

Current situation of patient rights in turkey

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Abstract: Patient rights is a subject that has recently gained importance in our country as in the rest of the world. To protect his own right one must be aware of them. We aimed in the present study to examine the extent of patient awareness about their rights and the relevance of patient complaints. We also aimed to shed light on future studies on this subject. This study was a retrospective study. A total of 2557 patient complaints filed to local Patient Rights Unit between 1 January 2011 and 31 December 2012 were retrospectively reviewed.

The files in the Patient Rights unit were assessed with regard to complainant's age, gender, educational and employment status, complained-about unit and employee, and matter of complaint. The relationship of these demographic data with years and each other were also determined.

The study data were analyzed using SPSS (Statistical Package for Social Sciences) Windows 19.00 software package.

Statistical analyses were performed with X² test. A p value less than 0.05 was considered statistically significant.

The average age of the complainants was 41 years. Most complainants were male, workers, and high school graduates. The most complained-about units and staff were internal branches and physicians, respectively. The complaints were mostly related to inability to access health care. With an exception of an increased rate of complaints over years, the years in review were not significantly different from each other. It was also noted that the complainants-about staff and unit as well as complaint matter were also related to educational and employment status. No relationship was evident between complaining-about units and complaint matters. There was a significant relationship between complained-about staff and complaint matter. Female patients complained more about breach of patient confidentiality. The relevance of the filed complaints varied by educational and employment status, age, unit, staff, and years. Filed complaints should be carefully assessed to prevent violation of patient rights. We consider that it will be beneficial to give education to health care staff and patients.

Keywords: : patient rights, complaint, neglect

1. Introduction

The right connotes for a legally protected spiritual and intellectual life inseparable from personal properties (1,2). Patient rights, on the other hand, encompasses all basic requirements of the individuals while being offered basic healthcare (3-5).

The concept of patient rights was first introduced in United States of America in 70s as the right to benefit healthcare services, and it has taken its current form as a result of continuous improvements and developments provided by Patient Rights Declaration, Lisbon Declaration, European Declaration on Promotion on Patients' Rights, and various other declarations of patient rights (1). Despite cultural and social variations of patient rights declaration of World Health Organization, it states that, within a framework of honour and respect, all patients have right to have an equal healthcare in a safe place, right to privacy, right to confidentiality, right to be informed on their disease, and right to

consent to any intervention. Although the right to refuse treatment is based on the norms such as being informed, privacy, and confidentiality of data, it shows cultural and social variations worldwide (6).

It is well known that patient rights are sometimes violated in our country as in the whole world. (11). This violation may either result from patient-related causes or factors related to service providers or the system. High expectations of patients from the healthcare providers may lead to allegations of "violation of rights" (11). Violation of patient rights may be a result of patient crowding, lack of knowledge of personnel, medical errors or intentions, inadequacy of physical capacity of healthcare facilities, inappropriate personnel shift practices, patient referral practices, inability to provide a patient-oriented healthcare, and technological incompetencies (11).

We aimed in the present study to examine the epidemiological data about the patient applications to

our patient rights unit and to shed light on future studies on this subject.

2. Material and Methods

After approval of the study by the local ethics committee of the Numune Training and Research Hospital, 2557 patient complaint files filed by the Patient Rights Unit between 1 January 2011 and 31 December 2012 were retrospectively reviewed.

The files at the Patient Rights unit were assessed in terms of complainant's age, educational status, complained-about unit and employee, and matter of complaint. The relationship of these demographic data with years and each other were determined.

The study data were analyzed using SPSS (Statistical Package for Social Sciences) Windows 19.00 software package. The descriptive statistics were expressed as mean \pm standard deviation and percentages. Categorical variables were compared using χ^2 test. The results were evaluated within a confidence interval of 95% and the significance level was set at 0.05.

