



Atient Complaints Towards the Field of Surgery in Türkiye: An Analysis of Comments on the Digital Platform

Adem Şentürk¹ , Mevlüt Yordanagil^{2*}

¹ Sakarya University Training and Research Hospital, Surgical Oncology Clinic, Sakarya, Türkiye
dr.adem.senturk@gmail.com

² Kocaeli City Hospital, Surgical Oncology Service, İzmit, Türkiye
mevlut.yordanagil@gmail.com

*Corresponding Author



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Purpose: The purpose of the research is to examine patient complaints made on the “sıkayetvar.com” website regarding the field of General Surgery in medicine in Türkiye

Method: In this retrospective study, complaints made to the “sıkayetvar.com” website were examined using the content analysis method, one of the qualitative research methods. In the research, 359 posts on the internet about the General Surgery specialty in medicine in Türkiye, made on the “sıkayetvar.com” website between January 1, 2023 and November 1, 2023, were examined. Complaints made; They are classified according to gender, whether the institution belongs to a public or private hospital, whether it is an inpatient, outpatient or emergency patient, type of surgical intervention, number of views of the complaint and the subject of the complaint.

Results: In the research, 335 (93.3%) of the complaints are related to interventions in the field of General Surgery. It was observed that 74 (20.6%) of the complaints were responded to. It was observed that the complaints from all outpatient clinic patients were significantly higher than the complaints from the service, patients who underwent surgical intervention, and patients who underwent endoscopy ($p<0.05$). Of the complaint categories, 214 (12.6%) were about lack of communication, 173 (10.2%) were about staff attitude, 159 (9.4%) were about lack of compassion, and 145 (8.5%) were about access and acceptance. It has been found to be related to vision.

Conclusion: Knowing the sources of patient dissatisfaction in general surgery department services may help to reduce the number of patient complaints and improve patient care. It is thought that these results may guide healthcare managers on effective complaint management and help to increase patient satisfaction.

Keywords: General surgery, Digital technology, Patient satisfaction

1. Introduction

The healthcare services market and its target audience differ greatly from other service sectors. Health care is considered a mandatory need and unless this service is met, the health of the individual deteriorates and may even result in loss of life. Health services, which are of vital importance, are included in professional services.¹ Developments in medical technologies that accompany the increase in healthcare institution alternatives along with competition, extended life spans, increased health literacy, improvement in living standards, policies affecting access to healthcare, changes in disease structures, rising education and aware-

ness levels of healthcare consumers, increase in treatment methods, knowledge in the field of medicine. Many factors, such as developments in technology and technology, increase individuals' expectations of healthcare services.^{2,3} Patients whose expectations are increasing and whose increasing expectations are not met are looking for alternative services and it is easy to access these alternatives. At this point, managers of healthcare institutions must define the needs and expectations of their patients in the best possible way and provide the necessary services in order not to lose them. Health institutions evaluate their service quality by revealing patient experiences and

expectations. In this respect, identifying patient complaints and resolving them provides an advantage to the institution in two ways. The first of these is to determine what the patients' expectations are, and the second is to determine the areas that are going bad or need to be improved in the institution. Thus, it will contribute to improving the poor service provided and increasing the service quality.³

The internet, whose use is increasing day by day with the developments in technology, has become a part of daily life. While the world population reaches 8.1 billion in 2023, Türkiye's population has reached 85.59 million. While internet users worldwide have reached 5.16 billion (64.4%), this number has reached 71.38 million (83.4%) in Türkiye. Internet users in Türkiye spend an average of 7 hours and 24 minutes a day on the Internet from all devices. Users spend 4 hours and 26 minutes of this time connecting to the internet via their mobile phones. The primary reason why internet users use the internet in Turkey is to obtain information.^{4,5} In health services, online internet use is increasing day by day.

