EVALUATION OF COMPLAINTS IN HEALTH SERVICES IN TURKEY

Yusuf ÖCEL [*]

ABSTRACT

For improvement of healthcare service quality, consumer researches are mainly focused on satisfaction and loyalty. However, it is also essential to evaluate healthcare-related complaints for an improved service quality. Complaints are made through different communication means. With the advancement of internet, a new venue for complaints has emerged. People who face problems in healthcare services express their complaints over internet. This study aims to examine the complaints, related to health care providers in Turkey, made on the complaint web site (sikayetvar.com). For this purpose, the complaints were examined with content analysis which is a qualitative research method. A total of 1274 complaints made throughout 2018 were extracted to be evaluated. Complaints are classified according to gender of person making complaint, province where the complaints were made, type of health service provider with which complaints were encountered, month of complaint and complaint issues. According to the results of the analysis, behavioral complaints, lack of health care services and waiting issues are the leading problems. In addition, it was found that most complaints were related to health service providers in Istanbul and Ankara provinces, women complained more than men, public hospitals complained more, and most complaints were made in January and July. According to the results of correspondence analysis, the health ministry institutions received more complains about behavioral problems, lack of staff and lack of knowledge, lack of health services and privacy, while private health institutions received complains about price and safety. It is observed that university research hospitals received more complains about lack of physical infrastructure, waiting times, ethics and hygiene. As a result of the study, issues around which the complaints revolved were determined. The type of complaints received for different health care service providers were explored.

Keywords: *Complaints, health services, health care providers*

[*] *Duzce Üniversity, yusufocel@duzce.edu.tr*

iD *https://orcid.org/0000-0002-4555-7035*

TÜRKİYE'DE SAĞLIK HİZMETLERİNDE ŞİKÂYETLERİN DEĞERLENDİRİLMESİ

Yusuf ÖCEL [*]

ÖZ

Sağlık hizmet kalitesinin arttırılmasında tüketici araştırmalarının önemli bir çoğunluğu memnuniyet, sadakat, bağlılık üzerine gerçekleşmiş olsa da sağlık hizmet kalitesinin iyileştirilmesinde şikâyetlerin değerlendirilmesi de büyük önem arz etmektedir. Şikâyetler çeşitli mesaj kanalları ile yapılmaktadır. İnternetin gelişmesi ile birlikte şikâyet mecralarına bir yenisi eklenmiştir. Sağlık hizmetlerinde sorun yaşamış insanlar da internet ortamında bu sıkıntılarını dile getirmektedirler. Bu çalışmada amaç Türkiye'de sağlık hizmet sunucuları ile ilgili internette şikâyetvar sitesinde yapılan şikâyetlerin incelenmesidir. Bu amaç doğrultusunda yapılan şikâyetler nitel araştırma yöntemi olan içerik analiz yöntemi ile incelenmiştir. Değerlendirmeye 2018 yılının tamamında yapılan 1274 şikâyet alınmıştır. Yapılan şikâyetler; cinsiyete, sağlık hizmet sunucu türüne, şikâyetin yapıldığı aya, şikâyet konularına ve il bazında sınıflandırılmıştır. Analiz sonuçlarına göre şikâyet edilen konuların başında davranışsal şikâyetlerin, sağlık hizmeti alamama ve bekleme konuları gelmektedir. Ayrıca en fazla şikâyetin İstanbul ve Ankara illerindeki sağlık hizmet sunucularını ilgilendirdiği, kadınların erkeklere göre daha fazla şikâyet ettikleri, devlet hastanelerinin daha fazla şikâyet edildiği, Ocak ve Temmuz aylarında en fazla şikâyetin yapıldığı ortaya çıkmıştır. Uyum analizi sonucuna göre ise sağlık bakanlığına bağlı kuruluşlar daha çok davranışsal problemler, personel eksikliği ve bilgisizliği, sağlık hizmeti alamama ve mahremiyet konularında şikâyet alırken özel sağlık kuruluşları fiyat ve güvenlik konusunda daha çok şikâyet edilmiştir. Üniversite/eğitim araştırma hastanelerinin ise en fazla fiziksel alt yapı yetersizliği, bekleme, etik ve temizliğe dikkat etmeme konularında daha fazla şikâyet edildikleri görülmektedir. Araştırma sonucunda şikâyetlerin hangi konular üzerinde yoğunlaştığı belirlenmiştir. Ayrıca hangi sağlık hizmet sunucularının hangi tür şikâyetleri daha fazla aldığı belirlenmiştir.

Anahtar Kelimeler*: Şikâyetler, sağlık hizmetleri, sağlık hizmet sunucuları*

I. INTRODUCTION

With the advancement of technology, internet has become a part of consumers' daily life. According to a survey, more than half of the world's population (over 4 billion) is using internet. In our country, there are 54.3 million internet users (Wearesocial, 2018). Similar to internet, the use of health services is also quite high. In 2017, 718 million people had applied to the health service providers in Turkey (Turkish Ministry of Health [TSB], 2017). It is understood that approximately every person goes to the hospital three times a year. The number of intensive health care providers is 1669 according to the Ministry of Health data. The heterogeneity of health services, which is a labor intensive sector, is at an extreme level. In this respect, service faults are more likely to occur. Service failures are a leading determinant of customer dissatisfaction (Keaveney, 1995). Complaints may arise due to service failures or consumers' lack of awareness of their rights. According to the rights of patients which is one of the basic human rights, patients have the right to benefit from health services, to inform and request information, to choose and switch their health institution and personnel, to keep their privacy, to refuse or terminate the received treatment, to ensure their security, to perform religious practices, to be respected a required by human values, to have comfort, to have visits and accompanying persons, to complain and to sue (Toprak and Şahin, 2012).

Complaint occurs when the consumer's requests are not satisfied due to mistakes made by institutions during the service offerings. Complaints are disagreements in the health service environment (Lloyd-Bostock and Mulcahy, 1994). According to Lovelock and Wright (2002), the complaint is an official expression of dissatisfaction with the experience or any aspect of the service. Complaint is to state- written or orally- the dissatisfaction resulting from failing to fulfill the needs, requests and expectations (Taştan, 2008). Complaints may be related to mental, physical and emotional state (Reader et al., 2014; Lloyd-Bostock and Mulcahy, 1994). In a research report on the National Health Service (NHD), the health system of the United Kingdom (UK), the reasons of patients' complaints are divided into the following five categories: lack of information, lack of care, neglecting/not receiving patient's complaints, disinterest of the staff and the deprivation of basic materials from patients (Clwyd and Hart, 2013).

Businesses can be more responsive to their customers by means of complaint management. They can also satisfy their customers with the help of complaint management and may prevent the complaints from being made again (Gilly et al., 1991). Examination of complaints helps to correct problematic behaviors of staffs, rectify medical treatment and improve quality. Each criticism can be considered as a gift in this direction. Patient complaints not only provide valuable feedback, but also have a proactive value (Wofford et al., 2004). It also offers the opportunity to gain competitive advantage by facilitating comparisons between health institutions as well as evaluation of complaints (Reader et al., 2014).

In Turkey, complaints about health services can be done on various platforms. There has been a dynamic change in health services in recent years. The Ministry of Health has established systems through which the public can communicate complaints to health institutions and related authorities (i.e. Ministry of Health Communication Center- Sabim, Presidency Communication Center CIMER, complaint boxes, Alo 184 line, Patient Rights Provincial Coordination desks). In this way, it is aimed to provide better health services.