3. Results

A total of 2557 complaint files were reviewed. Among the complainers, 1527 were male and 1030 were female. The mean age was 41.6 ± 13.8 years and 49% of patients were older than 41 years of age. Patient distribution by age is summarized on Table 1. Review of the educational status of the patients revealed that 42% of them were high school graduate (Table 1). Employment status was unknown in 81 persons. Majority of the patients who disclosed their employment status were workers (72.6%) (Table 1). No significant relationship was found between violation of patient rights and gender (Table 2) ($p > 0.05$).

The most common matter of complaint (54%) was inability to access healthcare (1373 individuals) (Figure 1). Evaluation of the link between the matter of complaint and the profession of the complainant showed that unemployed patients complained about failure of health care staff to inform patients, inability of patients to choose among medical personnel, lack of patient security, and failure of the staff to treat patients with respect less than failure of staff to provide healthcare and breach of confidentiality. Government officers, on the other hand, complained more about inadequate physical conditions of healthcare facility. This difference was statistically significant ($p < 0.05$) (Figure 1).

Table 1. Sociodemographic Features of the Individuals Included in the Study

		Number	Percent
Gender	Male	1527	%60
	Female	1030	%40
Age	25 years or below	308	%12
	26-30 years	293	%11
	31-35 years	322	%13
	36-40 years	382	%15
	41 years or above	1252	%49
	Unknown		
Educational Status	Illiterate	60	%2
	Primary school	873	%34
	Secondary school	97	%4
	High school	1066	%42
	Postgraduate	379	%15
	Unknown	82	%3
Employment Status	Worker	1857	%73
	Government Officer	383	%15
	Unemployed	86	%3
	Self-employed	150	%6
	Unknown	81	%3
	Unknown		

Men complained more about negligence, ill treatment, failure of the staff to inform patients, failure of the staff to treat patients with respect, inability of patients to choose among medical personnel, lack of patient security, failure of the staff to provide healthcare, and inadequate physical conditions while women complained more about breach of confidentiality ($p < 0.05$) (Table 3).

The distribution of the complained-about units is given in Figure 2. With 1038 (41%) complaints, the internal branches were the most complained about unit (Figure 2).

Table 2. Relationship Between Violation of Patient Rights and Gender

		Negligence		Out of range	Total	p
		Yes	No			
Gender	Male	3	1519	5	1527	0.987
	Female	2	1025	3	1030	
Total		5	2544	8	2557	

Table 3. The Relationship Between Gender and Matter of Complaint

		Gender		Total	p
		Male	Female		
Matter of complaint	of Negligence	77	60	137	0.014
	Ill treatment	169	142	311	
	Failure of the staff to inform patients	105	62	167	
	Breach of confidentiality	2	4	6	
	Failure to treat patients with respect	44	24	68	
	Inability of patients to choose among medical personnel		6	14	
	Lack of patient security	2	1	3	
	Failure of staff to provide healthcare	798	575	1373	
	Inadequate physical conditions	52	26	78	
	Other	270	130	400	
Total		1527	1030	2557	

