Analysis Patient Complaints in a Public Hospital

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Makale Bilgisi	ABSTRACT
	The aim of this research is to analyse patient complaints in a teaching and research hospital, identify problems and make suggestions for improving patient satisfaction. Study data, defined as descriptive and retrospective, were obtained from outpatient and inpatient opinions sent to a training and research hospital's wish, complaint and suggestion boxes and the hospital web page in 2021. According to the data obtained, 77 of 277 feedbacks were made as complaints in 2021. Complaints are categorized based on the patient complaint taxonomy, revealing three main groups: management (44.78%), relationships (37.31%), and clinical (17.91%). Within the management theme, institutional problems (35.07%) are the most prevalent, while within the relationships theme, humanity/caring categories are predominant. The primary causes of patient complaints are accommodation, staff attitude, unprofessional behaviour, and rude behaviour. To ensure standardisation in the evaluation of patient complaints, it is recommended to use Reader taxonomy and A3 problem-solving methodology.

Bir Kamu Hastanesindeki Hasta Şikâyetlerinin Değerlendirilmesi

Article Info	ÖZET
	Bu araştırmanın amacı bir eğitim ve araştırma hastanesinde hasta şikâyetlerin analiz edilmesi, sorunların tespit edilmesi ve hasta memnuniyetinin artırılmasına yönelik önerilerin sunulmasını sağlamaktır. Tanımlayıcı ve retrospektif çalışma verileri, 2021 yılında bir eğitim ve araştırma hastanesinin dilek, şikâyet ve öneri kutularındaki poliklinik ve yatan hasta görüşlerinin yanı sıra hastanenin web sitesinden elde edilmiştir. Çalışma, 2021 yılında alınan toplam 277 geri bildirimden 77 şikâyete odaklanmaktadır. Elde edilen verilere göre 2021 yılında 277 adet geribildirimin 77'si şikâyet olarak yapılmıştır. Şikâyetler hasta şikâyet taksonomisine göre gruplandırılmış, üç ana grupta incelendiğinde sırasıyla; yönetim (%44,78,) ilişkiler (%37,31) ve klinik (%17,91) olduğu tespit edilmiştir. Yönetim ana temasının altında en fazla kurumsal sorunlar (%35,07), ilişkiler ana temasının altında ise insaniyet/önemseme kategorileri yer almaktadır. Hasta şikâyetlerinin en yaygın nedenleri konaklama, kaba davranma, personel tutumu ve profesyonel olmayan davranış olduğu saptanmıştır. Hasta şikâyetlerinin değerlendirilmesinde standardizasyonun sağlanması açısından Reader taksonomisi ve A3 problem çözme metodolojisinin kullanılabileceği önerilmektedir.

INTRODUCTION

Due to many reasons such as the increase in the standard of living and health literacy, the prolongation of the average life span, and the rapid developments in health technologies, the expectations of individuals from the provision of health services have increased (Karaagac et al., 2018). In addition to providing quality health services, patient satisfaction is also very important (Yaman & Kavuncu, 2020). Patient satisfaction is a very important indicator that guides the improvement of health care quality (Rapport et al., 2019).

For various reasons, including the rise in the standard of living and health literacy, the extension of the average lifespan, and rapid advancements in health technologies, individuals' expectations from healthcare services have escalated (Karaagac et al., 2018). Beyond the delivery of high-quality health services, patient satisfaction holds paramount importance (Yaman & Kavuncu, 2020). Patient satisfaction serves as a critical indicator guiding the enhancement of healthcare quality (Rapport et al., 2019).

Complaints reported by patients and/or their relatives contribute significantly to the improvement of hospital processes and problems and provide evidence-based information to hospital managers. As a healthcare service user, the perspective of the patient and/or the patient's relative is important because they have the opportunity to evaluate the problems they face in the current operation of the hospital from a different perspective (Harrison et al., 2016). Complaints reported by patients and/or their relatives are crucial in identifying problems in the delivery of health services, improving hospital processes, and addressing issues. They also provide evidence-based insights to hospital managers. It is important to maintain an objective tone and avoid any biased language(Råberus et al., 2019) . Through its reported complaints, it provides hospital administrators with important clues on how to improve quality health care delivery (Tosun & Soyuk, 2019). The way in which complaints are reported may differ from country to country (Bouwman et al., 2016). Opinions, suggestions, and complaints of patients and their relatives regarding healthcare processes are regularly received and evaluated within the scope of quality standards in health (QHS) in Turkey. It is important to maintain objectivity and avoid any biased or emotional language when evaluating these feedbacks (Ministry Of Health [MoH], 2021).

By conveying reported complaints, it offers hospital administrators crucial insights into improving the delivery of quality healthcare (Tosun & Soyuk, 2019). The manner in which complaints are reported may vary from country to country (Bouwman et al., 2016). In Turkey, Quality Standards in Health (QHS) encompass five dimensions: institutional services, patient and employee-oriented services, health services, and indicator management. The patient experience section falls within the employee and patient-oriented services dimension. As part of the standard in this section, the opinions, suggestions, and complaints of patients and their relatives regarding health service processes are regularly received and evaluated (Ministry Of Health [MoH], 2021).