II. LITERATURE

Today, the patient profile is such that he/she has a say in treatment practices and is aware of patient rights and technological advances (Toprak and Şahin, 2012). Along with the transformations in health services, performance-based work setting also fosters the idea of developing health services in managers and staffs. In order to increase the communication between the staffs and the patients/patient relatives or to improve the service quality, complaints are of importance to be evaluated. Complaints

are classified in various ways. In the literature, "communication" and "treatment" are the most common complaints (Reader et al., 2014). In a study by Wofford et al. (2004) on the evaluation of complaints about physicians, the complaints are grouped into following seven categories: inaccessibility, disrespect, inadequate information, dissatisfaction with treatment, insecurity, inter-clinic communication and misinformation. According to the results of the study, the ratios of causes of complaints such as disrespect, not receiving treatment, not being informed, insecurity, not access to a physician, miscommunication between clinics, being misinformed are 36%, 23%, 20%, 18%, 15%, 4%, 4% respectively.

Tablo 1. Classification of Patient Complaints

Domains	Categories	Sub-categories	Complaint Details
Clinical	Quality	Examinations	Unsuccessful examination, inadequate examination, test-examination related problems, unnecessary tests, lack of scanned test
		Patient Journey	Problems in treatment of patients in different clinics
		Healthcare Quality	Treatment quality, nurse quality, coarse treatment, lack of health care, hospital-acquired infection
		Treatment	Inadequate treatment, unexplained complications, inadequate treatment, failed treatment
	Safety	Pharmaceutical mistakes	Medication restriction, incorrect medication, problems related to prescription, neglect of medication
		Wrong diagnosis	Misdiagnosis, negligence of diagnosis, not being diagnosed, not being queued according to urgency-triage, not being diagnosed, diagnosis delays, contradictory diagnosis
		Security related issues	Medical errors, complications, adverse conditions, medical device failure, liability issues, patient death
		Skills	Unprofessional behavior, misapplication of technical and clinical skills, lack of knowledge of health care standards, inadequate team work, insufficient professionalism, misuse of work, irresponsible staffs, inexperienced staffs
Management	Corporate Issues	Bureaucracy	Management, management policies, political structure, organizational structure, handling of complaint, written papers-results-documents, procedures
		Environmental issues	Food, hygiene, other patients, social facilities, lack of bedding, shortage of disabled accommodation
		Pricing and payment	Invoices, costs, parking fee, business applications
		Service related problems	Drug records, service failures, inability to receive services, relocation, no return to calls, not reachable phone line, system failures, cancellations, lack of patient education, parking problem, lack of room or bed
		Human Resources	Poor hospital staff and supply
	Waiting and Accessibility	Access and entrance	Lack of access to staff or services
		Delays	Waiting, postponement of the appointment, postponement of the treatment, postponement of the promise, delay in control
		Discharge	Time of discharge, delays, discharge planning
		Redirection	Delay and refusal in redirecting
Relationships	Communication	Miscommunication	Inadequate, delayed or absent communication with patients
		İnvalid Information	Communication of wrong, inadequate, or conflicting information to patients
		Patient-Staff Dialogue	Not listening to patients, lack of shared decision-making, and conflict
	Humaneness /caring	Respect, dignity and caring	Rude, disrespectful or insensitive behaviors to patients
		Staff attitudes	Poor attitudes towards patients or their families
	Patient rights	Abuse	Physical, sexual, or emotional abuse of patients
		Confidentiality	Breaches of patient confidentiality
		Consent	Coercing or failing to obtain patient consent
		Discrimination	Discrimination against patients

Source: Reader et al., (2014).

Hickson et. al., (2002) have grouped patient complaints into six categories. These are communication, humaneness, care and treatment, access and availability, environment, and billing.

Keaveney (1995), in a study conducted in 46 different service sector, customers' reasons for switching services were classified into eight general categories: pricing, inconvenience, core service failures, failed service encounters, response to failed service, competition, ethical problems, and involuntary switching. Pichert et al., (1998) investigated 12000 complaints. Complaints were classified into following six categories: care and treatment, communication, care, access and availability, environment and invoice/payment issues. Pichert et al., (1999) evaluated more than 15000 individual complaints. As a result of that research, the complaints were divided into following six categories: negative perception in health care and treatment, communication, invoice and payment, access to personel, security and hygiene.

According to the results of Colwell et al. (2003) study, it was found that the most frequently reported issues were rudeness and technical problems. Reader et al. (2014) who have reviewed 59 studies in the literature consisting of 88069 complaints have made a classification. The results are shown in Table 1. In the classification, they have gathered complaints on following three main concepts: health care quality and safety (33.7%), health care provider management (35.1%) and staff-patient relationship (29.1%).

In a study conducted on otolaryngologists, issues the patients mostly complained about are treatment, communication, accessibility, patient anxiety and billing respectively (Nassiri et al., 2018).

In a research conducted about the patients' ability to express themselves in case of an issue, it is found that 48.6% of patients have problems and 30.15% of them are not able to express themselves easily (Fisher et al., 2019).

In a study of De Vos et. al. (2019) the most complained issue was formed under the quality/security category. Other complaints are found to be based on patient-employee relationships.

According to the results of a study, it was found that women complain more, the middle and older age group complain more, highly educated people complain more, and the general hospitals receive more complaints than the education and research hospitals. On the basis of region, most of the complaints were from Istanbul and Ankara. In addition, it was observed that the complaint area is more common in the polyclinic services, the physician as a profession group has more complaints, and the most complaints are related to the inability to benefit from health services which is followed by lack of respect and comfort and poor communication (Toprak and Şahin, 2012). As a result of the literature research, it can be seen that patient complaints generally consist of behavioral problems, lack of access to health services, privacy, lack of information, delays, inability to access, physical disabilities and security. The aim of this study was to evaluate the complaints on online servers related to the health services in Turkey. At the end of this evaluation, to determine the health institutions against which complaints have been made is among the sub-goal of the study. In doing so, some recommendations will be offered to improve healthcare service quality. In addition, through this study, it will be analyzed whether there are similarities between the complaints made in Turkey and the ones in other countries (based on prior studies). This study will contribute to the related literature as it takes the whole country (Turkey) into account. As a result, this study will also contribute to development of necessary scales in measuring faults in healthcare services.

III. METHODS

The population of the study is a complaint platform, https://www.sikayetvar.com, which consists of the complaints related to healthcare service providers. Healthcare service providers consist of public hospitals, private hospitals, family physicians, oral and dental health centers. www.sikayetvar.com was founded in 2001. This platform receives approximately 6000 complaints per day. Approximately

315000 people visit the site daily. In this platform, all 1332 complaints submitted throughout 2018 were included in the review. However, 58 of these complaints which were not related to healthcare services excluded from the review. In this context, 1274 complaints were analyzed. MS Office Excel 2013 and SPSS 21.0 programs were used to analyze the data. In the analysis of data, content analysis, frequency analysis and correspondence analysis (CA) were used.

The research questions are as follows:

- Question-1: How are complaints about health care providers in 2018 distributed by topic?

- Question-2: What is the relationship between health service providers and complaint issues?

- Question-3: How are complaints distributed by gender?

- Question-4: How are complaints distributed by region?

- Question-5: How are complaints distributed by months?

Qualitative content analysis was applied to the collected data. The main purpose of the content analysis is to reach the concepts and relations that can explain the collected data (Yıldırım and Şimşek, 2016). Qualitative content analysis is divided into three as traditional, oriented and summative (Hsieh and Shanon, 2005). In this study, codes and concepts are formed with an exploratory approach. In this respect, it can be said that a traditional qualitative content analysis method and an inductive approach were employed (Mayring, 2005). The relationship between the data was revealed through coding and concept and theme creation process. Firstly, the data retrieved from the sikayetvar.com website was transferred to Excel 2013. Then the collected 1274 data was read one by one and the complaints about the same subject/section were coded. The concepts of the data encoded in the next step are formed. Codes that are close to each other are grouped under a concept (clustering). In the last step, the concepts related to one are gathered under the same theme (category). In addition, during the examination of these data, the variables such as, complainant's gender, healthcare provider type, province complaints made, month when complaints made, the content of the complaint, the occupation of complainant are coded. Codes and themes were numbered and transferred to SPSS 21 package program. The results of the frequency and correspondence analysis were interpreted. Correspondence analysis is an explanatory multivariate technique in which a data matrix, rows and columns are represented as dots and transformed into a specific graphical image (Greenacre and Hastie, 1987).