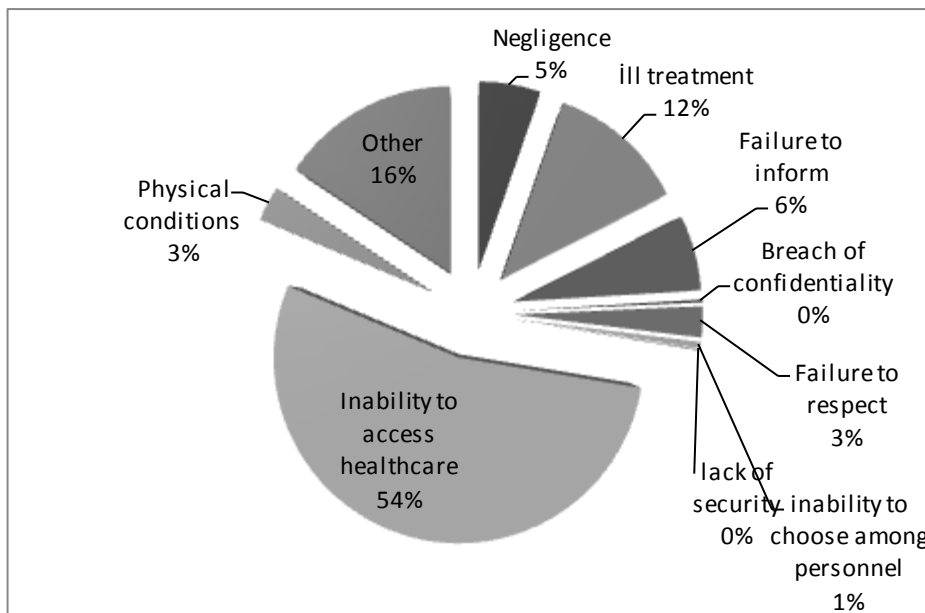


Figure 1. Matters of complaint

Table 4. The Relationship Between the Complained-About Unit and the Matter of Complaint

	Unit										P
	Administration	Internal branches	Surgical branches	laboratory	Emergency service	Intensive care	Other	Cleaning	Security	Complaints board	
Negligence	0	38	46	22	9	2	16	0	0	4	
Ill treatment	1	166	83	30	7	4	8	1	7	4	
Failure of staff to inform patients	5	66	39	11	6	5	27	0	0	8	
Breach of confidentiality	0	2	3	1	0	0	0	0	0	0	
Failure of staff to treat patients with respect	2	24	20	6	2	0	5	0	7	2	
Inability of patients to choose among medical personnel	1	4	4	2	0	0	3	0	0	0	0.001
Lack of patient security	0	0	2	1	0	0	0	0	0	0	
Inability to access healthcare	77	605	288	91	16	2	237	0	1	56	
Inadequate physical conditions	22	22	10	4	1	0	6	11	0	2	
Other	42	111	65	14	16	0	94	27	1	30	
Total	150	1038	560	182	57	13	396	39	16	106	

Table 6. The relationship between complained-about personnel and unit

	Personnel							Total	P
	Physician	Ancillary staff	Administrative	Private company employees	Other	Practice-information			
Administration	4	1	15	5	21	104	150		
Internal branches	436	42	10	243	132	175	1038		
Surgical branches	328	21	4	73	50	84	560		
Laboratory	24	95	4	27	6	26	182		
Emergency service	35	4	0	4	9	5	57		
Intensive care unit	8	2	0	1	1	1	13	0.001	
Other	10	1	2	21	5	357	396		
Private company employees workers	1	0	0	36	1	1	39		
Security staff	1	0	0	15	0	0	16		
Complaints board	28	0	10	5	41	22	106		
	875	166	45	430	266	775	2557		

Table 7. Relationship between the complained-about personnel and educational status

	Physicians	Ancillary staff	Administrative	Private Company employees	Other	Hospital practices-informative services	P
Unknown	57	4	1	17	2	1	
Illiterate	23	2	1	9	8	17	
Primary school	285	43	12	110	113	310	
Secondary school	25	10	2	21	6	33	0.001
High school	360	78	25	184	103	316	
Postgraduate	125	29	4	89	34	98	
Total	875	166	45	430	266	775	