Necessary improvements are made based on the evaluations and the planned road map. The opinions of patients and their relatives provide information on service access, continuity of care, systemic problems, and any other relevant issues (Argan et al., 2014; Dael et al., 2020;). The studies emphasise the importance of regularly analysing and reporting unexpected, near-miss and adverse events, including patient complaints, to hospital administrators (Bouwman et al., 2016). This provides an opportunity for managers to use patient complaints as a source of data and information for improvement studies (Montini et al., 2008). Determining patient dissatisfaction and its causes in healthcare provision is crucial (Yıldırım & Kumru, 2021). Reader et al. (2014) developed a taxonomy for classifying and reporting patient complaints at the hospital level, which has been used in various

studies (Bouwman et al., 2016; Harrison et al., 2018; Tosun & Soyuk, 2019; Yaman & Kavuncu, 2020).

Hospitals are an integral component of the healthcare system and their scope is expanding in terms of both covered areas and served populations. Although the lean production system was initially developed for manufacturing, the application of lean philosophy is now being extended to sectors beyond production. There is a growing interest and trend in applying lean principles in hospitals worldwide, including in our country (Tınaz, 2019).

The lean management philosophy aims to improve the quality of health services and prevent waste in processes, ultimately leading to greater patient satisfaction (Tınaz, 2019). One of the tools used in lean management is the A3 problem-solving method, which helps to identify the causes of patient or relative complaints. This technique follows the plan-do-check-act (PDCA) cycle and visually represents the problem-solving process, current situation, and desired outcome. (Bayraktar, 2020; Seker, 2019).

With this study, it was aimed to analyze patient complaints, identify problems and present suggestions for increasing patient satisfaction in a training and research hospital.

This study aims to analyze patient complaints, identify underlying problems, and provide recommendations to enhance patient satisfaction in a training and research hospital.

METHOD

Study data, defined as descriptive and retrospective, were obtained from outpatient and inpatient opinions sent to a training and research hospital's wish, complaint and suggestion boxes and the hospital web page in 2021, and all forms were examined without selecting a sample. 277 forms reported by patients receiving health services in our 2021 hospital were evaluated. As a result of the evaluation, 77 complaints were reported and 134 different complaint subjects were determined. In the study, the patient complaint taxonomy made by Reader et al., (2014) was used to categorize the complaints of patients/patient relatives and to separate them into themes (Reader et al., 2014). A3 problem solving method was used to determine the reasons for complaints.

The study utilized descriptive and retrospective data obtained from outpatient and inpatient feedback submitted to wish, complaint, and suggestion boxes, as well as the hospital's website in 2021. The analysis encompassed all forms without selecting a sample. A total of 277 forms, submitted by patients receiving healthcare services in our hospital in 2021, were examined. The evaluation revealed 77 reported complaints covering 134 distinct complaint subjects. The study employed the patient complaint taxonomy developed by Reader et al., (2014) to categorize and theme the complaints from patients and their relatives (Reader et al., 2014). Additionally, the A3 problem-solving method was applied to identify the root causes of the complaints. The study focused on patient complaints in two stages. In the initial stage, the content of complaint forms was scrutinized and categorized according to the Reader taxonomy. Subsequently, the reasons behind the complaints were assessed using the A3 method, a lean philosophy management tool.

In this study, patient complaints were examined in two stages. In the first stage, the contents of the complaint forms were examined and grouped according to the Reader taxonomy. In the second stage, the reasons for the complaints were evaluated with the A3 method, which is one of the lean philosophy management tools.

Reader Taxonomy

Reader et al. (2014), 59 studies, 88,069 patient complaints were examined and a total of 113,551 problems underlying patient complaints were found. By evaluating these problems, 205 different analytical codes representing 29 sub-categories of the complaint problem were used. Among the most

frequently complained issues are 15.6% treatment and 13.7% communication. Reader taxonomy; consists of seven sub-categories under three main themes as clinical, management and relationships. It is divided into 26 different sub-categories in seven sub-categories (Reader et al., 2014).

The Reader Taxonomy, as outlined by Reader et al. (2014), was developed through the examination of 59 studies involving 88,069 patient complaints, revealing a total of 113,551 underlying problems. Through the evaluation of these problems, 205 distinct analytical codes representing 29 sub-categories of complaint issues were identified. Notably, the most frequently complained about issues included 15.6% related to treatment and 13.7% related to communication. Reader taxonomy is structured into three main themes—clinical, management, and relationships—comprising seven sub-categories and further divided into 26 different sub-categories (Reader et al., 2014).

A3 Method

Lean management represents a comprehensive approach aimed at enhancing service quality, adapting efficiently to changes, and eliminating wasteful processes. The application of lean management and its principles in health services can effectively address the rising costs, improve quality, and increase both patient and employee satisfaction by eliminating non-value-adding waste (Guleryuz, 2012). The lean management approach is particularly impactful in health service processes as it focuses on removing elements that do not contribute value to the patient (Ilkım & Derin, 2016). The A3 process, an integral part of lean management, originated at Toyota in the 1960s to succinctly summarize the kaizen circle activities within the Toyota Production System (Koskela et al., 2020). The A3 method, named after the size of the paper it utilizes (297 mm x 420 mm A3), serves to structure, summarize, and document the thinking process. This method is primarily based on Shewhart's (1931) PDCA cycle for problem-solving and continuous improvement (Koskela et al., 2020; Shahroudi & Aarabi, 2021). Developed for this study, the A3 method offers a systematic approach, grounded in the PDCA cycle, to address and resolve complex problems through multidisciplinary teamwork (Simons et al., 2014). The A3 method involves defining the problem, capturing the current state, conducting root cause analysis, designing improvement studies, setting targets, and creating an implementation plan (Cerqueria et al., 2021). This method, relying on visual design rather than verbal expressions, proves to be a valuable problem-solving tool applicable in health service delivery processes (Seker, 2019).

