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Examination of Applications to the Department of Rights of Patients from the Perspective of Medical Law

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Abstract

Background: The concept of Patient Rights is a core aspect of health law. In modern medicine, while the doctor-patient relationship was historically physician-centric, the development of patient rights has shifted the focus towards a patient-centered approach. In Turkey, the Patient Rights Regulation (PRR) was enacted in 1998. Subsequent revisions were made in 2014 to align with international treaties. With the PRR, patient rights units were established in hospitals, designed to serve as centers for processing complaints, suggestions, and requests from patients and their relatives. Our study aims to evaluate the submissions made to these patient rights units.

Method: The study was conducted as a single-center retrospective analysis. Applications submitted to the Patient Rights Unit were reviewed. Personal data were anonymized prior to use. Descriptive statistics were calculated in numbers and percentages (%). Categorical data were analyzed using the Pearson Chi-square test for both groups. A significance threshold of $p < 0.05$ was established.

Result: Individuals from various educational backgrounds predominantly lodged complaints against physicians. University graduates were the most frequent complainants against physicians (44.7%), nurses (52.5%), hospital administrators (45.4%), and other hospital staff (43.3%). Patients and their immediate relatives mainly lodged complaints against physicians (p=0.001).

Conclusion: As individuals' educational levels increase, they are more likely to legally assert their rights. Services in outpatient clinics and emergency departments are frequently cited as sources of complaints. To resolve conflicts, patient rights units need to engage more effectively in mediation efforts.

Keywords: Patient Rights, Physician Mecical Law, patient rights regulation

Introduction

Patient rights are a concept related to health care, encompassing multiple components such as physicians, hospitals, hospital administrators, patients, and relatives of patients (1). Due to its multiple components, conflicts can often arise regarding this concept. The physician-patient relationship in modern medicine has for many years continued in a form where it was physician-centric and dominated by the physician's paternalistic approaches. Now, both in Turkey and around the world, legal regulations concerning patient rights have shaped these relationships (2). In this context, legal regulations such as the Lisbon Declaration (3) on Patient Rights, prepared with extensive participation, along with the Bali (4) and Amsterdam (5) Declarations on Patient Rights; the European Charter of Patient Rights, and the Convention on Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, have achieved significant gains(6).

The Patient's Bill of Rights, prepared by the American Hospital Association in 1973 and revised in 1992, was established with the purpose of providing a foundation for hospitals and healthcare providers to deliver the best care possible (7).

The Law on Patient Rights and Autonomy in Norway was adopted in 1999, leading to significant questioning of the paternalistic medical approach (8).

In Turkey, the Patient Rights Regulation (PRR) (9) came into effect in 1998; amendments were made to the regulation in 2014 to ensure compatibility with international declarations and agreements. This regulation organizes the rights of patients and those related to them to apply, complain, and litigate within the framework of the legislation for issues they believe to be violations. According to this regulation, it is envisaged to establish patient rights units within health institutions for the execution of patient rights practices. Complaints made by patients or their relatives to these units are requested to be responded to in writing. These legislations aim to protect the rights of patients and their relatives and ensure the provision of higher quality health services. These practices are also considered a measure of hospital operational quality.

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However, in practice, complaints and corresponding responses that do not meet the intended purpose unexpectedly occur.

In this study, we planned to investigate the reasons for the written applications made by patients and their relatives to the patient rights unit of a tertiary hospital over three years, the units and staff complained about, the demographic data of the complainants, and how the complaints were resolved.

Materials and Methods

The study was conducted as a single-center and retrospective study. Ethical approval was obtained from the Clinical Research Ethics Committee of İstanbul Medeniyet University Göztepe Training and Research Hospital (Ethics Committee Date and Decision No: 26.07.2023, 2023/0457). The study evaluated the applications made to the Patient Rights Unit of Göztepe Prof. Dr. Süleyman Yalçın City Hospital from 01.01.2019 to 31.12.2022 from a medical law perspective. During the specified period, there were a total of 7,006,450 patient applications to our hospital, with 1,500,615 of these being emergency department applications. The application letters made to the Patient Rights Unit were evaluated in accordance with the Personal Data Protection Law (PDPL) No. 6698 (10). The patients' personal data were used anonymously.

Inclusion criteria for the study:
Complaint letters where the request was not clearly understood, thank-you letters, and letters that did not clearly specify the unit and personnel complained about, as well as complaints made directly to the Presidency Communication Center (CİMER), the Ministry of Health Communication Center (SABİM), and the public prosecutor's offices, were excluded from this study. Complaint letters other than these exceptions were included in the study.