IV. FINDINGS

In this section, content analysis was performed by using Excel 2013, and SPSS 21 package program were used for frequency analysis and correspondence analysis. Association of codes, distribution of complaints by concepts and themes, gender, province, type of healthcare provider, months and complaint topics are included in this study. The analysis was structured under 13 themes (categories), which consist of behavioral complaints, lack of health services, lack of staff and lack of knowledge, physical infrastructure insufficiency, waiting, ethics, appointment issues, accessibility problem, not being informed, security vulnerability, price and payment, hygiene, non-compliance and privacy. In the study, all complaints are considered as findings and are shown in the tables in single frequency codes. The study was re-coded three times by the same investigator.

4.1. Codes, Concepts and Themes

The codes, concepts and themes that emerged as a result of the analysis of the 1274 complaints that were taken into consideration in relation to the health service providers on the mentioned platform are shown below (Table 2). A total of 10 themes have been developed by linking the concepts with codes. These concepts are behavioral complaints, waiting, lack of health services, lack of staff, lack of

knowledge, lack of physical infrastructure, problem of accessibility, problem of ethics, security weakness, price and payment problems and other complaints.

Table 2. Themes and Concepts

Theme	%	Concepts	# of codes	Code fre.	%
Behavioral Complaints	37	Physician attitudes	11	289	13.65
		Nurse attitudes	5	51	2.41
		Attitudes of other complementary healthcare staff	11	241	11.38
		Irresponsibility	20	117	5.53
		Disrespect	8	47	2.22
		Lack of response to requests	12	26	1.23
		Physical and psychological violence	7	31	1.46
Lack of Healthcare Services	12	Examination service	17	135	6.38
		Treatment service	12	111	5.24
		Analysis / Tests	5	6	0.28
Waiting Times	12	Waiting for examination	8	88	4.16
		Waiting for treatment	6	33	1.56
		Waiting for analysis and tests	8	22	1.04
		Booking	7	104	4.91
Lack of Physical Infrastructure	8	Medical infrastructure	11	41	1.94
		Environmental issues	25	43	2.03
		Medical tools and machines	18	34	1.61
		Web services	20	46	2.17
Lack of Staff and Knowledge	8	Lack of staff	9	82	3.87
		Lack of knowledge	11	79	3.73
Accessibility	7	Access to test and treatment results	13	40	1.89
		Access to staff	13	32	1.51
		Information	7	70	3.31
Ethical Issues	6	Ethical issues related to booking	6	52	2.46
		Examination queues	7	28	1.32
		Price	15	24	1.13
		Attitude	19	24	1.13
Security	5	Healthcare	16	62	2.93
		Managerial	18	48	2.27
Pricing and Payment Issues	2	Pricing of a mandatory service	12	24	1.13
		High Pricing	8	13	0.61
		Unequal pricing	5	5	0.24
Other Complaints	3	Hygiene	4	45	2.13
		Privacy	8	24	1.13
		Total	**382**	**2117**	**100**

The above Table 2 presents some of the answers to the research questions. Research question-1: What is the distribution of complaints about health care providers in 2018 based on topics? Table 2 shows that the highest number of complaints had occurred in the behavioral complaints theme (802 complaints, 37%). Afterwards, the second most received complaints were about not receiving healthcare service (252 complaints, 12%) and waiting (247 complaints, 12%). Following that, the lack of physical infrastructure (164 complaints, 8%) and the lack of staff and ignorance (161 complaints, 8%) are the complaints. The accessibility problem has a 6% rate with 128 complaints. The lowest complaint is about security (110 complaints, 5%), price and payment (42 complaints, 2%), hygiene (45 complaints, 2.13%) and privacy (24 complaints, 1.13%). In the following section, each theme and the codes associated with the theme will be shown in detail.

Tablo 3. Behavioral Complaints Theme and Related Codes

Themes	Concepts	Codes	Code Frequency
Behavioral Complaints 37%	Physician's Behavior (11 code, 289 complaints)	Doctor's indifference	129
		Doctor's rough behavior	113
		The doctor does not listen to the patient	25
		Doctor's disrespectful speech	10
		Doctor insulting	4
		Lack of communication between doctors	2
		Insensitive behavior of doctors	2
		Doctor's not tracking patient	1
		Doctor's arbitrary application	1
		Physician not taking responsibility	1
		The irresponsible behavior of the doctor	1
	Nurse Behavior (5 code, 51 complaint)	Rough behavior	29
		Indifferent behavior	18
		Not being on time	2
		İll manners	1
		Insulting	1
	Behavior of Auxiliary Health Service Staff (11 codes, 241 complaints)	Rough behavior of staff	123
		Indifference of staff	107
		Insulting personnel	3
		Staff's cynical behavior	1
		Staff not doing their job	1
		Not smiling	1
		Rebuffing staff	1
		Personnel not to take his work seriously	1
		Not motivated staff	1
		Management's indifference	1
		Rough behavior of laboratory workers	1
	Irresponsibility (20 Codes, 117 complaints)	Failure to pay attention to working hours	51
		Complaints are not taken seriously	29
		Pert behavior	11
		Talking on the phone during working hours	5
		miscommunication	3
		Failure to submit reports on the system	3
		Sleeping staff	2
		Lack of discipline	2
		Careless action	1
		Employees wearing formal uniform outside the institution	1
		Turning down requests	1
		Late response to demands	1
		Nurse issuing prescription	1
		Authorizing a secretary outside of credentials	1
		Giving results to other patients	1
		Not reviewing test results given by other institutions	1
		Staff chatting among each other during business hours	1
		Dealing with other businesses during working hours	1
		Failure to register a complaint	1
	Disrespect (8 codes, 47 complaints)	Disrespect	33
		Cynicism	5
		Lack of empathy	2
		Looking down on patients	2
		Shutting the phone on patient's face	2
		Smugness	1
		Hostile behavior	1
		Offending	1

Tablo 3. Behavioral Complaints Theme and Related Codes-Continue

Themes	Concepts	Codes	Code Frequency
Behavioral Complaints 37%	Not responding to requests (12 codes, 26 complaints)	Not allowing to escort a patient	8
		Not receiving requested treatment	3
		Not giving a patient the right to choose	2
		Failure to perform the desired operation	2
		Failure to get the examination from the desired physician	2
		Not receiving requested test	2
		Failure to increase the disabled rate on report	1
		Failure to get the desired treatment from home healthcare	3
		Inconsistent test results	1
		Treatment contrary to patient's will	1
		Not giving the opportunity to consider	1
	Physical and Psychological violence (7 codes, 31 complaints)	Tough attitude during treatment	21
		Physical violence	4
		Threatening	2
		Verbal harassment	1
		Agitation	1
		Putting pressure	1
		Forced elderly patients to come to hospital	1
		Total Complaints	**802**

Table 3 shows the codes and concepts related to the theme of behavioral complaints. When Table 3 is examined, it is seen that there are 74 codes and 802 complaints. It is understood that behavioral problems are the highest among the complaints (37%). When the codes are classified among themselves, 7 concepts are seen. These concepts have been named as the behavior of physicians, nurses and other auxiliary health workers which are irresponsibility, disrespect, not responding to requests and physical/psychological violence. This table also shows that, there are 289 complaints about the behavior of the doctors. Among the most frequently complained subjects related to doctors are their uninterested and rude attitude; they are not listening to the patient. In the second place, there are complaints about the behaviors of other auxiliary healthcare workers (241 complaints). Coarse and irrelevant behavior of other auxiliary health services employees are the most frequently complained subjects. In the third place, there are complaints about irresponsibility (117 complaints). In this section, irregular working hours, dismissal of complaints, pert behaviors are the most complained. Nurse behaviors (51 complaints), disrespect (47 complaints), physical/psychological violence (31 complaints) and not meeting requests (26 complaints) constitute other concepts.