The hospital where the research was conducted has a bed capacity of 1270, the number of polyclinics per year is 1,253,077, the number of emergency examinations is 706,871, the number of inpatients (including intensive care) it is 56,152. There are 46 wish, complaint and suggestion boxes in the relevant hospital. After the data used in the research were obtained, they were classified, categorized and analyzed according to the flow presented in Figure 1. The percentages and frequencies of the obtained data were taken in SPSS 25 program. Necessary permission for the research was obtained from the hospital chief physician.

The research was conducted at a hospital with a bed capacity of 1270, featuring 1,253,077 annual polyclinic visits, 706,871 emergency examinations, and a total of 56,152 inpatients (including intensive care). In the hospital, there are 46 wish, complaint, and suggestion boxes. Subsequent to obtaining the research data, a classification, categorization, and analysis were carried out following the flow presented in Figure 1. The percentages and frequencies of the gathered data were computed using the SPSS 25 program. Prior to conducting the research, the necessary permission was obtained from the hospital chief physician.

Figure 1

Data Collection Flow Chart
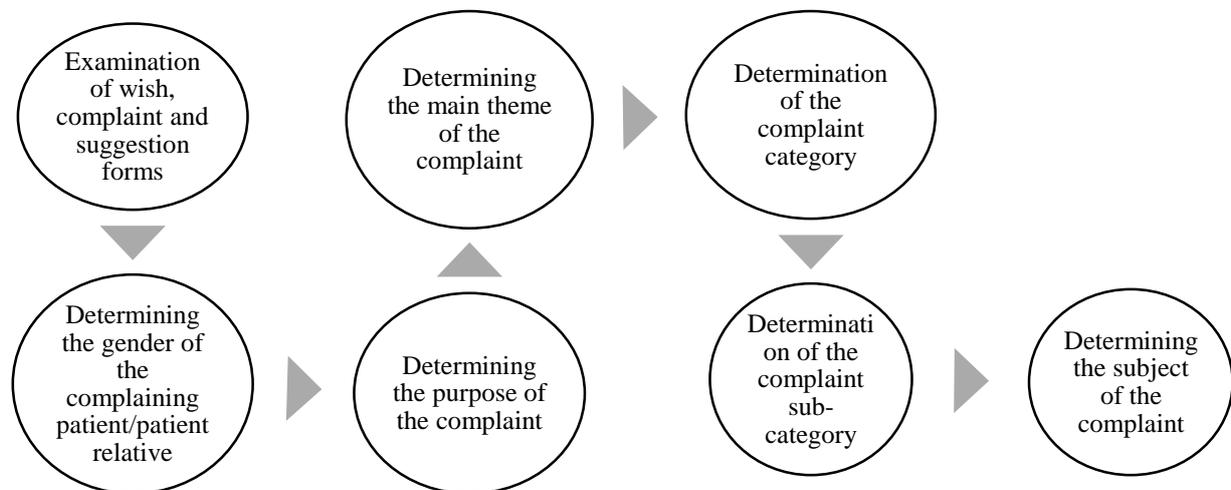
RESULTS

In the first stage, the complaints reported by the patients and their relatives were examined and classified according to Reader's taxonomy. As a result of this classification, it was determined that there were 134 complaints on different issues. Table 1 presents the findings of Reader et al. on three main areas: clinical, management, and relationships, categories, subcategories, and complaints. When the complaints were evaluated according to this taxonomy, it was found that 44.78% of the complaints were in the management, 37.31% in the relations and 17.91% in the clinical field. When the complaints are evaluated on a category basis, respectively; 35.07% institutional problems, 26.87% humanity/caring, 14.45% patient safety, 10.45% communication, 9.70% timing and access, 7.46% quality. In the patient rights category, there were no patient complaints.

In the initial stage of the study, patient and relative complaints were examined and categorized using Reader's taxonomy, resulting in the identification of 134 complaints on various issues. Table 1 outlines Reader et al.'s findings across three primary areas: clinical, management, and relationships, including categories, subcategories, and specific complaints. The evaluation of complaints based on this taxonomy revealed that 44.78% of the complaints pertained to management, 37.31% to relationships, and 17.91% to the clinical field. Further categorizing the complaints, the breakdown was as follows: 35.07% institutional problems, 26.87% humanity/caring, 14.45% patient safety, 10.45% communication, 9.70% timing and access, and 7.46% quality. Notably, there were no patient complaints in the patient rights category.

When the complaints under the clinical main theme are examined; it was determined that 14.45% was in the title of patient safety and 7.46% was in the title of quality. The complaints in the field of quality are respectively; 4.48% of patients are referred to patients, 2.99% of them are treatment problems. The complaints in the treatment subcategory were generally expressed by the users as "…forgot to write a prescription", …my treatment was delayed …". The most frequently complained subcategories in the patient safety category were skills and suitability for the profession (n=14). In this sub-category, the complaints reported by the patient/patient relatives were about unprofessional behavior (7.46%) and unqualified personnel (2.99%) . Complaints about skills and professional suitability, … was rude to me, "… tried sampling 4-5 times…", "…difficult to open veins." expressed as.