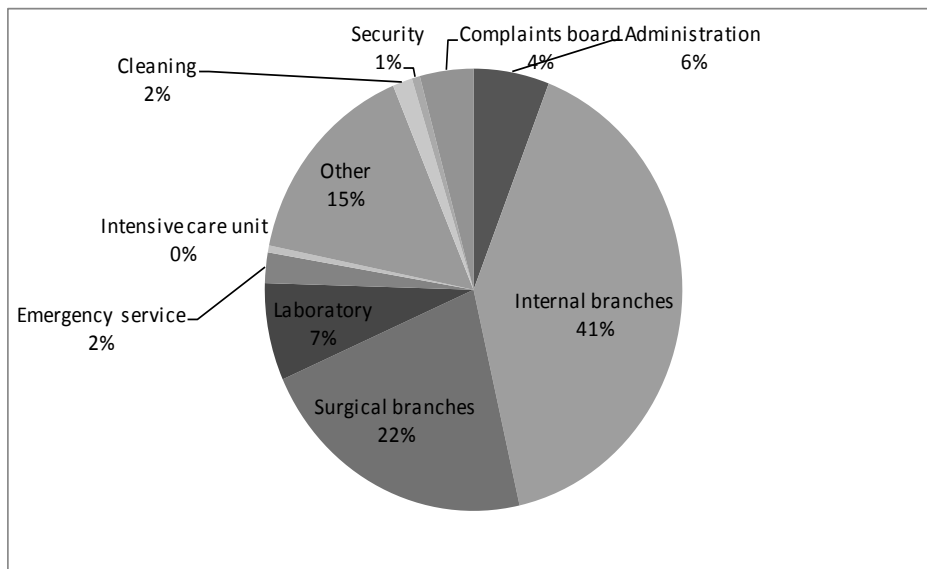


Figure 2. The distribution of the complained-about units

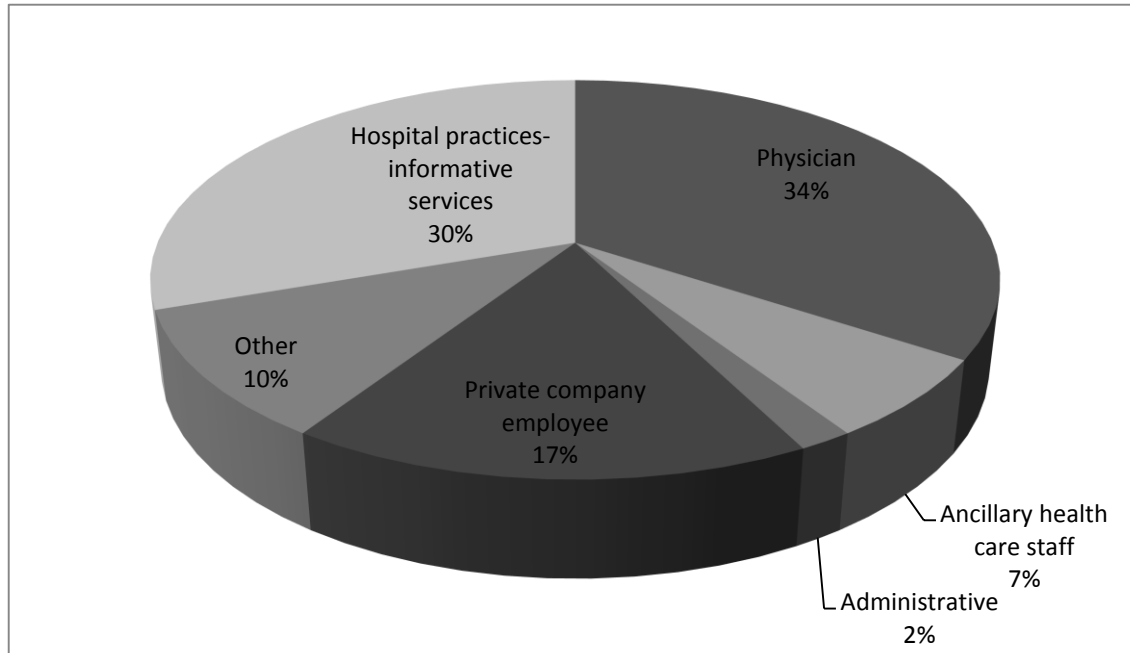


Figure 3. The complained-about staff

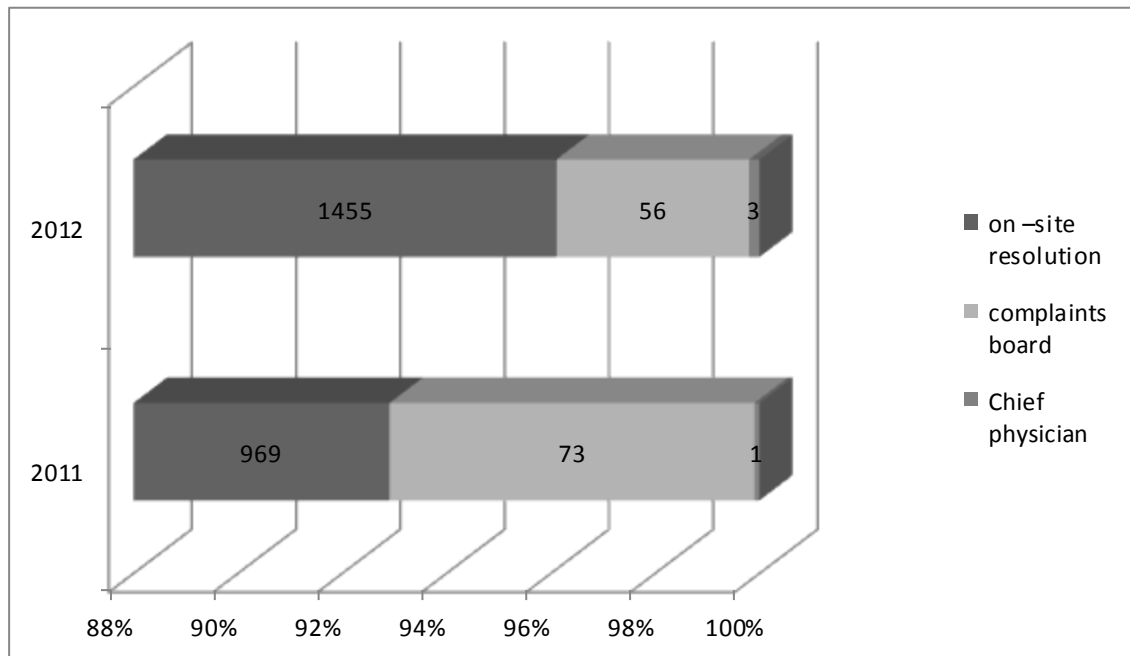


Figure 4. Distribution of complaints by years

With an exception of the intensive care unit, the patients complained about inability to access healthcare for all units. For intensive care units the patients complained about failure of the healthcare providers to inform patients and their relatives. Ill treatment, failure of the staff to inform patients and treat them with respect, and failure of the staff to provide healthcare were more common in internal branches while breach of confidentiality and lack of patient security were more prevalent in surgical branches ($p < 0.05$) (Table 4).

When the complaints were reviewed by the matters of complaint, the most complained-about personnel group was physicians (34%) followed by the inadequacies of the hospital practices, and private company employess (Figure 3). The least complained-about group was the administrative personnel ($p < 0.05$).

Negligence, failure of the staff to inform patients, failure of the staff to treat patients with respect, and inability of patients to choose among medical personnel were the most common causes of complaints about physicians while ill treatment was the most common complaint about private company employees, breach of confidentiality was the most common complaint about ancillary health staff, and failure to provide healthcare and inadequate physical conditions were the most common complained-about matters related to the hospital practices and physical status of the healthcare facility. Physicians were the main complained-about hospital staff in complaints related with surgical branches; laboratory and radiology technicians were the most complained-about staff in complaints related to ancillary staff; and the private company employess were the most common complained-about staff in complaints related to internal branches ($p < 0.05$) (Table 5).

The distribution of complaints by years is given Figure 4. The complaint cases increased in 2012 compared to 2011 due to an increase in complaints resolved on-site. The number of complaints referred to the complaints board decreased whereas the number of cases referred by the complaints board to chief physician increased in 2012 compared with 2011. These differences were statistically significant ($p < 0.05$). There were no significant differences between 2011 and 2012 with respect to complained-about unit, matter of complaint, and complaint management results ($p > 0.05$).

Negligence was confirmed in a total of 5 complaints. The negligent staff was a physician in 2 complaints, ancillary healthcare staff in 2 complaints, and cleaning workers in 1 complaint. There was no significant difference between staff members in terms of negligence ($p > 0.05$). One staff was found

negligent for breach of confidentiality while 3 staff were found negligent for failure to provide healthcare. One staff was found negligent in other matters of complaint.