In Table 4, codes and concepts related to theme, "not receiving medical service" are shown. A total of 34 codes and 252 complaints emerged for this theme. When Table 4 is examined, it is seen that the codes are divided into 3 according to the complaint subjects. These concepts are named as examination service, treatment service and tests analysis service. Table 4 shows that complaints related to examination services received the most (135 complaints). Inability to take medication and inability to benefit from examination priority, inadequate examination and not being examined are commonly evaluated complaint issues in the context of this concept. In second place, there are complaints about treatment service (111 complaints). In this concept, the most frequent complaints are inability to receive treatment and inadequate treatment. Finally, there are complaints about the analysis/test service (6 complaints). Under this concept, inability to get an analysis done, inability to get a test, and inability to get an ultrasonography test complaints appear.

Table 4. Non-Health Care Theme and Related Codes

Themes	Concepts	Codes	Code Frequency
Not Receiving Medical Service 12%	Examination Service (17 codes, 135 complaints)	Not getting examined	87
		Inability to get medication or prescription	14
		Inadequate examination	9
		Inability to benefit from examination priority	6
		Not getting examined in emergency	2
		Inability to present test results	2
		Physician is off on the day of appointment	2
		Not getting registered to walk-in clinic	2
		Inability to get examined in a different clinic other than registered clinic	1
		Not receiving ambulance for bedded patient	1
		911 emergency service did not come	3
		Child under 18 is not able to receive treatment without guardian	1
		Physician does not check on the patient	1
		Issuing improper report	1
		Reducing disabled rate on report while patient's health status gets worse	1
		Not getting examined without appointment	1
		Very short examination duration	1
	Treatment Services (12 codes, 111 complaints)	Not receiving treatment	84
		Inadequate treatment	13
		Poor medical care	3
		Inability to access to medicine	3
		Inability to go under operation	1
		Not receiving treatment in emergency for patients without insurance	1
		Careless healthcare service	1
		Aborting treatment procedure incomplete	1
		Nurse does not do medical dressing	1
		Not receiving treatment in walk in clinics	1
		Treatment ended without recovery	1
		Necessary injection was not applied on time	1
	Test/analysis Services (5 code, 6 complaints)	Inability to get a test	2
		Inability to get analysis	1
		Inability to get ultrasonography test	1
		Necessary tests were not demanded by the physician	1
		Limited time was given for necessary tests to be performed	1
		Total complaints	**252**

In Table 5, the codes and concepts related to the lack of staff and staff's lack of knowledge are shown. A total of 20 codes and 161 complaints have emerged in this theme. When Table 5 is examined, it is seen that the codes are divided according to the complaint subjects. These concepts are called deficiency and ignorance. Table 5 shows that within the concept of deficiency the most complaints are lack of staff and inexperienced staff (82 complaints). In this concept, most of the complaints are lack of physicians and lack of staff. Secondly, complaints about the concept of lack of knowledge follow (79 complaints). In this concept, inexperienced physician, inexperienced staff, the inability to perform treatment and the inexperienced nurses are more common.

Table 5. Lack of Staff and Inexperienced Staff Theme and Related Codes

Themes	Concepts	Codes	Code Frequency
Lack of Staff and Inexperienced Staff 9%	Deficiency (9 code 82 complaints)	Lack of physicians	65
		Lack of staff	8
		Lack of nurse	2
		Lack of guidance	2
		Lack of medical staff	1
		Off duty physician	1
		Inadequate ambulance staff	1
		Junior physician examining patients	1
		Paramedic examining patients	1
	Lack of Knowledge (11 code, 79 complaints)	Inexperienced physician	50
		Inexperienced staff	11
		Inability of physician to pursue the examination	4
		Inexperienced nurses	4
		Failure to grasp the seriousness of illness	3
		Failure to register a patient	2
		Misunderstanding	1
		Failure to understand the disease	1
		Operational practice lacking aesthetics	1
		Appointment to an out of service hospital	1
		Appointment to a relocated physician	1
		Total complaints	**161**

   Table 6 shows the codes and concepts related to the theme of physical infrastructure deficiency. A total of 74 codes and 164 complaints emerged in this theme. On this table, the codes are divided according to the complaint subjects. These concepts are called medical infrastructure, environmental problems, tools and web services.

Table 6. Lack of Physical Infrastructure Theme and Related Codes

Theme	Concept	Codes	Code Frequency
Lack of Physical Infrastructure 7%	Medical Infrastructure (11 code, 41 complaints)	Medical supplies and equipment deficiency	17
		Lack of medicine	9
		Damaged medical device	5
		Poor quality medical equipment	2
		Lack of hospital	2
		Lack of health center in the vicinity	1
		Treatment available only in private hospitals not in public institutions	1
		No emergency service	1
		Physician not from all branches are present in emergency service	1
		Absence of hemodialysis unit	1
		Absence of desired clinic in the hospital	1
	Environmental Problems (25 codes, 43 complaints)	Insufficient physical infrastructure	11
		Difficulty of road access	7
		Too many appointments given causing confluence	2
		Low quality food	2
		Parked vehicles blocking emergency entrance	1
		Too much noise in hospital	1
		Heating problem	1
		Lack of proper office to submit test results	1
		Lack of direction in hospital	1
		Irregular meal hours	1
		Continuously same menu is offered	1
		No canteen	1
		Having to go to restroom for certain tests	1
		Lack of washbasins	1
		Conflict among patients	1
		Too much crowd	1
		Conflict among the information on signs and the information given by staff	1
		No breastfeeding room	1
		Disorder	1
		Use of patient beds by patient companions	1
		Inadequate parking	1
		Not having access to hospital parking	1
		Bad location for a hospital	1
		The physical area is narrow	1
		The corridors are very crowded	1
	Tools and Equipment (18 codes, 34 complaints)	Failure of automation system	5
		Failure to find intensive care bed	4
		Lack of ventilation	4
		Lack of room in hospital	3
		Disturbing ventilation and generators	2
		Lack of incubators	2
		Faulty elevator	2
		Online physician appointment system (MHRS) fault	2
		Faulty tv unit	1
		Lack of comfortable seat for patient companion	1
		Patient beds are out of service	1
		Disturbing noisy hospital equipment	1
		Lack of wheelchair	1
		Lack of elevator in hospital	1
		Lack of paper towel in restrooms	1
		Faulty sink faucets	1
		Inability to use restrooms	1
		Faulty food vending machine	1

Table 6. Lack of Physical Infrastructure Theme and Related Codes-Continue

Theme	Concept	Codes	Code Frequency
Lack of Physical Infrastructure 7%	Web Services (20 codes, 46 complaints)	Mismatching hospital and online physician appointment system (MHRS)	20
		Failure to access MHRS system	5
		Mismatching e-government system and hospital records	3
		Failure to renew password on MHRS system	2
		Failure to get appointment to somebody else on the same mobile app	1
		Unable to receive password from MHRS	1
		MHRS not working	1
		Failure to register on MHRS	1
		Poor mobile application interface	1
		Inconsistent information on the web and at the hospital	1
		MHRS system is difficult to use	1
		Faulty internet system	1
		MHRS is always busy	1
		Failure to make reappointment on MHRS system or hospital system	1
		Failure to correct an inaccurate appointment	1
		Failure to complete appointment process system	1
		Busy(irresponsive) MHRS system for a long time	1
		MHRS system application not synced with hospital appointment system	1
		Not using the internet infrastructure for an appointment	1
		E-pulse system (another health information system) not available	1
		Total complaint	**164**

As it is seen on Table 6, most complaints about physical infrastructure are related to web services (46 complaints). In this concept, mismatching hospital records and MHRS (Online Physician Appointment System) system, failure to access the MHRS system, mismatching E-government system and hospital records are the most complained problems. In the second place, there are complaints about environmental problems (43 complaints). In this concept, the lack of physical infrastructure, the difficulty of road access, too many appointments on the same day, lack of good food are the most complaints. In the third place, there are complaints about medical infrastructure (41 complaints). In this concept, lack of medical equipment and devices, lack of medication, faulty medical devices are the most common complaints. It is seen that there are complaints about the equipment in the fourth place (36 complaints). Failure of the automation system, lack of intensive care beds, lack of ventilation, and lack of beddings in hospital are the most common complaint subjects evaluated in the context of this concept.