Upon examining complaints under the clinical main theme, it was observed that 14.45% were related to patient safety, and 7.46% were associated with quality. Specifically, complaints in the quality domain comprised 4.48% related to patient referrals and 2.99% regarding treatment problems. Treatment-related complaints often included expressions such as "...forgot to write a prescription" and "...my treatment was delayed." Within the patient safety category, the most frequently reported subcategory was skills and suitability for the profession (n=14). In this subcategory, complaints from patients and their relatives pertained to unprofessional behavior (7.46%) and unqualified personnel (2.99%). Complaints regarding skills and professional suitability were articulated as "...was rude to me," "...tried sampling 4-5 times," and "...difficult to open veins."

When the complaints in the management area were evaluated according to the categories, it was determined that 35.07% of the complaints were from the institutional problems and 9.70% from the timing and access areas. The complaints in the field of institutional problems are respectively; 18.66 % accommodation, 4.48% food services; 1.49% consists of insufficient media problems. Complaints in the area of timing and access are respectively; it was determined that 4.48% waiting time, 2.99% service accessibility and 2.24% appointment scheduling problems. The general complaints made in this category were generally "...the cleaning is not sufficient..." "…the amount of food is small and not hot….." and "….the rooms are too hot…". Under the same category, users complained about system problems (n=7) in the service problems (n=8) sub-category as "…patient follow-up monitors are not active…" and "...I came on time for the examination, but we were kept waiting for a long time." were found to be expressed.

When evaluating complaints in the management area based on categories, it was found that 35.07% of the complaints were related to institutional problems, and 9.70% were associated with timing and access issues. In the realm of institutional problems, complaints included 18.66% about accommodation, 4.48% about food services, and 1.49% about insufficient media-related problems. Timing and access complaints encompassed 4.48% related to waiting time, 2.99% concerning service accessibility, and 2.24% regarding appointment scheduling issues. Common complaints in this category were often about inadequate cleaning, small and not hot food quantities, and overly warm rooms. Within the institutional problems category, users also expressed complaints about system problems (n=7) in the service problems (n=8) sub-category. Examples included complaints like "...patient follow-up monitors are not active..." and "...I came on time for the examination, but we were kept waiting for a long time.

When the complaints in the field of relations are evaluated according to the categories, respectively; 26.87% humanity/caring, 10.45% are in the fields of communication. In this category, there are no patient complaints made in the field of patient rights. Complaints in the field of humanity and caring are respectively; It consists of 12.69% personnel behavior, 8.96% rudeness, 4.48% indifference, 0.75% indifference. Complaints in the field of communication consist of 5.97% lack of communication, 2.24% interpersonal communication disorder, 1.49% inability to communicate. Complaints made in the category of relationships are usually "… he acts arrogantly as if he is doing his job forcibly…" and "... stated (Table 1).

In the realm of relationships, complaints were evaluated based on categories, revealing that 26.87% were related to humanity/caring, and 10.45% were associated with communication. Notably, there were no patient complaints in the patient rights category. Complaints in the humanity and caring category included 12.69% related to personnel behavior, 8.96% regarding rudeness, 4.48% concerning indifference, and 0.75% related to apathy. Meanwhile, complaints in the communication field comprised 5.97% about lack of communication, 2.24% regarding interpersonal communication disorders, and 1.49% concerning an inability to communicate. Common complaints in the relationships category often included expressions such as "...he acts arrogantly as if he is doing his job forcibly..." and "...stated"