Access to Records:
After obtaining approval from our hospital's ethics committee, written petitions to the patient rights unit were accessed through the hospital record system. A study form was prepared for the analysis of the data found in the petitions. The study form included the demographic data of the applicants (age, gender, education level), the reason for application, the hospital unit complained about, the hospital staff complained about, the response time to complaints, and how the application was resolved. The information in the petitions was classified under these headings to obtain findings.

Statistical Analysis:
The descriptive values of the data obtained were calculated as number and percentage (%). Data on categorical characteristics were examined for both groups using the Pearson Chi-square test. The criterion for statistical significance was set at $p < 0.05$. The statistical evaluation of the data obtained was performed using IBM SPSS Statistics 22 (IBM SPSS, Turkey) software.

Results

Among those who submitted a complaint letter to the Patient Rights Unit of Göztepe Prof. Dr. Süleyman Yalçın City Hospital, the majority were male (58.6%), with the patients themselves as the complainants (81.9%), followed by first-degree relatives other than the patient (86.8%), and university graduates (45.2%) in terms of educational background. The complaints were mostly about the clinics (68.4%) and doctors (46.2%) as the healthcare professionals complained about. The Patient Rights Unit warned the relevant health unit and its employees in 86.3% of the complaints to be more cautious regarding the matter. 58.3% of the petitions were concluded within a week and the results were communicated to the complainants. Detailed information regarding the gender of the complainants, their relationship to the patient, their educational backgrounds; the hospital unit and healthcare professionals complained about; the response times to the complaints, and how the complaints were resolved are summarized in Table 1.

Table 1: Demographic Data Of The Complainants

	n (%)
Gender	
Male	622(41,4)
Female	882(58,6)
Is the Patient Complainant?	
No	272(18,1)
Yes	1232(81,9)
Complainant's Degree of Kinship (closeness) with the Patient	
First degree	243(86,8)
Other	37(13,2)
Complainant's Educational Status	
Elementary school	183(12,2)
Middle school	196(13,0)
High school	445(29,6)
University	680(45,2)
Complained Hospital Unit	
Emergency Department	175(11,6)
Outpatient Clinic	1028(68,4)
Intensive Care Unit	8(0,5)
Operating Room	8(0,5)
Inpatient Service	117(7,8)
Registration Desk	24(1,6)
Whole Hospital	105(7,0)
Laboratory	392,6
Complained Healthcare Proffesional	
Doctor	695(46,2)
Nurse	122(8,1)
Administrator	368(24,5)
Other	319(21,2)
Outcome Of Complaint Process	
Mutual agreement	7(1,1)
Unknown	189(12,6)
Notification Of Healtcare Professional	1298(86,3)
Response Time To The Complaint	
Same Day	65(4,3)
Within One Week	877(58,3)
Within Two Week	288(19,1)
Within Three Week	137(9,1)
Within four Week	61(4,1)
More Than Four Week	76(5,1)

Table 2: Relationship Distribution Between The Unit Complaint About And Gender, Educational Status Of Complainants, The Healtcare Proffessional Complained About, Reasons For Complainants, And The Resolution Of Patient' Case