The codes and concepts related to waiting theme are shown on Table 7. In this theme, a total of 29 codes and 247 complaints emerged. When the Table 7 is examined, it is seen that the codes are divided according to the complaint subjects. These concepts are named as examination, treatment, analysis / tests and waiting for appointment.

Table 7. Waiting Theme and Related Codes

Theme	Concept	Codes	Code Frequency
Waiting 12%	Examination (8 codes, 88 complaints)	Long waiting times for examination	50
		Appointments given to much further dates	16
		Unnecessary waiting	12
		Holding an emergency patient	5
		Delays on appointed examination	2
		Delaying treatment with too many appointments	1
		Long waiting queues on MHRS	1
		Giving appointments for emergency situation	1
	Treatment (6 codes, 33 complaints)	Too many redirections to different offices	12
		Long waiting times for treatment	10
		Unnecessary redirections	8
		Long waiting times for an ambulance	2
		Delaying treatment for urgent patient	1
	Test (8 codes, 22 complaints)	Long waiting times to receive test results	9
		Long waiting times to get a test done	6
		Test appointments given to further dates	2
		Long waiting times for operations	1
		Long waiting lines for tests	1
		Processes takes too long	1
		Not receiving reports on time	1
		Having to go through too many processes	1
	Appointment (7 codes, 104 complaints)	Inability to get appointment	64
		Inability to get appointment through MHRS	31
		Inability to get number from queue system	4
		Inability to get appointment through Internet	2
		Inability to get appointment from hospital	1
		Inability to get dental appointment	1
		Inability to get appointment due to busy phone lines	1
		Total Complaints	247

Table 7 shows that the most common complaints are related to the appointment concept that is under waiting theme (104 complaints). In this concept, inability to make appointment, inability to make appointment from MHRS or inability to get queue number are more common. In the second place, there are complaints about the examination concept (88 complaints). In this concept, there are many complaints such as giving appointments to future dates, excessive waiting times, and holding emergency patient too much for examination. In the third place, there are complaints about treatment concept (33 complaints). In this concept, the complaints are as follows: too many redirections to different offices (referral, etc.), long waiting time for treatment and unnecessary referral complaints. In the fourth place, there are complaints about the concept of analysis / examination (22 complaints). In this concept, the complaints are as follows: long waiting times to receive test results and long waiting times to get a test done.

Table 8 presents codes and concepts related to the theme of ethical problems. A total of 47 codes and 128 complaints emerged in this theme. When Table 8 is examined, it is seen that the codes are divided according to the complaint subjects. These concepts are named as ethical problems related to appointment, examination queue, financial and behavioral.

Table 8. Ethical Issues Theme and Related Codes

Theme	Concept	Codes	Code Frequency
Ethical Issues %6	Ethical Problems Regarding Appointment (6 codes, 52 complaints)	Not keeping up with appointment time	30
		Cancellation of appointment	14
		Not to pay attention to appointment date	5
		Postponement of appointment in MHRS	1
		Change in appointment time via MHRS without informing	1
		Unjust queuing for appointment	1
	Examination Queue (7 codes, 28 complaints)	Not following with the examination queue	13
		Formation of unjust examination queue	10
		Priority given to patients that give gifts to employees	1
		Not to give priority to disabled patients	1
		Not to respecting patient priority rules	1
		Not following with the scanning queue	1
		Patients kept waiting due to the examination of a Parliament Member	1
	Financial (15 codes, 24 complaints)	Physicians' focus on financial gain	9
		Unjust pricing among patients	2
		Requesting money for examination that is not performed	1
		Inconsistent pricing for ambulance service	1
		Inconsistent pricing for the same service at different times	1
		Physician asks for money for medical operation	1
		Asking for a test just to make profit	1
		Request for substitution of the medication used in medical treatment	1
		Private Hospitals easily opt for operation for treatment to make profit	1
		Exaggeration in the records of applied treatments	1
		Unnecessary tests and exams	1
		Inconsistent pricing at different public institutions	1
		Change in prices before and after the operation	1
		Offering service depending on payment	1
		Private Hospitals' income-oriented service attitude	1
	Behavioral (19 Codes, 24 Complaints)	Lying	4
		Inconsistent attitude towards different patients	2
		Inconsistent procedures at different public institutions	2
		Ambulance driver goes shopping by ambulance	1
		Physicians not being fair on issuing medical leave report	1
		Occupation of disabled parking with the direction of security	1
		Discrimination based on ethnicity	1
		Prescribing medication based on patients' desire	1
		Treating patients as an experimental subject	1
		Covering up the fault of physicians	1
		Bird repelling structures on hospital windows	1
		Inconsistency in creating patient records	1
		Unethical behavior	1
		Managers' inconsistent attitude towards different patients	1
		Physicians' special treatment to particular patients	1
		Substituting physician	1
		Physician dealing with things outside his/her profession	1
		Medication containing harmful substances	1
		Getting medical leave report without going hospital	1
		Total Complaints	**128**

Table 8 shows that the most complaints in the theme of ethical problems are problems related to appointment (52 complaints). Not keeping with the appointment time, cancellation of the appointment, not paying attention to the date of the appointment are among the most common complaints. In the second place, it is seen that there are complaints about the examination queue (28 complaints). In this concept, the most complaints are due to not following with the examination queue and formation of unjust examination queue. In the third place, there are complaints about the finance concept (24 complaints). In this concept, the most complaints are due to physicians' focus on financial gain. In the fourth place, it is seen that there are complaints about the concept of behavior. In this concept, lying, inconsistent attitude towards different patients are among top complaints.

Table 9 shows the codes and concepts related to the accessibility problem theme. A total of 33 codes and 142 complaints emerged in this theme. When Table 9 is examined, it is seen that the codes are divided according to the complaint subjects. These concepts are named as access to process results, access to staff and access to information.

Tablo 9. Accessibility Problems Concept and Related Codes

Theme	Concept	Codes	Code Freq.
Problem of Accessibility %4	Access to Process Results (13 codes, 40 complaints)	Not reaching to results	17
		Inability to get medical report	10
		Inability to access results from the Internet	2
		Inability to access results on e-pulse system (mobile app for health services)	2
		Inability to access health services through e-government system	1
		Inability to see information or lack of update on e-pulse System	1
		Inability to access prescription on the System	1
		Not sending the report from the hospital to the relevant institution	1
		Incorrect records on e-pulse system	1
		Failure to get historical information	1
		Not sending death documents to the related authority	1
		Inability to get billing	1
		Sending the health report to the related institution in a very long time	1
	Access to Staff (13 codes, 32 complaints)	Inability to reach on the phone	13
		Inability to reach 184 call centers (healthcare assistance)	7
		Inability to reach staff	2
		Inability to reach a physician on the phone in case of emergency	1
		Inability to reach a physician	1
		Inability to reach pharmaceutical company	1
		Inability to reach a physician for a long time	1
		Inability to reach 182 call centers (hospital appointment system)	1
		Inability to send an e-mail to hospital	1
		Inability to find a contact person to report complaints	1
		Management does not discuss with patient	1
		Inability to find an authority to report private hospitals	1
		Failure to get a report sealed	1
	Access to Information (7 codes, 70 complaints)	Inability to get Information	48
		Lack of notification for canceled appointments	16
		Not giving information before surgery	2
		Inability to get information from 171 call center	1
		Inability to get a response from 184 call center	1
		Lack of directions in use of a drug	1
		Not getting informed about pricing prior to a procedure	1
		Total Complaints	**142**

Table 9 demonstrates that the most complaints are the concept of not being informed in the theme of accessibility (70 complaints). In this concept, it is seen that there are complaints about not receiving information, not being notified for cancelled appointments and not being informed before being taken into operation. In the second place, there are complaints about the concept of access to the process results (40 complaints). In this concept, there are more complaints about inability to access results, inability to get reports, inability to access results from internet, inability to access results on the e-pulse system. In the third place, it is seen that there are complaints about the concept of access to the staff (32 complaints). In this concept, inability to reach the staff on the phone, the failure to reach the 184 Call Center and the inability to reach the staff are the most common complaints.