Table 1

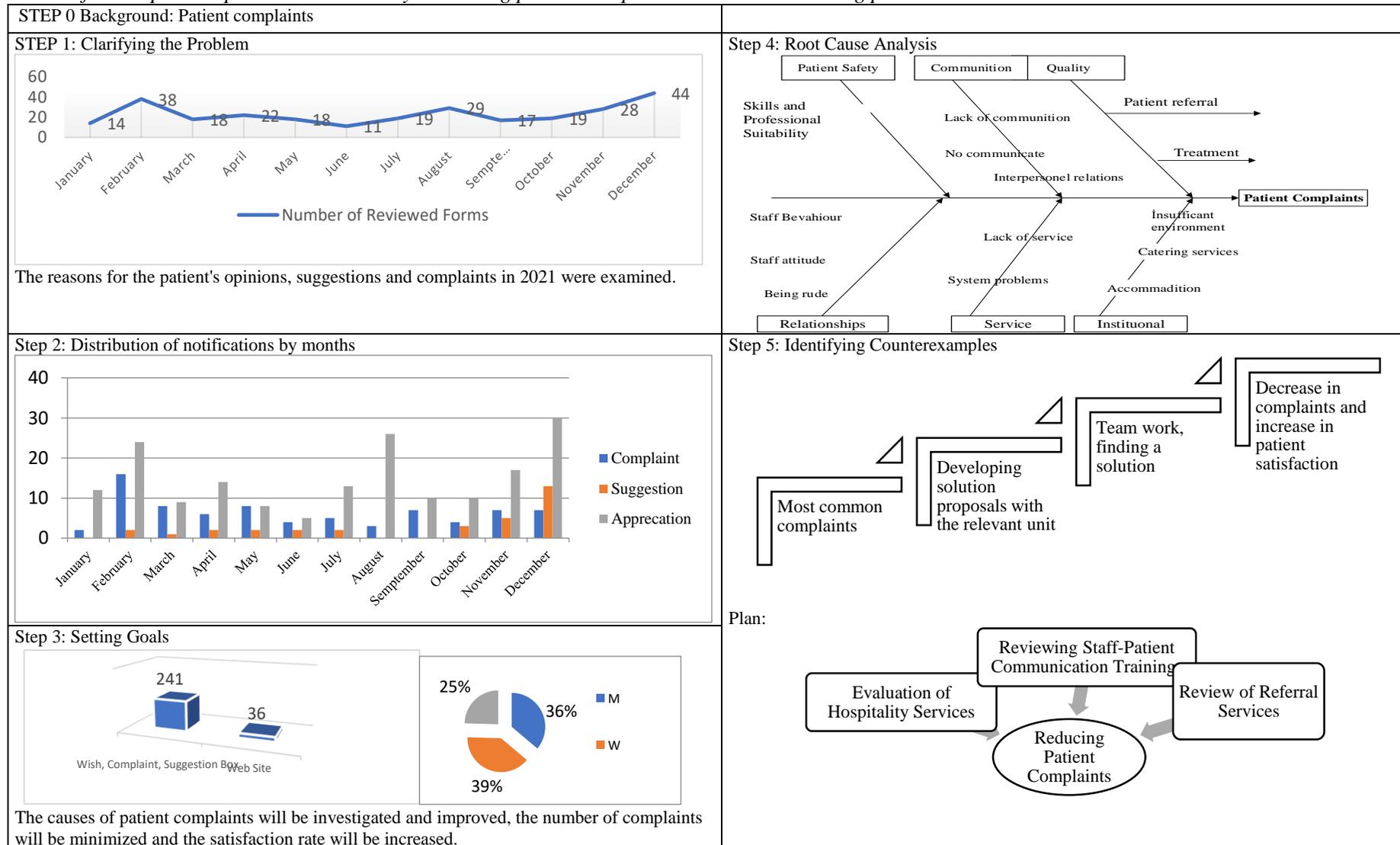*Classification According to Patient Complaint Taxonomy*

Main theme	Category	Sub Category	Subject	Number	%
Clinical (n=24 17.91%)	Quality (n=10 7.46%)	Examinations	Insufficient Inspection		
			Inadequate Assays		
		Patient Journey (n=6)	Patient Follow-up Issues	6	4.48
		Quality of Care	Lack of Due Diligence		
			Hospital Infection		
			Failed Treatment		
		Treatment (n=4)	Lack of Service		
			Inadequate Treatment	4	2.99
			Poor Treatment Plan		
	Safety (n=14 14.45%)	Errors in Diagnosis	Missing Diagnosis		
			Misdiagnosis		
		Medication errors	Wrong Medication/Neglect		
		Safety Incident	Surgical/Clinical Complication		
			Hardware/Device Issue		
			Patient's Death		
			Organizational Cases		
Management (n=60 44.78%)	Institutional Issues (n=47, 35.07%)	Skills and conduct (n=14)	Unqualified Personnel	4	2.99
			Unprofessional Behavior	10	7.46
		Bureaucracy	Paperwork Issues		
			Procedures		
		Environment (n=34)	hygiene	1	0.75
			Accommodation	25	18.66
			Catering Services	6	4.48
			Insufficient Environment	2	1.49
		Financing and Billing (n=5)	Billing Issues		
			Financial Issues		
			Parking/Valet Fees		
			Fees	5	3.73
		Service Issues (n=8)	No Returns		
			System Issues	7	5.22
			Medical Records		
			Lack of Service	1	0.75
		Staffing and Resources	Lack of Parking		
			Staff Shortage		
			Accessibility to Services	4	2.99
	Timing and access (n=13, 9.70%)	Access and Admission (n=7)	Registration/Admission Issues		
			Appointment Issues	3	2.24
		Delays (n=6)	Standby time	6	4.48
		Refferals	Dispatch Issues		
		Discharge	Discharge Timing		
Relationships (n=50 37.31%)	Humanity/ Caring (n=36, 26.87%)	Respect, Reputation, Caring (n=19)	Patient Privacy Violation		
			Indifference	1	0.75
			Rude behavior	12	8.96
			Disregard	6	4.48
		Staff Behaviors (n=17)	Attitude of Staff	17	12.69
			Failure to Notify	1	0.75
	Communication (n=14, 10.45%)	Communication breakdown (n=11)	Language Issues		
			Inability to Communicate	2	1.49
			Lack of Communication	8	5.97
		Incorrect Information	Conflicting Information		
			Incomplete Information		
			Misinformation		
			not listening		
		Patient-Staff Dialogue (n=3)	Making Unnecessary Comments		
			Interpersonal Communication	3	2.24
	Patient rights	Discrimination	Discrimination to the Patient		
			Discrimination against the patient		
		Abuse	Abuse/		
		Consent	Violation of Patient Rights		
		Total		134	100%

In the second stage, root cause analysis was conducted by applying the A3 problem-solving method to the data obtained from the Reader taxonomy. This process revealed the underlying causes of patient complaints.