	Complained Hospital Unit								
	Emergency Department	**Outpatient Clinic**	**Intensive Care Unit**	**Operating Room**	**Inpatient Service**	**Registration Desk**	**Whole Hospital**	**Laboratory**	**p**
Gender									
Male	84 (48,0)	417 (40,6)	3 (37,5)	5 (62,5)	46 (39,3)	8 (33,3)	47 (44,8)	12 (30,8)	0,322
Female	91 (52,0)	611 (59,4)	5 (62,5)	3 (37,5)	71 (60,7)	16 (66,7)	58 (55,2)	27 (69,2)	
Complainant's Educational Status									
Elemantary School	26 (14,9)	112 (10,9)	0 (0,0)	4 (50,0)	20 (17,1)	5 (20,8)	10 (9,5)	6 (15,4)	**0,008**
Middle School	23 (13,1)	133 (12,9)	0 (0,0)	1 (12,5)	19 (16,2)	0 (0,0)	17 (16,2)	3 (7,7)	
High School	58 (33,1)	309 (30,1)	6 (75,0)	1 (12,5)	23 (19,7)	8 (33,3)	27 (25,7)	13 (33,3)	
University	68 (38,9)	474 (46,1)	2 (25,0)	2 (25,0)	55 (47,0)	11 (45,8)	51 (48,6)	17 (43,6)	
Complained Healtcare Professional									
Doctor	93 (53,1)	526 (51,2)	2 (25,0)	8 (100)	64 (54,7)	0 (0,0)	0 (0,0)	2 (5,1)	**0,001**
Nurse	32 (18,3)	59 (5,7)	2 (25,0)	0 (0,0)	25 (21,4)	0 (0,0)	0 (0,0)	4 (10,3)	
Administrator	18 (10,3)	224 (21,8)	2 (25,0)	0 (0,0)	16 (13,7)	14 (58,3)	88 (83,8)	6 (15,4)	
Other	32 (18,3)	219 (21,3)	2 (25,0)	0 (0,0)	12 (10,3)	10 (41,7)	17 (16,2)	27 (69,2)	
Reason For Complaint									
Insufficient Attention	41 (23,4)	266 (25,9)	2 (25,0)	0 (0,0)	21 (17,9)	1 (4,2)	9 (8,6)	6 (15,4)	
Excessive Waiting	37 (21,1)	194 (18,9)	0 (0,0)	1 (12,5)	7 (6,0)	3 (12,5)	1 (1,0)	3 (7,7)	
Delayed Tests	14 (8,0)	48 (4,7)	0 (0,0)	1 (12,5)	2 (1,7)	0 (0,0)	0 (0,0)	28 (71,8)	
Dissatisfaction With Treatment	60 (34,3)	161 (15,7)	1 (12,5)	4 (50,0)	36 (30,8)	0 (0,0)	1 (1,0)	1 (2,6)	
İnability to get an appointment	0 (0,0)	131 (12,7)	1 (12,5)	1 (12,5)	2 (1,7)	2 (8,3)	0 (0,0)	0 (0,0)	**0,001**
Lack Of İnformaiton	6 (3,4)	81 (7,9)	1 (12,5)	0 (0,0)	19 (16,2)	1 (4,2)	4 (3,8)	0 (0,0)	
Failure To PrescripeMedication	0 (0,0)	10 (1,0)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	0 (0,0)	
Failure To Provide A Report	7 (4,0)	24 (2,3)	0 (0,0)	0 (0,0)	5 (4,3)	3 (12,5)	0 (0,0)	0 (0,0)	
Treatment Error	3 (1,7(	2 (0,2)	0 (0,0)	1 (12,5)	1 (0,9)	0 (0,0)	0 (0,0)	0 (0,0)	
Other (specify)	6 (3,4)	87 (8,5)	3 (37,5)	0 (0,0)	18 (15,4)	13 (54,2)	58 (55,2)	1 (2,6)	
Cleanless	1 (0,6)	24 (2,3)	0 (0,0)	0 (0,0)	6 (5,1)	1 (4,2)	32_b	0 (0,0)	
Outcome of complaint process									
Mutual Agreement	0 (0,0)	16 (1,6)	0 (0,0)	0 (0,0)	1 (0,9)	0 (0,0)	0 (0,0)	0 (0,0)	0,756
Unknown	22 (12,6)	128 (12,5)	1 (12,5)	1 (12,5)	20 (17,1)	1 (4,2)	11 (10,5)	5 (12,8)	
Notification of H.P.*	153 (87,4)	884 (86,0)	7 (87,5)	7 (87,5)	96 (82,1)	23 (95,8)	94 (89,5)	34 (87,2)	

Although not statistically significant (p=0.322), women, excluding the operating theaters, complained about other departments at higher rates than men. University graduates complained about all departments except operating theaters at higher rates. Generally, when looking at the level of education in terms of the units complained about, clinics were found to be complained about significantly more (p=0.008). Doctors were the most complained about healthcare professionals in emergency departments, clinics, inpatient wards, and operating theaters (p=0.001). The units where nurses were complained about the most were emergency services and clinics. Hospital administrators were most frequently complained about concerning clinics and general hospital issues. The most complained about staff regarding laboratories were non-doctor and non-nurse personnel (Table 2). When considering the reasons for complaints, aside from dissatisfaction with treatment, clinics were the most complained about (p=0.001). In terms of emergency services, patients and their relatives were mostly dissatisfied due to dissatisfaction with treatment (34.3%), insufficient attention (23.4%), and long waiting times (21.1%). The main complaint about laboratories was the delay in obtaining test results (71.8%). In the evaluation made for inpatient services, dissatisfaction with the provided treatment (30.8%) was the most common complaint reason. Settlements were mostly achieved in conflicts occurring in clinics (94.1%). Feedback given by the Patient Rights Unit to the relevant units was at similar rates (Table 2).