Complaints about physicians increased as educational status increased whereas complaints about hospital practices-informative services increased as the educational status decreased ($p < 0.05$) (Table-6).

Internal and surgical branches were the most common complained-about units in all educational levels. The ratio of complaints referred to complaints board and chief physician to total complaints increased significantly with increasing educational status ($p < 0.05$) (Table 7).

4. Discussions

National statistics of 2010-2011 shows that rate of patient complaints is lower under the age of 25 and higher above the age of 40 (12). We also found that the rate of complaints increased above the age of 40. Considering that rights of patients of any age may be violated, the rate of complaints is notably low among young adult population both in Turkish national statistics and in our study. It may be argued that the rate of complaints related with children were low because they were filed by parents and the rate of complaints increased above the age of 40 with increasing expectations

Cabate et al reported that 60% of complainants were women (13). According to statistics of 2010-2011 of Ministry of Health, the rate of complaints of men was nearly 60% (12). Our results are consistent with those data, possibly pointing that our society is a male-dominant one, women in our society usually apply to a hospital in company with male relatives who come forth in filing complaints.

Data of the Turkish Statistical Institute indicates that 45% of total population is college graduate, 34% is highschool graduate, 12% is secondary school graduate, 6% is primary school graduate, and 3% has no education at all (14). Bostan S reported that, among individuals who filed a complaint between 2010 and 2012, 37% was college graduate, 34% was high school graduate, 28% was primary school graduate, and 1% was illiterate (11). Ünsal et al reported that majority of complainants were primary school graduates followed by high school graduates (15). In our study the ratio of college graduates was low whereas the ratio of primary school graduates was high. The low socioeconomic status of our hospital's region as well as increased rates of private hospital applications among college graduates in metropolitan areas may explain the low educational status in our study. It was noted that individuals with

a low educational status usually applied to patient rights unit and the information they were provided with was satisfactory. Patients more commonly complained about individual workers rather than units as a whole. College graduates tended to complain about ancillary healthcare staff and private company employees. The tendency of college graduates to make an investigation before filing a complaint may explain this variation. Review of the complaints by unit revealed that all complaints, irrespective of educational status, were about surgical and internal branches. This may be due to high contact of these units with patients. As the educational status heightened, the complaints became more serious and they were resolved at complaints board or chief physician because individuals may be more aware of their rights as they are more educated. Patient rights statistics of 2011-2012 period shows that the number of unemployed, self-employed, or government officers had a higher ratio than workers (11). We think that this is because the surrounding of the hospital is mainly composed of workplaces. In addition, the number of officers working in the public offices has been gradually decreased, public hospitals have increasingly employed workers, and even healthcare providers, particularly physicians, have been employed as workers. Thus, the ratio of workers was so high in our study.

Statistics of 2010-2011 showed that 54-55% of complaints were about the polyclinics or wards, followed by emergency services (11). The rate of complaints about emergency service was low compared to other units. Other complaint rates are consistent with national data. The complaint rate was so high because the hospital entries are made through polyclinics. In addition, some patients are unable to see physicians due to patient crowding because of the no appointment. Moreover, some patients are not allowed to access healthcare due to some missing papers. The main reason of a higher complaint rate for internal branches may be the overcrowding in these branches. Patient overcrowding in internal branches leads to rapid, early saturation of the daily visit capacity and difficulties in patient appointments. Again, internal branches serve a much older population with comorbidities. This leads to priority requests that lead to complaints when unmet. In addition, patient examination lasts longer in these units than other polyclinics. Additional patient demands (inappropriate demands for medical reports and drugs) may be considered inappropriate by the polyclinic physician, which may cause tension and complaints. The low complaint rate in the emergency service of the study hospital may be a result of an adequate number of equipped staff members, appropriate management practices, and good

communication skills in emergency service. In addition, rapid test results and patient management in the emergency department may have reduced complaints.