In 2021, a total of 277 feedback submissions were received from patients and their relatives who availed healthcare services from the hospital through the website and opinion, suggestion, and complaint forms. Upon examination of the forms, it was found that there were 178 acknowledgments, 32 suggestions, and 77 complaints. The data revealed that the highest number of notifications were made by patients and their relatives in December and February. Analyzing the distribution of patients and their relatives who submitted wishes, complaints, and suggestions based on their characteristics, it was observed that 39% were female, 36% were male, and 25% were not specified by name and gender. Furthermore, 87% of the notifications were made through wish, complaint, and suggestion forms. Root cause analysis of patient complaints was presented using a fishbone diagram. According to this analysis, the main reasons for patient complaints included issues with catering services, physical conditions of the hospital, hospital cleanliness, lack of guidance, inability to receive treatment, problems in accessing services, system problems, and communication problems arising from the behavior of health personnel (Figure 2)

Figure 2

Theme of the Report: Improvement studies by examining patient complaints A3 Problem solving process

STEP 0 Background: Patient complaints

STEP 1: Clarifying the Problem

The reasons for the patient's opinions, suggestions and complaints in 2021 were examined.

Step 2: Distribution of notifications by months

Step 3: Setting Goals

The causes of patient complaints will be investigated and improved, the number of complaints will be minimized and the satisfaction rate will be increased.

Step 4: Root Cause Analysis

Step 5: Identifying Counterexamples

Plan:

DISCUSSION

The objective of this study was to identify the causes of patient complaints in a public hospital through evaluation. When categorising patient complaints using the Reader taxonomy, it was found that those related to management were the most common. Within the management category, patients mostly complained about organisational issues.

Complaints made by patients and their relatives in hospitals are very important feedback systems in terms of service quality and patient safety. The highest number of hospital beds in Turkey belongs to the Ministry of Health. In 2021, the rate of public hospitals is 58.69% and hospital beds are 61.97%. The rate of admission per person to secondary and tertiary hospitals is 5.1 (Ministry Of Health [MoH], 2021). Total health expenditure increased by 41.6% in 2021 compared to the previous year and reached 353 billion 941 million TL. 49.5% of total health expenditure was made by hospitals (Turkish Statistical Institute [TSI], 2022a).

Complaints voiced by patients and their relatives in hospitals play a crucial role as feedback systems for evaluating service quality and ensuring patient safety. The Ministry of Health in Turkey holds the highest number of hospital beds, constituting 58.69% of public hospitals with a corresponding share of 61.97% in hospital beds. In 2021, the rate of hospital admission per person to secondary and tertiary hospitals stood at 5.1 (Ministry of Health [MoH], 2021). Total health expenditure witnessed a 41.6% increase in 2021 compared to the previous year, reaching 353 billion 941 million TL. Notably, 49.5% of the total health expenditure was allocated to hospitals (Turkish Statistical Institute [TSI], 2022a).

In line with these data, it reveals the necessity of improvement studies in the health sector such as quality, costs, waiting times, patient safety and employee satisfaction (Dogan & Yagli, 2019). From this point of view, identifying the problems faced by patients/patient relatives and minimizing these problems will contribute to meeting patient expectations. With this research, the reasons for the patient complaints of a training and research hospital, which is a public hospital and provides tertiary health care with the largest bed capacity in the province, were revealed. Within the scope of the research, the content of the notifications made to the wish, complaint and suggestion boxes were examined and according to the results, 134 complaint subjects were determined out of 77 complaint forms, the majority (39%) were women, but it was determined that no name and gender were specified in the complaint forms at a rate of one fourth. When the literature is examined, although there are studies that show that female patients/patient relatives make more complaints to support the results of the study, there are studies indicating that male patients/patient relatives complain at a high rate (Karaagac et al., 2018; Yaman & Kavuncu, 2020).

In light of these data, it underscores the necessity for improvement initiatives in the health sector, addressing aspects such as quality, costs, waiting times, patient safety, and employee satisfaction (Dogan & Yagli, 2019). Recognizing the challenges faced by patients and their relatives and actively minimizing these issues will significantly contribute to meeting patient expectations. This research unveils the reasons behind patient complaints at a training and research hospital, a public institution providing tertiary health care with the largest bed capacity in the province. The study examined the content of notifications submitted to wish, complaint, and suggestion boxes, revealing 134 complaint subjects from 77 complaint forms. Notably, 39% of the complainants were women, while one-fourth of the complaint forms did not specify the name and gender. Literature reviews indicate varying results, with some studies supporting the finding that female patients/patient relatives make more complaints, while others suggest a higher complaint rate among male patients/patient relatives (Karaagac et al., 2018; Yaman & Kavuncu, 2020).

It is thought that a study involving education and research hospitals, which has a larger sample compared to hospital role groups, covers a longer time period, and takes into account regional socio-cultural factors, will contribute to the consensus on the gender of the complaining patient/patient relative.

It is believed that conducting a study involving education and research hospitals, with a larger sample size compared to hospital role groups, covering an extended time period, and considering regional socio-cultural factors, will contribute to reaching a consensus on the gender of the complaining patient/patient relative.

In this study, it was determined that patients and their relatives clearly articulated the problems they experienced during their healthcare, primarily aiming to express their concerns rather than merely making a complaint. Additionally, the number of expressions of gratitude, indicating satisfaction, exceeded the number of complaints. The study revealed that the subjects leading to complaints from patients and their relatives were management (44.78%), with relations ranking second (37.31%), and clinical aspects at the third position (17.91%). In a similar study by Reader et al. (2014), which included 59 studies reporting 88,069 patient complaints, 113,551 complaint subjects underlying patient complaints were identified. Correspondingly, 35.1% of the complaints were related to management, 33.7% to clinical aspects, and 29.1% to relationships (Reader et al., 2014).