Women, while complaining more about nurses (67.2%), also complained about all units at higher rates than men (p=0.219). Men complained more about staff other than doctors and nurses at higher rates (43.6%) than women. Generally, individuals with different educational backgrounds all complained the most about doctors. University graduates were the most frequent complainants against doctors (44.7%), nurses (52.5%), hospital administrators (45.4%), and other hospital employees (43.3%). Patients and their first-degree relatives complained more about doctors (p=0.001) (Table 3).

Feedback was given at equal rates to both female (86.4%) and male (86.2%) complainants. Only 17 (1.1%) of the complainants preferred the path of reconciliation. This method of resolution was more commonly chosen by female complainants (58.8%). The Patient Rights Unit's advisories on insufficient attention and delayed test results convinced some

Table 3: The Relationship Between The Healtcare Proffessional Complained About And The Demographic Data Of The Complainants

	Complained Healtcare Professional				
	Doctor	**Nurse**	**Administrator**	**Other**	**p**
Gender					
Male					0,219
Female	288 (41,4)	40 (32,8)	155 (42,1)	139 (43,6)	
	407 (58,6)	82 (67,2)	213 (57,9)	180 (56,4)	
Complainants Educational Status					
Elementary School	82 (11,8)	13 (10,7)	49 (13,3)	39 (12,2)	
Middle School	98 (14,1)	16 (13,1)	42 (11,4)	40 (12,5)	0,753
High School	204 (29,4)	29 (23,8)	110 (29,9)	102 (32,0)	
University	311 (44,7)	64 (52,5)	167 (45,4)	138 (43,3)	
Is the Patient Complaint?					
No					0,001
Yes	146 (21,0)	41 (33,6)	44 (12,0)	41 (12,9)	
	549 (79,0)	81 (66,4)	324 (88,0)	278 (87,1)	
Complaint's Degree of Kinship(closeness) with the Patient					0,583
First Degree	134 (88,7)	34 (82,9)	37 (82,2)	38 (88,4)	
Other	17 (11,3)	7 (17,1)	8 (17,8)	5 (11,6)	

patients and their relatives. The majority of those who opted for reconciliation (47.0%) were related to these issues. The rates at which health workers were warned in response to complaints from complainants of all education levels were similar. Complaints related to doctors not issuing sick leave certificates accounted for 2.6% of the total. In 82.0% of these cases, doctors were warned not because they didn't issue the certificates, but because of the dialogue they entered with patients and relatives concerning this matter. Complaints about not being able to get an appointment were found partially justified (84.7%) as they pointed to systemic issues. In complaints related to insufficient attention, excessive waiting, delayed test results, dissatisfaction with treatment, inability to get an appointment, and not being informed; systemic deficiencies and errors, as well as patient congestion, were cited as reasons and communicated to the complainants (Table 4).

Table 4: The Relationship Between The Resolution Of Complaints And The Gender Of The Complainants, Their Educational Status, The Healthcare Worker Complained About, And The Reasons For Complaints.

	Outcome of Complaint Process			
	Mutual Agreement	**Unknown**	**Notification of H.P.**	**p**
Gender				
Male	7 (41,2)	79 (41,8)	536 (41,3)	0,991
Female	10 (58,8)	110 (58,2)	762 (58,7)	
Complainant's Educational Status				
Elementary School	4 (23,5)	20 (10,6)	159 (12,2)	
Middle School	1 (5,9)	33 (17,5)	162 (12,5)	0,273
High School	6 (35,3)	49 (25,9)	390 (30,0)	
University	6 (35,3)	87 (46,0)	587 (45,2)	
Complained Healtcare Professional				
Doctor	3 (17,6)	84 (44,4)	608 (46,8)	
Nurse	3 (17,6)	14 (7,4)	105 (8,1)	**0,001**
Administrator	5 (29,4)	27 (14,3)	336 (25,9)	
Other	6 (35,3)	64 (33,9)	249 (19,2)	
Reason For Complaint				
Insufficient Attention	4 (23,5)	47 (24,9)	295 (22,7)	
Excessive Waiting	0 (0,0)	40 (21,2)	206 (15,9)	
Delayed Tests	4 (23,5)	9 (4,8)	80 (6,2)	
Dissatisfaction With Treatment	1 (5,9)	24 (12,7)	239 (18,4)	
İnability To Get An Appointment	2 (11,8)	19 (10,1)	116 (8,9)	**0,001**
Lack Of İnformation	0 (0,0)	18 (9,5)	94 (7,2)	
Failure To Prescripe Medication	3 (17,6)	1(0,5)	6 (0,5)	
Failure To Provide A Report	2 (11,8)	5 (2,6)	32 (2,5)	
Treatment Error	1 (5,9)	1 (0,5)	5 (0,4)	
Other	0 (0,0)	22 (11,6)	164 (12,6)	
Cleanless	0 (0,0)	3 (1,6)	61 (4,7)	

