



Chronicles of Patients' Grievances and their Characteristics: A Case Study of the Largest Health Facility in Chipata District- Zambia

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ABSTRACT

Raising of grievances in health facilities by patients or their relatives exposes weaknesses in the provision of health care services. Management can turn the identified gaps and limitations into strengths for improvement. The focus of this study was to analyse patients complaints recorded between January and December, 2023 at the largest hospital in Chipata District, Zambia. The study used qualitative desk appraisal method to collect data. This study found that majority of complaints (out of 26 complaints) were submitted via Whatsapp at 65.4% (17), presumably for anonymity. Females constituted the larger proportion of those who sought redress. Majority of complaints were submitted by patients' family members. Complaints against specific staff were the lowest at 15.4 % (4). Interpersonal relationships- patient-staff dialogue, communication breakdown, staff attitude, respect and dignity constituted the majority of complaints at 53.8% (14). This study recommends, in all health facilities, an enhancement of grievance system beginning with, in-service workshops on customer care, establishing complaints desk, installation of suggestion boxes, introduction of complaints registers, and identification of complaints desk, establishment of the committee consisting of mature members who should address matters timely.

Key Words: Grievances, Health Facilities, satisfactory, handling, submission, taxonomy

I. INTRODUCTION

Patients visit health facilities in distress. To majority of patients, the hospital environment is stressful, intimidating, and unpredictable. Little wonder, then, that patients are anxious and hypersensitive to a range of domains beginning with the health care environment, competencies, safety to staff attitude and observance of patients' rights. Failure to observe these obligations attracts patient dissatisfaction. While some patients take a low key approach and remain silent, others submit complaints to management, the media or elsewhere. Complaints should play a part in the identification of shortcomings for improving standards by initiating systematic review of incidents and triggering action to avoid future problems' (National Association of Health Authorities and Trusts (1993) in Bark et al. 1994: 123; Almusawi et al. 2023). While most complaints are minor and can be resolved speedily with little or no consequence, 'serious failures in care if they occur can have devastating consequences for individual patients and their families, cause distress to the usually very committed health care staff involved and undermine public confidence in the services health facilities provides' (Donaldson, 2000:vii). 'Effective handling of complaints should include learning from the situation and preventing recurrence' (Bark et al. 1994: 123). 'Fair complaints handling helps to restore patients' trust in health care and in renewing patients' commitment to the health care provider or organisation' (Friele, Sluijs & Legemaate 2008: 2). Ordinarily, complaints are submitted to management verbally or in writing. Following technological advancement, some patients use social media platforms such as Whatsapp, on X formerly twitter and Face Book.

The objective of this study was to conduct an analysis of patients' complaints, find out what the majority of complaints were in relation to complaints taxonomy and investigate how long it took for management to institute remedial measures. The study was conducted at the largest hospital in Chipata District, Zambia. The hospital attended to a total of 77, 428 patients between January and December, 2023. During this period, the hospital received a total of 26 complaints translating to 1 complaint per 3000 patients. 69.2% of the total complaints came from females. Verbal complaint submission was the second highest mode after social media- Whatsapp. 76.9% of the total Complainants were relatives to patients.

The table below illustrates gender and method through which complaints were submitted.

Table 1. Patients' complaints by gender and method of submission

| GENDER | METHOD USED FOR COMPLAINT SUBMISSION | |
|--------------|--------------------------------------|-----------|
| MALE | Walk-in | 0 |
| | Electronic mail | 0 |
| | Whatsapp text | 6 |
| | Phone Call | 4 |
| FEMALE | Walk-in | 4 |
| | Electronic mail | 1 |
| | Whatsapp | 11 |
| | Phone call | 0 |
| TOTAL | | 26 |

II. Materials and Methods

Study Design: The study used explorative research design and qualitative research approach

Study Location: The study was conducted at the largest hospital in Chipata District, Zambia.