Table 10 shows the codes and concepts related to the Security Vulnerability Theme. A total of 32 codes and 110 complaints have emerged in this theme. When the Table 10 is examined, it is seen that the codes are divided according to the complaint subjects. These concepts are called as health services and administrative services.

Table 10. The Security Theme and Related Codes

Theme	Concept	Codes	Code Freq.
Security 3%	Health Services (16 codes, 62 complaints)	Wrong treatment	30
		Incorrect diagnosis	7
		Harmful treatment	6
		Issuing wrong medication	5
		Wrong medicine use	2
		Incorrect test results	2
		Damage as a result of treatment of interns	1
		Giving damaged medicine	1
		Getting infection in hospital	1
		Requesting wrong test	1
		Improper testing	1
		Damaging healthy tooth	1
		Unnecessary treatment	1
		Wrong decision making as a result of the report	1
		Issuing medication without diagnosis	1
		Severe damage to the patient during surgery	1
	Administrative Services (18 codes, 48 complaints)	Financial loss	11
		Misinformation	7
		Security vulnerability	5
		Wrong registration	4
		Issuing incorrect report	3
		Misdirection	3
		Confusing patient with conflicting information	3
		Missing information on medication paper	2
		Theft	1
		Incorrect information on medication report	1
		Ignoring parking penalty	1
		Injury in hospital	1
		Conflicting information received on the phone and received from personnel in hospital	1
		Conflicting statements from the ministry of health and the hospital	1
		Lack of security in children's playgrounds	1
		Charging for a service that is not provided	1
		Charging twice for room price	1
		Charging for examination without getting examined	1
		Total Complaints	**110**

When Table 10 is examined, it is understood that the most complaint in terms of security weakness is the concept of health service (62 complaints). In this concept, the wrong treatment, misdiagnosis, harm to the patient during treatment, issuing wrong medication are the most commonly observed ones. In second place, there are complaints about the concept of administrative services (48 complaints). In this concept, misinformation, security weakness, wrong registration complaints are the most common ones.

Table 11 shows the codes and concepts related to pricing and payment theme. A total of 25 codes and 42 complaints emerged in this theme. When Table 11 is examined, it is seen that the codes are divided according to the complaint subjects. These concepts are called as charging for essential health services, high prices and conflicting prices.

Table 11. Pricing and Payment Theme and Related Codes

Themes	Concepts	Codes	Code Freq.
Prices and Payments 3%	Charging for Essential Health Services (12 codes, 24 complaints)	Emergency department requests fee	6
		Public hospital receives money from patients	6
		Charging for ambulance in transferring to another hospital	2
		Having to pay for medication	2
		Charging for compulsory examination for driving license	1
		Inability to get return fee	1
		Health services being offered as paid in public hospitals	1
		Charging for examination	1
		Requesting a report fee in a public hospital	1
		Having to pay for tests and scans	1
		Charging for health report	1
		Demanding money from cancer patients	1
	High Prices (8 codes, 13 complaints)	Prices of private hospitals are very high	3
		Continuous rise in prices	2
		Increased medication prices	2
		Prices in hospital canteen are too high	2
		Charging too much	1
		Prices of medical supplies are too high	1
		Examination, tests and scan prices are too high	1
		Charging too much for analysis	1
	Conflicting Prices (5 code, 5 complaints)	Different pricing for same services	1
		Both charging for insurance premium and for diagnosis	1
		Billing despite paid insurance prime	1
		Too much difference in pricing between hospitals	1
		Different price applications in medication	1
		Total Complaints	**42**

Table 11 shows that the most complaints in the pricing and payment theme are in the concept of charging for essential services (24 complaints). In this concept, charging for emergency services, charging patients in public hospitals, requesting ambulance fee from patient in redirecting to another hospital, and having to pay for medication are among the most common complaints. In second place, there are complaints about high prices concept (13 complaints). In this concept, most of the complaints are that the private hospitals offering services for very high prices, a continuous increase in prices, the increase of the medication prices and the prices in hospital canteen are very high. In the third place, there are complaints about conflicting price concept (5 complaints). In this concept, different price applications for the same service, charging both for insurance premium and examination, charging for a health service despite the payment of the insurance prime in the hospital etc. are observed.

Table 12 shows the codes and concepts related to other complaints. A total of 13 codes and 69 complaints emerged in this theme. When the Table 12 is examined, it is seen that the codes are divided according to the complaints subjects. The concepts included in this theme are hygiene and privacy.

Table 12. Other Complaints Theme and Related Codes

Theme	Concepts	Codes	Code Frequency
Other Complaints %3	Hygiene Problems (4 codes, 45 complaints)	Not paying enough attention to hygiene	41
		Pets inside the hospital	2
		Street animals strolling around inside the hospital	1
		Dirty toilets	1
	Privacy (8 codes, 24 complaints)	Not respecting privacy	17
		Unauthorized use of personal data	1
		Lack of female physicians	1
		Lack of respect for patient's private life	1
		Sharing patient information with 3rd persons	1
		Not respecting privacy in restrooms	1
		Rooms not suitable for privacy	1
		Examination on patient's name	1
		Total Complaints	**69**

When Table 12 is examined, the most common complaint in hygiene problems is the complaint of not paying attention to hygiene (41 complaints). In the concept of privacy, it is composed of complaints such as not respecting the privacy of individuals, unauthorized use of personal data, not having a female physician, not respecting private life (24 complaints).

4.2. Findings of Frequency Analysis

In this section, questions 3, 4 and 5 of the study are tried to be answered. These are; The distribution of complaints by gender, The distribution of complaints by region, The distribution of complaints by months.

Table 13 shows the gender distributions of the complainants. The gender is estimated based on profile names and photographs provided by the complainants. By looking at Table 13, it is seen that the most complainants are female. The above statistics show that the complaints were made 53.1% by women (677 people) and 46.5% by men (592 people).

Table 13. Gender Distribution of the Complainants

Gender	Num. of Complaints	Complaint Ratio %
Anonymous	5	0.4
Female	677	53.1
Male	592	46.5
Total	**1274**	**100.0**

Table 14 shows the distribution of complainants by region. The aim of this analysis is to signify the province in which the complaint was made. Inferring from the names of the hospital mentioned or city names provided within the complains, the region was estimated. However, some of the complainants did not state the region or the hospital where they complained. These people complain about health services in a general manner regardless of where they are.