In a study analyzing 206 complaints, 846 different complaints were identified, with the majority falling within the realm of management (43.49%) (Yaman & Kavuncu, 2020). Another study reported that 45.6% of the complaints were related to management, 31.1% to relationships, and 23.4% to the clinical area (Tosun & Soyuk, 2019). Yet another examination of 493 complaints and documents revealed a total of 971 different complaints, highlighting management as the most common complaint (35%). In this present study, when the distribution of complaints on a categorical basis is considered, institutional problems (35.07%), humanity/caring (26.87%), and patient safety (14.45%) were the predominant areas. While there are studies in the literature identifying similar institutional causes, it's noteworthy that some studies emphasize different causes in specific subcategories (Harrison et al., 2016; Tosun & Soyuk, 2019; Yaman & Kavuncu, 2020).

Bouwman et al. (2016) in his taxonomic grouping study; clinical (51%), management (47%) and relationships (42%) were found to belong to the main themes (Bouwman et al., 2016). In the study conducted by Hosgor and Cengiz (2020), respectively; management, relationships and clinical. In another study, taxonomic complaints; management (68.1%), relationships (52.8%) and clinical (36.8%) main themes (Mattarozzi et al., 2016). Gillespie and Reader (2018) in their study, respectively; management (34%), clinical and relationships themes were found to be equal (32%) (Gillespie & Reader, 2018). In a study conducted in a medical center in Southern Taiwan, patient complaints were categorized as clinical, management and relationship, problem; quality, safety, environment, institutional process, respect and patient rights, listening and communication. According to the types of problems, environmental complaints were followed by approximately 32.5%, 29.6% communication and 20.4% institutional process (Wang et al., 2023).

In a taxonomic grouping study by Bouwman et al. (2016), the main themes of complaints were found to belong to clinical (51%), management (47%), and relationships (42%) (Bouwman et al., 2016). In the study conducted by Hosgor and Cengiz (2020), the main themes were ranked as management, relationships, and clinical, respectively. Another taxonomic study reported that complaints were predominantly categorized under management (68.1%), relationships (52.8%), and clinical (36.8%) main themes (Mattarozzi et al., 2016). Gillespie and Reader (2018) found in their study that the main

themes were management (34%), clinical, and relationships, each accounting for 32% (Gillespie & Reader, 2018). In a study conducted in a medical center in Southern Taiwan, patient complaints were categorized as clinical, management, and relationship problems, with specific types of problems including quality, safety, environment, institutional process, respect and patient rights, listening, and communication. Regarding the types of problems, environmental complaints constituted approximately 32.5%, communication accounted for 29.6%, and institutional process made up 20.4% (Wang et al., 2023).

When the complaints reported in this study are analyzed on a sub-category basis, respectively; environment, respect, dignity, care, skills and professional suitability, communication disorder, service problems, patient referral. In the literature, there are different results as well as similar results in sub-categories and subjects of complaints (Bouwman et al., 2016; Karaagac et al., 2018; Kline et al., 2008). In the study conducted by Yıldırım and Kumru (2021), it was stated that 49.15% of the applications related to public health institutions were related to health service delivery and administrative procedures, and 14.03% were related to communication problems of health personnel (Yıldırım & Kumru, 2021). When the complaint reported in this study is examined on the basis of subject category; accommodation (25), and staff behavior (17), system problems (7), rude behavior (12), lack of communication (8).

Analyzing the complaints reported in this study on a sub-category basis, the following sequence emerges: environment, respect, dignity, care, skills and professional suitability, communication disorder, service problems, and patient referral. In the literature, sub-categories and subjects of complaints exhibit both similar and diverse results (Bouwman et al., 2016; Karaagac et al., 2018; Kline et al., 2008). In the study conducted by Yıldırım and Kumru (2021), it was reported that 49.15% of applications related to public health institutions were associated with health service delivery and administrative procedures, and 14.03% were linked to communication problems of health personnel (Yıldırım & Kumru, 2021). Examining the complaints in this study on the basis of subject categories reveals concerns related to accommodation (25), staff behavior (17), system problems (7), rude behavior (12), and lack of communication (8).

In the study of Montini et al. (2008), the issues that constitute a large part of patient complaints unprofessional behavior (19%); poor provider-patient communication (17%) (Montini et al., 2008). In this study, in addition to the complaints, there is a great deal of thanks to the staff and the health service provided. Considering the service diversity, patient density and patient profile in the public hospital with the largest bed capacity of the province serving the Mediterranean region, it is obvious that the complaints reported are actually for service improvement. Similarly, in a study, it was reported that in addition to 1,235 complaints, 1,536 acknowledgments were also included (Mattarozzi et al., 2016).

Montini et al. study (2008), the primary issues constituting a significant portion of patient complaints were unprofessional behavior (19%) and poor provider-patient communication (17%) (Montini et al., 2008). This study, like others, not only highlights complaints but also includes a substantial number of expressions of gratitude towards the staff and the healthcare services provided. Given the diversity of services, patient volume, and patient demographics in the public hospital with the largest bed capacity in the province serving the Mediterranean region, it becomes evident that the reported complaints are indeed avenues for service improvement. Similarly, in another study, it was noted that alongside 1,235 complaints, there were also 1,536 expressions of acknowledgment (Mattarozzi et al., 2016).

