclinics comes first with 44% while Emergency Services follows with 16% among the units applied.<sup>[28]</sup> The Department of Pediatrics and Emergency Medicine is the two units with the highest number of complaints. In this study, when compared to other units, it is clearly seen that the ratio of the number of complaints to the number of patients coming to these units is very low. When we look at the ratio of the number of complaints made to the unit to the total number of patients coming to the unit, the laboratory comes with the highest rate of 0.011, followed by pathology with a rate of 0.01. The fact that the number of patients applying to the units and the complaints are not proportional may give the hospital management units the idea that the problem is not only related to the congestion. It is striking that these units are the units that examine the medical examinations made. It is possible that the complaint rate is high due to the problems related to the receipt, transmission and storage of the examination reports and the results being concluded after a long time. We think that there will be a decrease in the complaints by solving these problems.

### Limitation

**A single-centered study:** The data of the complaints belonging to SABIM and CIMER were obtained from the hospital patient rights unit, and not directly from the center. This ensued in the failure to evaluate the cases that were only applied to SABIM and CIMER but were not reported to the patient rights unit.

The study was planned to examine all complaints made between 2015-2019, but the data before 2018 could not be accessed because the hospital patient rights unit started saving their data after the year 2018.

### CONCLUSION

According to the results of our research, it is a fact that there are various difficulties in providing the right to benefit from health services, which is one of the most basic rights of patients. In this context, in addition to serving the patient, various disruptions have occurred in paying sufficient attention to human values. It is observed that there are problems in the services provided to the patients as a result of the high number of patients, the inadequacy of the personnel and the inadequate physical conditions. As a result of these disruptions, it is thought that there are communication

problems between the patients and healthcare professionals. As a result of these problems, the behavior of the patients and their relatives towards healthcare professionals also changes and causes them to be inappropriate.

The importance given to patient rights is increasing in Turkey as well as in the rest of the world. With each passing day, patients and their relatives become more conscious about patient rights, and as a result, their expectations from health services are increasing day by day. The most effective unit in determining the demands and needs of patients and their relatives, and in identifying the problems they experience is the patient rights unit. We think that the institutions that want to evaluate the quality of the service provided and increase the satisfaction of the patients, consider the applications received by the patient rights unit, will increase the quality of their services.

## ETHICAL DECLARATIONS

**Ethics Committee Approval:** Gaziantep University Faculty of Medicine Ethics Committee's approval was obtained for the following study (Ethics committee decision no: 2019/430, date: 13.11.2019).

**Informed Consent:** All patients signed the free and informed consent form.

**Referee Evaluation Process:** Externally peer-reviewed.

**Conflict of Interest Statement:** The authors have no conflicts of interest to declare.

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**Author Contributions:** All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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