Table 14. Distribution of Health Care Providers by Cities

City	Complaint Freq.	%	City	Complaint Freq.	%	City	Complaint Freq.	%
İstanbul	302	23.7	Denizli	7	0.5	Ağrı	2	0.2
City not signified	284	22.3	Hatay	7	0.5	Bilecik	2	0.2
Ankara	75	5.9	Manisa	7	0.5	Bolu	2	0.2
İzmir	64	5	Çanakkale	6	0.5	Giresun	2	0.2
Bursa	50	3.9	Edirne	6	0.5	Kırklareli	2	0.2
Kocaeli	36	2.8	Niğde	6	0.5	Rize	2	0.2
Antalya	30	2.4	Zonguldak	6	0.5	Siirt	2	0.2
Mersin	26	2	Karaman	6	0.5	Sinop	2	0.2
Tekirdağ	22	1.7	Afyon	5	0.4	Uşak	2	0.2
Adana	19	1.5	Kütahya	5	0.4	Şırnak	2	0.2
Aydın	19	1.5	Mardin	5	0.4	Bartın	2	0.2
Balıkesir	19	1.5	Osmaniye	5	0.4	Adıyaman	1	0.1
Eskişehir	17	1.3	Amasya	4	0.3	Artvin	1	0.1
Gaziantep	17	1.3	Burdur	4	0.3	Bingöl	1	0.1
Muğla	17	1.3	Erzurum	4	0.3	Bitlis	1	0.1
Kayseri	16	1.3	Malatya	4	0.3	Çorum	1	0.1
Sakarya	14	1.1	Ordu	4	0.3	Elazığ	1	0.1
Trabzon	13	1	Şanlıurfa	4	0.3	Gümüşhane	1	0.1
Diyarbakır	12	0.9	Van	4	0.3	Hakkari	1	0.1
Isparta	12	0.9	Aksaray	4	0.3	Kırşehir	1	0.1
Sivas	12	0.9	Erzincan	3	0.2	Muş	1	0.1
Konya	10	0.8	Kars	3	0.2	Nevşehir	1	0.1
K.Maraş	9	0.7	Yozgat	3	0.2	Tokat	1	0.1
Samsun	9	0.7	Karabük	3	0.2	Kırıkkale	1	0.1
Kastamonu	8	0.6	Düzce	3	0.2	Ardahan	1	0.1
Yalova	8	0.6	Sub total	118	%9	Sub total	36	%3.6
Sub total	1.120	%87.4				Grand Total	1274	%100

By looking at Table 14, it is seen that the province with the most complaints is Istanbul (302 complaints, 23.7%). Second place is Ankara (75 complaints, 5.9%). Other provinces are respectively; Izmir (64 complaints, 5%), Bursa (50 complaints, 3.9%) and Kocaeli (36 complaints, 3.8%). These statistics show that there is direct correlation between the population of cities and the number of complaints received from those cities.

Table 15 shows the distribution of complaints by months. When the table is examined, it is seen that the most complaints were made in January and July. In January, there were 124 complaints (9.7%) and 123 complaints (9.7%) in July. In general, number of complaints on other months is similar in number.

Table 15. Complaint Frequency by Months

Months	Complaint Frequency	%
January	124	9.7
February	123	9.7
March	117	9.2
April	113	8.9
May	112	8.8
June	108	8.5
July	107	8.4
August	105	8.2
September	96	7.5
October	93	7.3
November	91	7.1
December	85	6.7
Total	**1274**	**100.0**

Table 16 shows the distribution of the number of complaints according to the type of health care providers. In the content analysis, for 240 complaints (18.8%) it was not possible to know which health care provider was the subject matter. State hospitals have received 550 complaints (43.2%) which have been the most complained health service providers. Subsequent health service providers were University Research hospitals (240 complaints, 16%), Dental Health Centers (123 complaints, 9.7%), private hospitals (88 complaints, 6.9%), Family healthcare services (69 complaints, %5.4).

Table 16. Distribution of Complaints based on Type of Health Care Providers

Type of Health Care Provider	Complaint Frequency	Complaint Ratio %	Number of Facility*
State Hospitals	550	43.2	879
Anonymous Complaints	240	18.8	-
University/Research Hospitals	204	16	68
Dental Health Center (State)	123	9.7	151
Private Hospitals (Including Private Clinique)	88	6.9	571
Family Healthcare	69	5.4	22000
Total	**1274**	**100.0**	**23669**

*Ministry of Health, Healthcare Annuals, 2017

When the number of health facilities on above table is taken into account, it can be said that the least complaints are related to family healthcare. Private hospitals follow that ratio.

4.3. Correspondence Analysis

In this section, the correlation between complaint themes and health care providers will be examined. Through the correspondence analysis (Figure 1) we investigated the relationship between the type of hospital and the complaints. The results show type of complaints that health care provider receives. As a result of this research, the second research question was tried to be answered.

When we look at Figure 1, we can observe that the health service providers that receive the most complaints are state hospitals and university/research hospitals which are closer to the origin on the graph. The institutions that receive the least complaints are family health care, dental health center and private health institutions.
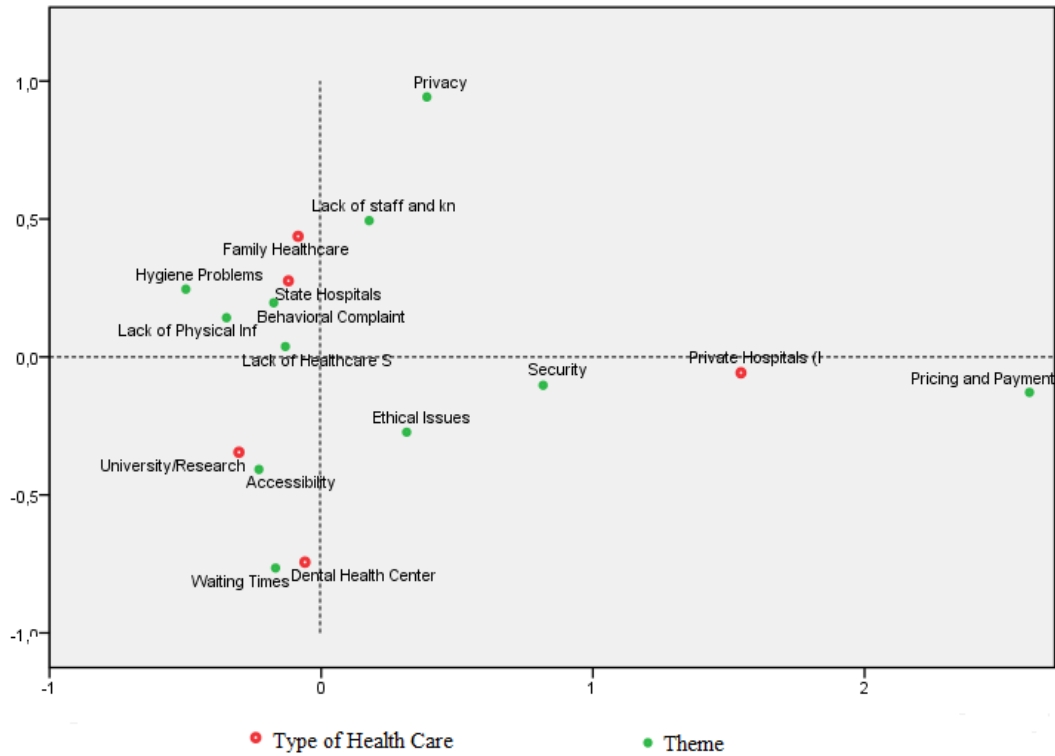
Figure 1. Result of Correspondence Analysis of Complaints for Heath Care Providers

Figure 1 shows that;

• State hospitals and family physicians have more complaints about behavioral complaints, lack of staff and knowledge, hygiene problems, privacy, lack of physical infrastructure and lack of healthcare services.

• It is seen that university/research hospitals and dental health centers have more complaints about waiting, accessibility issues, ethical issues and lack of healthcare service.

• Private hospitals have more complaints about price and safety.

V. DISCUSSION

The evaluation of complaints about health care providers is of importance for it may assist in improving employee-patient communication and perceived health service quality. In this context, it is also important to evaluate complaints about health services in Turkey for similar purposes. In this study, complaints published on an online web site were evaluated. According to the findings, the most complaints are behavioral complaints, inability to receive health services and waiting. The results of this research seem to be in line with the study of Wofford et al. (2004) and Colwell (2003). However, in the study conducted by Toprak and Şahin (2012) and Reader et al. (2014) most common complaint subjects appears to be the health care services. Another result of this research is that, the lowest complaints are about pricing and payment, hygiene and privacy which present similarity with Nassiri et. al.'s study (2018). The complaint themes and concepts found in this research are significantly similar with the issues that appear in the literature. Complaint themes are mostly similar with the studies of Hickson et.al. (2002), Wofford et. al. (2004), Colwell et. al. (2003), Toprak and Şahin (2012), Pichert et. al. (1998) and Reader et. al. (2014). In those studies, the order of the complaints may change. The main reason of this difference may be attributed to the difference in culture, service

or expectations. In regards to this, it is of importance to strip away from time and location as much as possible in order to identify complaints in a normative way.