Complaints are complex narratives that report perceived failures in health care delivery from the patient's perspective. According to Lovelock and Wright (2002), a complaint is a formal expression of dissatisfaction with the experience or any aspect of the service.⁶ Complaint is the written or verbal expression of dissatisfaction resulting from non-fulfillment of needs, requests and expectations. Complaints may be related to mental, physical and emotional state.⁷ Complaints are considered a valuable data source for many reasons. The concept that every complaint is a gift, which has become a popular adage of the 21st century, is very valuable for businesses as it provides valuable feedback regarding customer dissatisfac-

tion. For healthcare institutions, complaints from patients and/or their relatives are not only an important indicator of problems in the healthcare system, but also a guide that helps solve the problems.⁸

Patient complaints in general surgery have been relatively understudied and, more importantly, continue to be an underutilized resource in addressing deficiencies in surgical clinics. Surgical departments around the world aspire to improve patient experiences and reduce complaints globally. However, there is limited published data on patient complaints in general surgery.⁹ Internationally, patient complaint data, and hence patient satisfaction scores, are increasingly recognized as useful markers in evaluation. There is increasing awareness that clinically obtained data on surgical outcomes should be correlated with patients' perceptions and quality of care scores.¹⁰ One of the most important points here is that general surgeons are the main target in such complaints. One of the most important reasons for this is that many of the treatments applied by surgeons often carry significant risks. Previous studies suggest that communication is one of the strongest influences on patient complaints and that good communication reduces complaints.¹¹ Additionally, studies have shown that 60–80% of surgeons identified as high-risk based on the number of complaints can achieve improvement with targeted interventions.¹²

The purpose of the research is to examine patient complaints made through the "sikayetvar.com" website regarding the specialty of General Surgery in medicine in Türkiye. The research also aims to identify common themes in patient complaints about the surgery department, better define the patient population making complaints, and systematically examine the reasons for complaints.

2. MATERIALS and METHODS

In the retrospectively designed research, complaints made to the “*sikayetvar.com*” website were examined using the content analysis method, which is one of the qualitative research methods. In the research, 359 of the 537 posts made on the internet about the medical expertise of general surgery in Türkiye between January 1, 2023 and November 1, 2023 on the “*sikayetvar.com*” site were included in the study and 1699 complaints of them were examined.

178 of these complaints were excluded from the study because they were related to the wrong department and the content of the complaint was unclear. This situation also shows the ignorance of the people complaining about the issue. A total of 359 complaints were examined between the dates specified in our research. Since consent is required from individuals over the age of 18 to register on the site, it is assumed that the complaints were made by individuals over the age of 18. Complaints made; They are classified according to gender, whether the institution is a public or private hospital, whether they are inpatients, outpatients or emergency patients, type of surgical interventions, whether only surgical intervention is performed, whether they are related to other departments, the number of views of the complaint and the subject of the complaint.

Three areas included in the coding taxonomy for patient complaints: “clinical” (complaints about the safety and quality of clinical care), “management” (complaints about the management of the healthcare institution) and “relations” (complaints about the healthcare personnel). The clinical domain is divided into “quality” and “safety” categories, the administrative domain is divided into “organizational issues” and “timing/access” categories, and the relations domain is divided into

“communication”, “humanity/caring” and “patient rights” categories.⁷

The study is limited to the complaints of 359 patients and their relatives made on the “*sikayetvar.com*” website in the field of general surgery, and it is assumed that the complaints are correct. The complaint was excluded from the study because it was not related to a interventions performed in the general surgery department and the content of the complaint was unclear.

2.1. Statistical Analysis

SPSS 24 statistical software package (Statistical Package for the Social Sciences – IBM®) was used to analyze the data collected in the study. Descriptive statistics regarding the distribution of responses to independent variables in the study are presented as numbers and percentages for categorical variables, and as mean, standard deviation and median for numerical variables. The compliance of continuous variables with the normal distribution assumption was evaluated with the Kolmogorov-Smirnow test. One Way Anova test was used for quantitative variables in pairwise and multiple comparisons. The frequency of complaints according to the type of general surgical interventions performed was compared using the chi-square test with Bonferroni correction. The results were evaluated as significant with a 95% confidence interval, $p < 0.05$.