Study Duration: It was conducted between January and December, 2023

Sample size : 26 complaints were analysed

Inclusion criteria

1. Only complaints submitted between 1st January and 31st December, 2023 were included in the study

Exclusion criteria

1. Complaints outside 1st January and 31st December, 2023

III. Procedure Methodology

The study employed qualitative content analysis research method. The study was conducted at one health facility in Chipata District, Zambia. Data was collected between January and December, 2023. The grievances were stored in the Complaints Book. Retrieval of the stored data was done at the beginning of 2024. Analysis of the complaints was done using the Patient Complaint Taxonomy by Reader et al. 2014.

Theory

This study was guided by the Theory of Planned Behaviour. The Theory of Planned Behaviour was developed by Icek Ajzen. Ajzen (1991)'s theory of Planned Behaviour argued that centres on the 'individual's intention to perform a given behaviour. Intentions are assumed to capture the motivational factors that influence a behaviour; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behaviour. As a general rule, the stronger the intention to engage in a behaviour, the more likely should be its performance' (Ajzen 1991: 181). With regard to patients grievances, patients or their relatives who decide to submit a complaint do so while those without the that intention do not complain to management.

IV. Results

Characteristics of complainants

The age of complainants ranged between 16 and 78 years. Except for one adolescent, all the clients were adults. Females constituted the majority at 61.5% (16) of all the clients who sought grievance redressal. Except for 10 incidences where patients' walked in to submit their complaints, close family members submitted most of the complaints. 90% of the complaints were submitted by residents of Chipata District.

Complaint characteristics

A total of 26 complaints were analysed. These were submitted through various methods- walk-in, Whatsapp texts, electronic mail and phone call. Complaint submission through Whatsapp texts was the commonest method at 65.4% (17). Most complaints were submitted the same day patients reported at the hospital for treatment at Emergency Outpatients. The average number of days for complaints emerging from in-patients wards was 5days. The Patient Complaint Taxonomy developed by Reader et al (2014) was used by the authors to categorize complaints into 3 Conceptual Domains (Clinical, Management and Relationships), 7 thematic categories (Quality, Safety, Institutional/issues, Timing and Access, Communication, Humaneness/Caring and Patient Rights) and into 26 subcategories of complaint issues as illustrated in (Table 1). 'If more than one issue was reported in a complaint narrative, each issue was coded to a subcategory' (Elias et al., 2021:2). Most of the complaints presented fell in the relationships category at 53.8%.

Table 1. The Patient Complaint Taxonomy Developed by Reader et al. (2014).

| DOMAIN | CATEGORY | SUB-CATEGORY | NUMBER | |
|-----------------------|------------------------|---------------------------|-------------------|---|
| Clinical | Quality | Examinations | 0 | |
| | | Patient Journey | 0 | |
| | | Quality of Care Treatment | 4 | |
| | Safety | Errors in diagnosis | 0 | |
| | | Medication errors | 0 | |
| | | Safety incidents | 0 | |
| | | Skills and conduct | 0 | |
| | Management | Institutional issues | Bureaucracy | 0 |
| | | | Environment | 0 |
| | | | Finance & Billing | 0 |
| Service issues | | | 0 | |
| Staffing and Resource | | | 0 | |
| Timing & Access | | Access & admission | 2 | |
| | | Delays | 0 | |
| Communication | | Discharge Referral | 3 | |
| | | Communication breakdown | 1 | |
| | | Incorrect information | 2 | |
| | Patient staff-dialogue | 0 | | |
| | Respect, dignity | 0 | | |
| Relationship | Humaneness/ Caring | Caring Staff attitude | 9 | |
| | | Abuse | 0 | |
| | | Confidentiality | 3 | |
| | Patient Rights | Consent | 0 | |
| | | Discrimination | 2 | |
| | | | 0 | |
| | | | 0 | |

V. Discussion

Patients' expectation whenever they visit a health facility for health care services is to receive satisfactory care. Unsatisfactory health care service to some passes without comment while to others, it becomes a source of grievance development and submission to management. The objective of this study was to conduct an analysis of patients' complaints, find out what the majority of complaints were in relation to complaints taxonomy and investigate how long it took for management to institute remedial measures. Data between January and December, 2023 stored in complaints registers was used. We found that in comparison to patients attended during the period of review, the number of complaints were relatively low especially that developing countries have fragile health care systems with a range of challenges.