Discussion

The pursuit of rights by individuals who feel aggrieved while receiving healthcare services should be regarded as normal in modern healthcare delivery. Fairly addressing these demands is also a critical parameter of service quality in healthcare. Although there is no need to encourage patients and their relatives to make complaints, there should not be any barriers to seeking their rights either. Complaints should be evaluated fairly and communicated to the parties involved. People are inclined to utilize legal complaint mechanisms when they believe their grievances are assessed fairly. We believe that a strong and equitable mechanism, scientifically developed in this field, can reduce violence against healthcare workers. Therefore, hospital administrators should exert the necessary effort to ensure this mechanism operates effectively, preventing the victimization of both service providers and recipients. We believe that the effective management of this mechanism in Turkey will enhance the security of healthcare providers and the satisfaction of service recipients. From this perspective, we also consider that the act of complaining by patients can be described in the literature as "seeking rights."

When evaluating the findings of our study, it is observed that they show similarities with the results of studies conducted on this subject in the literature; however, it is understood that there are certain nuances arising from cultural differences.

In our study, excluding operating theaters and registration secretariats, all other units were predominantly complained about by women. One in every five complaints was made directly by the patients themselves. The majority of complaints occurred in outpatient clinics. While nearly all complaints in outpatient clinics were made by the patients themselves, complaints regarding patients receiving inpatient treatment were entirely made by the patients' relatives. There has been no study encountered in the literature examining the gender of complainants and their degree of relation to the patient in complaints made to the patient rights unit.

In the literature, studies that seek to understand patient complaints through empathy by asking questions to healthcare workers are frequently found (12,13). In our study, however, we attempted to analyze complaints based on first-hand accounts from patients and their relatives.

In hospitals, despite the presence of numerous units providing healthcare services and healthcare workers employed in various capacities, doctors are the most frequently complained about. Hanganu et al. (12) have analyzed the cause-effect relationship centered on physicians in the dissatisfaction experienced by patients in hospitals, indicating that doctors are the most complained about. Yalçınkaya and Güçlü (14) in their study, also stated that doctors were the most frequently complained about healthcare workers. The fact that patient dissatisfaction is often attributed to doctors is not an unexpected outcome for us. Globally, the concept of a patient is inherently associated with doctors. Therefore, regardless of whether it is justified or not, doctors are primarily held responsible in instances of patient dissatisfaction. Following doctors, our study has revealed that nurses are the second most frequently complained about healthcare workers. Yalçınkaya and Güçlü (14) also reported that complaints directed at nurses constituted 11.3% of their study findings. We believe that the significant reason behind this result is that nurses, as auxiliary healthcare staff, are the group that communicates with patients the most, alongside doctors.

One of the units that received complaints is hospital administrators and administrative issues. Complaints related to hospital units and administrative matters are mostly about the inability to secure appointments and the cleanliness of the hospital. Yıldırım and Kumru (15) in their study indicated that complaints regarding the hospital's administrative and medical units were close in frequency. In our study, complaints related to the medical unit were above those mentioned in the literature.

It is understandable that outpatient clinics and emergency departments rank first and second among the most complained about units. This is because patients most frequently interact with these two units. Hoşgör and Tosun (16) also indicated in their study that a high proportion of patient complaints originated from outpatient clinics (67.4%). The main reasons for this include the high volume of patients visiting outpatient clinics, challenges in securing appointments, patients desiring care without appointments, prolonged consultation processes between clinics, and the difficulty of admitting patients from clinics to wards compared to emergency admissions. The perception that more incidents occur in emergency departments is an illusion and not accurate. Incidents in emergency departments are more frequently covered by the media, leading to such a perception. However, when looked at proportionally, it is observed that more incidents occur in outpatient clinics.