3. RESULTS

In this part of the research, 359 posts about the specialty of General Surgery in medicine in Türkiye made on the “*sikayetvar.com*” website between January 1, 2023 and November 1, 2023 were examined. The data obtained from Reader et al. It was analyzed by adopting a deductive approach using the text analysis method, one of the types of content analysis, in line with the patient complaint

taxonomy developed by.⁷

Of the individuals included in the study, 223 (62.1%) were women and 136 (37.9%) were men. While 219 (61.0%) of the hospitals complained about were public hospitals, 140 (39.0%) were private hospitals. While 61 (17.0%) of the patients who made complaints were inpatients, 267 (74.4%) were outpatients and 31 (8.6%) were emergency room patients (Figure 1). 255 (71.0%) of the complaints came from outpatient clinic patients, 37 (10.3%) from surgery, 8 (2.2%) from endoscopy and 59 (16.4%) from patients treated in the ward. 335 (93.3%) of the complaints were related to interventions performed only in general surgery. It was observed that 74 of the complaints (20.6%) received a response. Apart from general surgery services, the other complaints were 1 (0.3%) gynecology, 12 (3.3%) radiology, 1 (0.3%) anesthesia, 2 (0.6%) plastic complaints surgery, 2 (0.6%) were related to urology, 2 (0.6%) were related to cardiology and endocrine, 1 (0.3%) were related to neurology and 3 (0.8%) were related to orthopedics. The average number of views of the complaints was found to be 4949.99±5558.09 (Min-Max: 6-56116) (Table 1).

Figure 1.
Treatment places where complaints come from

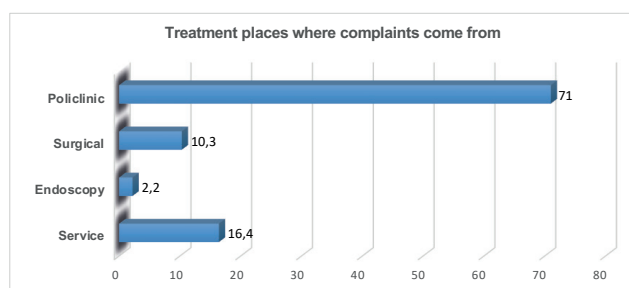


Table 2

Demographic and clinical characteristics of the individuals in the study (n: 359)

Gender, n (%)	
Female	223 (62,1)
Male	136 (37,9)
Hospital Type, n (%)	
Public	219 (61,0)
Special	140 (39,0)
Patient's hospital status, n (%)	
Inpatient	61 (17,0)
Outpatient treatment	267 (74,4)
Emergency room	31 (8,6)
Places of treatment performed, n (%)	
Policlinic	255 (71,0)
Surgical	37 (10,3)
Endoscopy	8 (2,2)
Service	59 (16,5)
General Surgery Practices Only, n (%)	
Yes	335 (93,3)
No	24 (6,7)
Answer, n(%)	
Yes	74 (20,6)
No	285 (79,4)
Other Department Related (n:24), n (%)	
Gynecology	1 (0,3)
Radiology	12 (3,3)
Anesthesia	1 (0,3)
Plastic Surgery	2 (0,6)
Urology	2 (0,6)
Cardiology/Endocrine	2 (0,6)
Neurology	1 (0,3)
Orthopedics	3 (0,8)
Display, Mean ±Std	4949,99±5558,09 (Min-Max: 6-56116)
<i>N: number, %: percent, Mean: Mean, Std: Standard Deviation</i>	

It was observed that the complaints from all outpatient clinic patients were statistically significantly higher than the complaints from ward, surgery and endoscopy patients ($p < 0.05$) (Table 2).

Table 2:

Pairwise comparison of complaint frequency (per 100,000 interventions) between different radiological interventions

	Policlinic	Surgical	Endoscopy	Service
Policlinic		p=0,005 ^a	p=0,001 ^a	p=0,001 ^a
Surgical			p=0,023 ^a	p=0,258
Endoscopy				p=0,042 ^a
Service				

^a Calculated with z test and post hoc Bonferroni correction for proportions

In the research, 359 of the 537 posts made on the internet about the medical expertise of general surgery in Türkiye between January 1, 2023 and November 1, 2023 on the “*sikayetvar.com*” site were included in the study and 1699 complaints of them were examined.