The assumption to the low number of complaints can be attributed to lack of awareness, perceived lack of power to change and difficulty of the complaint procedures (Thi Thu Ba & Mirzoev & Morgan, 2015). This study found that close family members scored the highest submissions compared to submissions made by patients themselves. Similar findings have been reported in a study by Elias et al. (2021) in which it was found that 'family members were more likely than patients to complain because, due to illness, patients may not be cognizant of potential concerns' (Elias et al. 2021: 5). Unlike Almusawi et al., (2023)'s study findings in Saudi Arabia where a larger proportion (59.1%) of complaints fell in the management domain where patients complained of long waiting and institutional problems, majority of complaints in this study were more interpersonal at 53.8% (14).

VI. Conclusion

Raising of grievances in health facilities by patients or their relatives to management exposes weaknesses in the system. When these are seen in a positive light, management can turn the gaps and limitations into strengths for improvement. The focus of this study was to analyse patients complaints recorded between January and December, 2023 at the largest hospital in Chipata District, Zambia. This study found that majority of complaints were submitted via Whatsapp at 65.4% (17), presumably, complainants wanted to maintain anonymity. Females constituted the larger proportion of those who sought redress. Majority of complaints were submitted by patients' family members.

VII. Recommendations

Grievances from patients should be taken seriously and handled effectively and efficiently to earn patients' trust, maintain a sound reputation in the community for perpetuation of institutional good will image. This study recommends in-service staff workshops on customer care, installation of suggestion boxes in strategic areas of the institution, introduction of complaints registers, setting up of a committee that addresses patient grievances timely.

References

- [1].Ajzen, I.(1991). The Theory of Planned Behaviour. *Decision Process*, 50, 179-211 (1991)
- [2]. Almusawi, A.M., Radwan, N., Mahmoud, N., Alfaifi, A., Alabdulkareem, K.(2023). Analysis of Patients'Complaints in Primary Health Care centres through the Mawid Application in Riyadh, Saudi Arabia; a cross-sectional study *Malaysian Family Physician* 2023;18:17https://doi.org/10.51866/oa.72
- [3]. Bark, P., Vincent, C., Jones, A., Savory, J.(1994). Clinical Complaints: a means of improving quality of care *Quality in Healthcare* 1994; 3:123-132
- [4].Elias, R.M., Fischer, K.M., Siddiqui, Coons, T., Meyehofer, C.A., Pretzman, H.J., Greig, H.E., Stevens, S.K, Burton, M.C.(2021). A Taxonomy Review of Patients Complaints in Adult Hospital Medicine *Journal of Patient Experience* vol 8: 1-7 DOI: 1177/23743735211007351
- [5].Donaldson, L.(2000). An Organization with a Memory: Report of an Expert Group on Learning from Adverse Events in the NHS Chaired by the Chief Medical Officer London: *The Stationery Office* 2000
- [6]. Friele, R.D., Slijs, E.M., Legemaate, J.(2008). Complaints Handling in Hospitals: An empirical study of discrepancies between patients' expectations and their experiences *BMC Health Services Research* 2008, 8: 199 doi.10.1186/1472-63/8/199
- [7]. National Association of Health Authorities and Trusts (1993) in Bark, P., Vincent, C., Jones, A., Savory, J.(1994). Clinical Complaints: a means of improving quality of care *Quality in Healthcare* 1994; 3:123-132
- [8].Reader TW, Gillespie A, Roberts J. Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Qual Saf*. 2014;23:678-89.
- [9]. Thi Thu Ha B., Mirzoev, T, Morgan, R.(2015). Patient complaints in healthcare services in Vietnam's health system. *SAGE Open Med*. 2015;3:2050312115610127. Published 2015 Oct 9. doi:10.1177/2050312115610127