One of the results of the research is the type of health service providers. Public hospitals are the most frequently reported health care providers in this section (48%). General complaints about health services take the second place and university/research hospitals take the third place. The health service providers who receive the least complaints are the family health care and dental health centers. The provinces that received the most complaints were Istanbul and Ankara. With this result, the study of Toprak and Şahin (2012) is similar.

VI. RESULTS AND SUGGESTIONS

When the results of correspondence analysis are examined, it is seen that there are more complaints about public hospitals, family health care and dental health centers in terms of behavioral complaints, lack of health services, lack of staff and ignorance and privacy. It is understood that the managers of the related health institutions should improve themselves in terms of behaviors of the employees. Training on effective communication can be given to the employees. Inadequate treatment and inability to have a medical examination are the main reasons for inability to receive health care. Studies related to the time allocated for treatment and examination can be carried out. The work of expanding number of employed physicians and increasing credentials of other health care workers may be beneficial. For instance, in the United Kingdom (National Health Services-NHS), the credentials of nurses have been increased and the physician's burden has been reduced (Clwyd, Hart 2013). Thus, the perception of inadequate treatment has been reduced. In terms of privacy, it is possible for employees to be more careful and they may ask for patient's approval more frequently before taking any action. For example, in busy hours, to take multiple patients together for examination may make the patients uncomfortable. Many people may not welcome the discussion of personal health issues among other patients.

It is seen that university/research hospitals have more complaints about waiting, physical infrastructure and accessibility issues. Due to the nature of the university/research hospitals, the procedures can take a long time. It can be said that the chain of redirection among health institutions that is designed to prevent unnecessary agglomeration is not fully functioning. In university/research hospitals, studies can be carried out in order to reduce the high patient traffic, to take care of patients who are really in need and to use the resources effectively and efficiently. By doing studies to increase health literacy of citizens, this high patient volume can be reduced. In case of further problems on redirection chain, patient share fee may be increased for examinations to prevent unnecessary examinations.

Private hospitals have more complaints about price and security. Although the prices of private hospitals were determined in the Health Implementation Disclosure (SUT), different price policies may have produced such result. Making audits more stringent in this regard may reduce complaints. Another complaint is inflated invoices by requesting unnecessary analysis and examination. In this case, increasing patients' awareness with health literacy studies and not performing operations without patient's consent may prevent this. In terms of security, efforts should be made to reduce the physical and moral losses of the patient. Especially wrong treatment and misdiagnosis are among common complaints. Private hospitals should pay attention to expertise. People have the perception of recovery in going to heath care institutions. In this case, the expected service quality will increase in case of high price payments for the health services they will receive.

It is seen that unspecified institutions received more complaints about accessibility and waiting issues.

This research was conducted by analyzing complaints submitted to www.sikayetvar.com related to the site's online health services in Turkey. Research can also be expanded by examining different

complaint sites. Complaints about health services in different countries can be compared. The results of this research can be shared and benefitted in health care trainings to have a sense of what the patient complaints may be. The gap that appears in literature concerning erroneous activities in health care services may be fulfilled. In addition, studies on the methods of how to compensate for complaints may be conducted.

REFERENCES

Clwyd. A., & Hart, T. (2013). *A review of the nhs hospitals complaints system: putting patients back in the picture*. London, England: Department of Health, 2013. https://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review

Colwell, C. B., Pons P. T., & Pi, R. (2003). Complaints against an ems system. *The Journal of Emergency Medicine,* 25(4), 403–408.

De Vos, M. S., Hamming, J. F., Chua-Hendriks, J. J., & Marang-van de Mheen, P. J. (2019). Connecting perspectives on quality and safety: patient-level linkage of incident, adverse event and complaint data. *BMJ Qual Saf,* 28(3), 180-189.

Fisher, K. A., Smith, K. M., Gallagher, T. H., Huang, J. C., Borton, J. C., & Mazor, K. M. (2019). We want to know: patient comfort speaking up about breakdowns in care and patient experience. *BMJ Qual Saf,* 28(3), 190-197.

Gilly, M. C., Stevenson, W. B., & Yale, L. J. (1991). Dynamics of complaint management in the service organization. *Journal of Consumer Affairs,* 25(2), 295-322.

Greenacre, M., & Hastie, T. (1987). The geometric interpretation of correspondence analysis. *Journal of the American Statistical Association,* 82(398), 437-447.

Hickson, G. B., Federspiel, C. F., Pichert, J. W., Miller, C. S., Gauld-Jaeger, J., & Bost, P. (2002). Patient complaints and malpractice risk. *JAMA,* 287(22), 2951-2957.

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research,* 15(9), 1277-1288.

Keaveney, S. M. (1995). Customer switching behavior in service industries: an exploratory study. *The Journal of Marketing,* 59(2), 71-82.

Lloyd-Bostock, S., & Mulcahy, L. (1994). The social psychology of making and responding to hospital complaints: an account model of complaint processes. *Law Policy,* 16(2), 123–147.

Lovelock, C., & Wright, L., (2002). *Principles of service marketing and management*. 2nd Edition, Prentice-Hall Inc.

Mayring, P. (2014). *Qualitative content analysis: theoretical foundation, basic procedures and software solution*. Klagenfurt. https://nbn-resolving.org/urn:nbn:de:0168-ssoar-395173

Nassiri, A. M., Pichert, J. W., Domenico, H. J., Galloway, M. B., Cooper, W. O., & Bennett, M. L. (2019). Unsolicited patient complaints among otolaryngologists. *Otolaryngology–Head and Neck Surgery,* 160(5), 810-817.

Pichert, J. W., Federspiel, C. F., Hickson, G. B., Miller, C. S., Gauld-Jaeger, J., & Gray, C. L. (1999). Identifying medical center units with disproportionate shares of patient complaints. *The Joint Commission Journal on Quality Improvement,* 25(6), 288-299.

Pichert, J. W., Miller, C. S., Hollo, A. H., Gauld-Jaeger, J., Federspiel, C. F., & Hickson, G. B. (1998). What health professionals can do to identify and resolve patient dissatisfaction. *The Joint Commission Journal on Quality and Patient Safety,* 24(6), 303-312.

Reader, T. W., Gillespie, A., & Roberts, J. (2014). Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Qual Saf,* 23(8), 678-689.

Sağlık Bakanlığı (2017). *Sağlık Istatistikleri Yıllığı.* Sağlık Bilgi Sistemleri Genel Müdürlüğü, Kuban Matbaacılık Yayıncılık, Ankara.

Taştan, H. (2008). *Seyahat Acentalarinin Düzenlediği Paket Turlardaki Müşteri Şikâyetleri Ve Çözüm Önerileri: Istanbul'daki Seyahat Acentalarinin Şikâyet-Çözüm Sistemleri Üzerine Bir Araştirma,* (Yayımlanmamış Yüksek Lisans Tezi), Mersin Üniversitesi Sosyal Bilimler Enstitüsü, Mersin.

Toprak, D. K., & Şahin, B. (2012). Sağlık bakanlığı hastanelerine yapılan hasta şikâyetlerinin değerlendirilmesi. *Sağlıkta Performans ve Kalite Dergisi,* 3(1), 1-28.

Wearesocial (2018). Global Digital Report. Access link: https://digitalreport.wearesocial.com/

Wofford, M. M., Wofford, J. L., Bothra, J., Kendrick, S. B., Smith, A., & Lichstein, P. R. (2004). Patient complaints about physician behaviors: a qualitative study. *Academic Medicine,* 79(2), 134-138.

Yıldırım, A., & Şimşek, H. (2016). *Sosyal Bilimlerde Nitel Araştırma Yöntemleri.* 10. Baskı, Ankara: Seçkin Yayıncılık.