It shows the distribution of complaints among different areas, categories and subcategories according to Reader et al.’s taxonomy of patient complaints. Of the total 1699 complaints, 225 (13.24%) were in the clinical field, 685 (40.32%) were in the management field, and 789 (46.44%) were in the communication field (Figure 2). 214 (12.6%) of the complaint categories were related to communication failure, 173 (10.2%) were related to staff attitude, 159 (9.4%) were compassion, 145 (8.5%) were access. and acceptance, 134 (7.9%) patient and staff dialogue, 125 (7.4%) bureaucracy, 102 (6%) service problems, 100 (5.9%) misinformation, 97 (5.7%) related to delays, 74 (4.4%) regarding recommendations, 54 (3.2%) regarding quality of care, 47 (2.8%) regarding quality of care, 47 (2.8%) related to treatment, 46 (2.7%) finance and billing, 45 (2.7%) personnel and resources, 35 (2.1%) environmental, 32 (1.2%) errors in diagnosis, 29 (1.7%) safety events, 16 (0.9%)

discharge, 7 (0.4%) patient journey, 6 (0%) 4) skills and behaviors, 5 (0.3%) for confidentiality, 3 (0.2%) for medication errors, 3 (0.2%) for consent, and 1 (0.06%) for abuse. It was observed that it was related to (Figure 3).

Figure 2.

Distribution of complaints by domain names

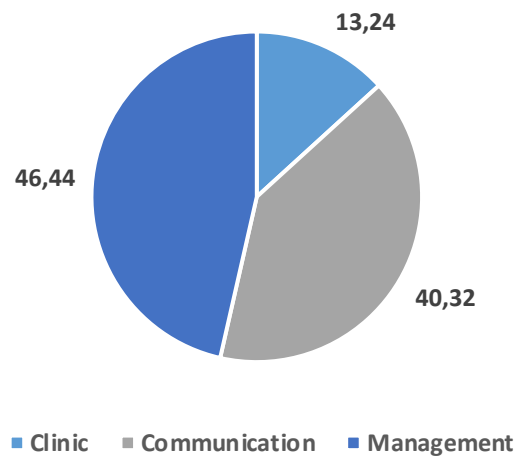
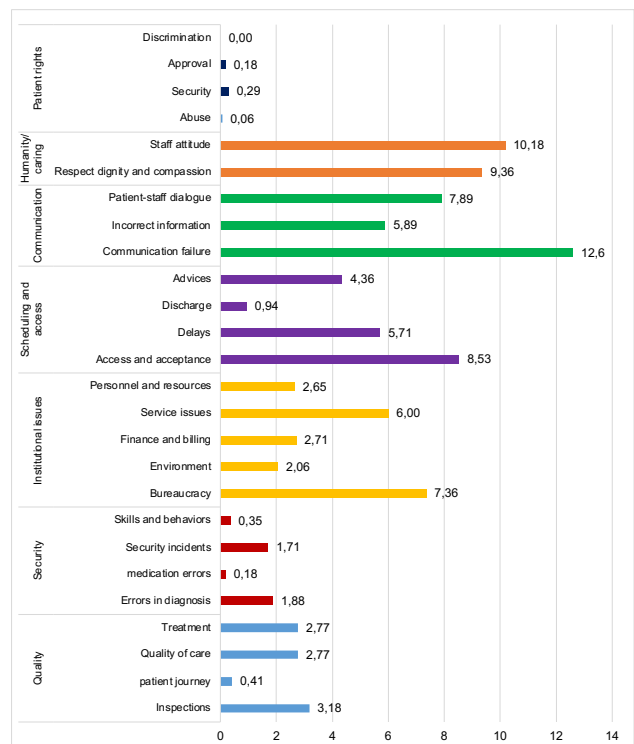


Figure 3.



4.DISCUSSION

In this research, the reasons for 359 complaints made by patients and their relatives to the “*sikayetvar.com*” website in the field of general surgery were examined, and the general profiles of the individuals who complained to the competent authorities about their dissatisfaction with the general surgery department were determined and the reasons for the complaints were systematically evaluated. There is no sufficient research in the literature on the frequency and reasons for complaints of patients and their relatives regarding the services of the general surgery department. Therefore, our research is an original study.