When the expectations of the patient/patient relatives are not met, dissatisfaction and complaints about the services provided inevitably ocur (Khalaf et al., 2022). It was concluded that among the main

complaints about health services, service delivery, patient admission, delays, incorrect/insufficient information, finance and billing, referrals, discharge and patient referral/follow-up (Hosgor & Cengiz, 2020). To reveal the reasons for the evaluation of patient/patient relatives complaints is to help hospital administrators to manage patient care effectively and to facilitate their recovery (Råberus et al., 2019). Patient-oriented, patient satisfaction and patient safety, and service quality improvement studies are important in providing quality health care (Balakrishnan et al., 2022).

When the expectations of patients and their relatives are not met, dissatisfaction and complaints about the provided services inevitably arise (Khalaf et al., 2022). It has been concluded that among the primary complaints about health services are issues related to service delivery, patient admission, delays, incorrect or insufficient information, finance and billing, referrals, discharge, and patient referral/follow-up (Hosgor & Cengiz, 2020). Uncovering the reasons behind the evaluation of complaints from patients and their relatives helps hospital administrators effectively manage patient care and facilitate their recovery (Råberus et al., 2019). Studies focused on patient orientation, patient satisfaction, patient safety, and service quality improvement are crucial in providing high-quality healthcare (Balakrishnan et al., 2022).

It was observed that the majority (80%) of the reports from patients and their relatives consisted of complaints (Yıldırım & Kumru 2021). Although the reasons for these complaints vary, they commonly involve issues related to service, personnel behavior, wages, communication, unprofessional behavior, and patient treatment and care (Argan & Arici 2019; Khalaf et al., 2022; Montini et al., 2008; Råberus et al., 2019). In one study, insufficient knowledge, insufficient respect, and insufficient empathy were described as common causes of patient complaints (Jangland et al., 2009). It is thought that the data obtained from this study will guide hospital management, and with the improvement activities to be implemented, complaints will decrease, and patient satisfaction will increase.

The complex and multidisciplinary nature of health services gives rise to various complaints. Patients and their relatives often raise concerns about issues such as patient information, staff-patient interaction, staff behavior, hotel management services, food services, cleaning, service quality, environmental conditions, length of hospital stay, and waiting times (Karaagac et al., 2018). In the life satisfaction survey conducted in Turkey in 2021, when examining problems related to health services by health institutions, the following issues were identified, respectively: paying a contribution fee for the examination, examination and analysis fees, the number of doctors and health personnel, waiting in line for examination and/or analysis, the behavior of doctors towards patients, the behavior of nurses/caregivers towards patients, the examination performed, and cleaning/hygiene were seen as problems (Turkish Statistical Institute [TSI], 2022b). There is a similarity between the complaint subjects identified in this study and the complaint subjects obtained in the life satisfaction survey.

The complaints expressed in identifying the root cause of problems in health service delivery provide guidance to hospital administrators, leading to better meeting the expectations of patients and their relatives through implemented measures (Reader et al., 2014). In the literature, there are studies where the A3 problem-solving technique is utilized to address issues in health services. For instance, the A3 method was applied to examine the low rate of compliance with colposcopy follow-up, and after determining the reasons, measures were implemented resulting in reaching 100% of women in need (Vemanamandhi et al., 2020). Similarly, in addressing the low utilization of palliative care units by oncology patients, the A3 method was employed, leading to an increased rate of utilization reaching 75% (Balakrishnan et al., 2022).

In this study, it was demonstrated that the A3 problem-solving method can be effectively employed in addressing patient and patient-relative complaints. A3 reports, structured around the PDCA cycle, visually present the related problem, preventing unnecessary details and offering an efficient, fast,

and easily comprehensible explanation in an A3 format (Seker, 2019). This approach provides a concrete framework for addressing the problem and facilitates the process of dealing with it (Cerqueria et al., 2021). A3 problem solving is an integral part of the Lean management approach to quality improvement and is recognized for its effectiveness in enhancing the quality of health services (Myers et al., 2022). In this study, the patient and patient-relative complaint taxonomy were integrated with the A3 problem-solving process, demonstrating that complaints can be systematically addressed and graphically represented through the A3 problem-solving approach.

CONCLUSION

Analyzing data on patient/caregiver experiences and feedback is a crucial process in identifying challenges in healthcare delivery. Enhancing patient safety and ensuring quality healthcare delivery to meet patient expectations are pivotal in the provision of health services. Evaluating patient complaints, finding solutions, and standardizing these methods represent important steps in health service delivery processes. Complaints about health services lodged by patients or their relatives can not only improve the level of satisfaction by addressing their expectations but also contribute to enhancing the overall quality of healthcare services. Consequently, conducting improvement studies based on reported problems will help prevent future complaints. For future research endeavors, it is recommended to undertake comprehensive studies in tertiary hospitals that provide tertiary-level healthcare services. These studies can identify common or similar problems and evaluate patient complaints through the implementation of standardized approaches.

LIMITATIONS

This study has some limitations. Firstly, the complaint data from patients/patient relatives receiving services from a public hospital are limited. Additionally, the study only covers patient complaints for a single year.

Ethical Approval

Scientific, ethical and citation rules were followed in the writing process of this article; no falsification was made on the collected. Since the ready data set was used in this study, it is not obligatory for the decision of the ethics committee.

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Conflict of Interest

The authors have no conflicts of interest to declare.

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Author Contributions

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