In our study, the Patient Rights Unit issued warnings to the relevant health units and workers for 86.3% of the complaints, advising them to exercise greater caution regarding the matters raised. The majority of the petitions (58.3%) were resolved within a week, and the outcomes were communicated to the complainants. It was observed that the patient rights unit was diligent in resolving complaints. Kracic and colleagues (17) in their study emphasized the need to facilitate, make transparent, and expedite the complaint resolution processes to enhance the quality of healthcare services and to prevent future complaints. Indeed, being in communication and knowing that one has received a response when exercising their legal right can also prevent potential violent incidents in the future.

Another noteworthy aspect of our study was the high

proportion of complainants who were university graduates. According to the data from 2022, the rate of university graduates in the population over the age of 25 in Turkey is 23.9% (18). The higher number of complaints among university graduates could be attributed to their elevated expectations or a greater sensitivity towards suspecting maltreatment and a stronger inclination to seek redress for their rights. Even though this situation might not be favored by healthcare workers, from a legal standpoint, the act of claiming one's rights can be perceived as positive behavior.

Among the reasons for complaints related to emergency departments, dissatisfaction with treatment, insufficient attention, and long waiting times were identified as the top issues. Acar and colleagues (19) in their study reported that the most frequent complaints regarding emergency services were related to physician inattention and reprimand. In our study, insufficient attention also emerged as a significant reason for complaints. This situation can largely be explained by the busyness of emergency departments, the lack of sufficient time for patient examinations, and burnout syndrome. Despite all the negatives, establishing good communication should be a fundamental approach for doctors and emergency service providers.

The outcome of complaint petitions is a significant indicator of service quality in healthcare. The concern or suspicion from healthcare recipients arises when the institution being complained about and the institution evaluating the complaints are the same. The solution to alleviate these concerns lies in adopting a fair approach. In our study, a vast majority (86.3%) of the complaints resulted in healthcare workers being cautioned to exercise more care. Although none of the complained parties were penalized, we find this outcome very valuable in terms of patients and their relatives' trust in the healthcare institution. However, we associate the fact that information on the outcome of about one in every ten complaints could not be accessed with a serious neglect by the patient rights unit. Only 1.6% of the complainants opted for reconciliation. Case and colleagues (20) in their study have stated that individuals who do not receive an apology or expression of regret during the complaint process are more likely to pursue further legal action. Complaints made to the patient rights unit are essentially the exercise of the right to information and to petition. This does not necessarily imply that the complainant is right, nor does it prevent the process from being taken to court. However, all these can be minimized using proper communication tools.

Responding to complaint petitions promptly is crucial both for service quality and for the satisfaction of patients and their relatives. In our study, more than sixty percent of the complaints were addressed within the same day or within a week, and the outcomes were communicated to the complainants. We consider this timeframe to be very reasonable.

Limitations of Our Study:

The exclusion of complaint applications made directly to the Presidency Communication Center, the Ministry of Health Communication Center, and the prosecutors' offices; the unknown outcomes of 12.6% of the complaint petitions; not examining the age status of the complainants; and not specifying how reconciliation between the parties was achieved can be considered as limitations of the study.

Conclusion

Women tend to feel more aggrieved and consequently file more complaints. As people's educational levels increase, they legally pursue their rights more vigorously. Services in outpatient clinics and emergency departments are the most common causes of complaints. The main reasons for complaints are dissatisfaction with treatment, insufficient attention from healthcare workers, and long waiting times. Doctors are by far the most complained about healthcare professionals. Nurses receive the highest proportion of complaints regarding their services in emergency departments and outpatient clinics. Non-doctor and non-nurse staff are most complained about for laboratory procedures. Patient communication units in hospitals are now resolving complaint petitions more quickly. A large portion of hospital staff are warned to exercise more caution during service provision. Patients and their relatives often hold doctors responsible for a significant portion of the issues occurring in hospitals and file complaints accordingly. The patient rights unit needs to undertake more effective work to find reconciliation-based solutions between parties.

Statements and Declarations

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Conflict of Interest Statement: There are no conflicts of interest.

Data Availability Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author Contributions Statement: VO: Conceptualization, methodology, Data curation, writing-original draft **BA:** Conceptualization, methodology, writing-final draft, supervision **NB:** Conceptualization, methodology, data curation, formal analysis,writing-final draft, supervision

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