The results of this study are consistent with published studies from a demographic perspective; Female patients, outpatients and outpatients are the most common complaints.¹³ When literature similar to our research is examined; McSweeney et.al. (2021) in their study, in which they retrospectively evaluated the complaint data of 219 patients in a single regional general surgery department in Australia, observed that the most complaint applications were made by women, with 64% (n: 139).¹⁴ In their study where Alosaimi et al. (2018) evaluated 672 complaints in Saudi Arabia, they reported that the most complaint applications were made by women.¹⁵ Unlike the results of our research, Hoşgör and Cengiz (2020) found in their study that the individuals who complained most about health services were high school graduates, in the age group of 41 and over, and male patients.¹⁶ Although women in Türkiye experience more health problems, it is observed that those who apply to the patient rights unit are mostly men, due to the presence of a patriarchal structure in the traditional Turkish family structure and the status of being the head of the house that the society attributes to men.¹⁷

In our research, it was assumed that the complaints were made by individuals over the age of 18, as confirmation of being over 18 years of age was required to register on the “*sikayetvar.com*” website. Hoşgör and Cengiz (2020) reported in their research that the age group that filed the most complaints was 41 and over.¹⁷ According to Önal and Civaner (2015), it was interpreted that individuals’ awareness of defending their rights increases with advancing age.¹⁸ In addition, the fact that elderly patients feel less fear of not being able to receive service due to their complaints about public health institutions can be seen as a reason for this situation.

As a result of our research, 255 (71.0%) of the complaints came from outpatient clinic patients, 37 (10.3%) were from surgery, 8 (2.2%) were from endoscopy and 59 (16.4%) were from patients receiving treatment in the service. It was observed that the complaints from all outpatient clinic patients were significantly higher than the complaints from ward, surgery and endoscopy patients (p <0.05). Considering the medical units where complaints are made in the literature, in the study of Uludağ (2011): outpatient clinic, emergency, clinic, laboratory, imaging services, operating room, intensive care.¹⁹ In Gürlek et al.’s (2011) study, clinic, outpatient clinic, laboratory, imaging services and emergency service;²⁰ In Zengin et al.’s (2013) study; outpatient clinic, laboratory, imaging, clinic and emergency department;²¹ In the study of Bostan (2017), it was seen that there were outpatient clinics, emergency services, clinics, laboratories, intensive care units and operating rooms.²² Unlike other studies on the subject in the literature, in this study, the first five medical units outside the field of general surgery where the most problems are experienced and therefore complained about are; 1 (0.3%) gynecology, 12 (3.3%) radiology, 1 (0.3%) anesthesia, 2 (0.6%)

plastic surgery, 2 (It was concluded that 0.6%) were related to urology, 2 (0.6%) were related to cardiology and endocrine departments, 1 (0.3%) were related to neurology and 3 (0.8%) were related to orthopedics departments. With a general evaluation, it can be stated that the medical units subject to complaints vary according to the databases where complaints are collected, time intervals, total number of complaints evaluated, types of hospitals complained about (public, private, university) and research structure/plan. Especially in the complaints obtained from “sikayetvar.com” e-complaint portal, as in this work plan, patients/patient relatives who make complaints do not always provide information about which medical units they receive service from and therefore what the medical branches or specialties are that are the subject of the complaint, but directly report the complaints to the patient. They can write about the topics they are interested in.

In the research, 359 of the 537 posts made on the internet about the medical expertise of general surgery in Türkiye on the “sikayetvar.com” site were included in the study and 1699 complaints of them were examined. In our research, nearly half of the 1699 complaints that constituted the most complaint reason, 789 (46.44%) were related to “Communication”, followed by 685 (40.32%) problems related to “Management”, and the main theme of the complaint was at least It was concluded that 225 of them (13.24%) were of “Clinical” origin. In this context, Karaağaç et al. (2018) analysed 493 complaints about 26 private hospitals operating in Ankara on “sikayetvar.com” portal on 26 private hospitals operating in Ankara by Karaağaç et al. (2018) [Management (35%) >Clinical (33.3%) >Relationships (31.6%)]² and the findings of the systematic study conducted by Reader et al. (2014) to develop the related taxonomy [Management (35.1%) >Clinical (33.7%)

>Relationships (29.1%)] were found to contrast with the findings of this study.⁷ In another study by Chaulk et al. (2019) where 87 patient complaints were examined using the same taxonomy, the main themes of the most important complaints were; It has been reported that Clinical, Relationships and Management.²³ It is possible to interpret these results obtained in terms of the main theme as private healthcare business managers should focus more on problems and complaints, especially those arising from “Management”.

In our research, following the complaints related to the main theme, the categories determined to cause the most complaints by patients and their relatives are as follows; 214 (12.6%) were related to communication failure, 173 (10.2%) were related to staff attitude, 159 (9.4%) were compassion, 145 (8.5%) were access and acceptance, 134 (7.9%) patient and staff dialogue, 125 (7.4%) bureaucracy, 102 (6%) service problems, 100 (5.9%) incorrect information, 97 (5.7%) about delays, 74 (4.4%) about recommendations, 54 (3.2%) about examinations, 47 (2.8%) about quality of care, 47 (2%) 8) treatment related, 46 (2.7%) finance and billing, 45 (2.7%) personnel and resources, 35 (2.1%) environmental, 32 (1.2%) diagnostic errors. It has been revealed that there are errors in diagnosis. In the international literature, service delivery;^{24,25} the physical environment/environment where service delivery takes place; service access and patient admission interventions;²⁶ It is known that complaints have been reported regarding delay/timing problems due to long waiting times,²⁷ violation of patient/relative privacy,²⁸ and problems of respect-dignity and being cared for.²⁵

In our research, 335 (93.3%) of the complaints were only related to the interventions performed in general surgery, and it was observed that only

74 (20.6%) of the complaining patients and their relatives received a response to their complaints. In parallel with the findings of this study, in the studies conducted by Moghadam et al. (2010) in Iran and Taylor et al. (2002) in Australia, complaints were resolved with explanation and/or thanks in a large proportion (>90% and >73%, respectively). In other words, it has been reported that complaints result in the satisfaction of healthcare users.²⁹ In addition, the fact that relevant studies do not include information on the average time it takes for complaints to be resolved makes it impossible to make more accurate comments.

In our research, 219 (61.0%) of the hospitals complained about were public hospitals, while 140 (39.0%) were private hospitals. Hoşgör and Cengiz (2020) reported in their study that the types of hospitals to which the most complaints were made were public (42.1%), university (26.2%) and private (10.5%) hospitals, respectively.¹⁶ This situation can be interpreted as the fact that public and university hospitals in Türkiye now prioritize providing patient/patient-relative-oriented services, just like private healthcare enterprises, care about the opinions and suggestions expectations of healthcare service recipients, and wish to be preferred by them again.

Surgeons face challenges in communication and care in all aspects of surgical care. In the outpatient setting, time pressure, inadequate staffing, and patient education are clear hazards to patient communication. It is well known that effective healthcare encourages apologies or empathy with the patient and clear explanation of events that have occurred. In fact, patients who complain almost always expect an apology, an explanation of what happened, or a factual response to be included. Only a small proportion of patients who file a complaint are interested in financial compensa-

tion.³⁰

This research had some limitations. The research is limited to the complaints of 359 patients and their relatives made to the *sikayetvar.com* website regarding the field of general surgery between January 1, 2023 and November 1, 2023, and it is assumed that the complaints are correct. The fact that a specific complaint taxonomy is not used in most of the research makes it difficult to reach a complete unity of definition regarding the reasons for complaints, and this may lead to subjectivity when classifying the reasons for complaints. The complaint was excluded from the study because it was not related to an intervention performed in the general surgery department and the content of the complaint was unclear.

5.CONCLUSION

This research was carried out by examining the complaints regarding the online general surgery section offered in Türkiye on "*sikayetvar.com*". It is thought that the results obtained in the study can guide healthcare business managers in effective complaint management and help improve patient satisfaction. Knowing the sources of patient dissatisfaction with the services provided in general surgery departments can help reduce the number of patient complaints and improve patient care. We think that more personalized contacts between general surgeons and patients and their relatives may reduce the frequency of complaints. Additionally, complaints regarding health services associated with general surgery departments in different countries can be compared. The fact that a specific complaint taxonomy is not used in most of the studies makes it difficult to reach a complete unity of definition regarding the reasons for complaints, and this may lead to subjectivity when classifying the reasons for complaints. It may be suggested that subsequent studies be conducted

with larger sample sizes and in a regional comparative manner, and from this, a national complaint taxonomy can be developed and introduced into the literature.

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Conflict of Interest:

There is no conflict of interest between the authors.

Idea and design in our research:

Idea and design in our research: AŞ, Supervision; MY, Collection and Processing of Data; MY, Analysis and Interpretation of Data; AE, Writing of the Manuscript; All authors agreed to be responsible for the accuracy and completeness of the study.

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