Statistics of 2010-2011 revealed patients in general could not access healthcare services. This was followed by levity and impoliteness of the healthcare personnel. Cabete et al reported that patients usually complained about legal procedures. Foreign studies have reported that patients usually complain about failure of the healthcare staff to inform patients (16,17). Taylor et al reported that patients suffered from inadequate information and were in a search of new treatment options (18). Ocaktan et al reported that patients complained about not being welcomed, treated well, and respected (%68.9) while they complained less about other issues (3). Ünsal et al reported that patients were not aware of some of their rights (15). In our study the complaints about not accessing healthcare were the main complaint type. Thorough assessment of study groups revealed that part of the complaints of being unable to access healthcare stemmed from the reluctance to comply with the rules (appointment, queue) determined by the administration. The main reason of this may be physician shortages in the polyclinics. Hence, elimination of long queues in the polyclinics reduces patient complaints about this issue. In our study, the rate of complaint about inability to access healthcare was higher, and rates of complaints of not being respected or not having comfort during healthcare were lower than that of national statistics. The concept of ill treatment is not present in available statistics whereas it was 12% in our study. These differences may have resulted from individuals interpreting the behaviors of others differently, and insufficient alternatives in multiple choice subjects. As hospitals are high tension places and each patient relative thinks that nobody but his patient is in a serious condition, healthcare workers and patient-patient relatives sometimes quarrel. Thus, it may be argued that complaints increase due to ill treatment by healthcare workers and patient discomfort. As physicians have recently tended not to perform interventions without informed consent, complaints related to failure of healthcare staff to inform patients may have decreased. Patient-patient relatives may demand more care than usual. They may complain when they are not cared the way they would like to. Patients and patient relatives observed that some conditions in our hospital were inadequate compared to private healthcare facilities, and they made some suggestions and complaints. We believe that since individuals cared healthcare service more than physical conditions because of the view that it was hard to change physical conditions due to the

building's old age, the rate of complaints about physical conditions remained low. Complaints about being unable to choose among physicians have been reduced by implementation of the policy of physician selection. As our ethical standards are high, patient confidentiality was respected by all healthcare staff, reducing complaints related to patient confidentiality. Physician, ancillary health care staff, patient, and patient relative are altogether in the examination room. Patients usually think that his/her relative will provide security and healthcare personnel will help her. Therefore, patients naturally think they are safe. While complaints about intensive care units were rather related to failure of the health care staff to inform patients, complaints about polyclinics of internal medicine are about long waiting times and inability to access health care. This may be due to low patient crowding, long stays, and constant demand of patient relatives for information at intensive care units.

Cabete et al reported that complaints were primarily about physicians and practices. According to Michael Bahlint, patients stated that they see physicians not only to get treatment, but also to benefit physicians as if they were "medicines". They also would like physicians to show interest in not only their diseases, but themselves as a whole. (7). Zengin et al reported that complaints about physicians were ranked first followed by ancillary health care staff (19). Namal stated that high expectations from physicians form the basis of the complaints (7). We observed in our study that the majority of the complaints were about physicians followed by administrative applications and informative inadequacies. Complaints about private company employees got ahead of complaints about ancillary health care staff. The high complaint rate about physicians stemmed from that they were in close contact with patients and patient relatives. In addition, patients had great expectations from physicians, and they complain about long waiting times when physician make a long visit whereas they complain about negligence when physicians take a short time to listen to and examine patients. As a result of commercialization of hospitals, private company employees uneducated in the field of health have been steadily increasing especially in large hospitals, leading to futile arguments with patient and patient relatives with resulting high complaint rates. 2008-2011 health records show that complaint rates have been constantly increasing (11,20). This was also the case in our study. Patients gain awareness about health care services and begin to claim their rights as a result of information campaigns about patient rights. The idea that patient rights unit can resolve even inconvenient complaints leads to an increased rate of applications to that unit.

While it was noticed that negligence, failure to inform and to treat with respect, and inability of patients to choose among medical personnel were mostly related to physicians, cases of ill treatment were mostly related to private company employees, and breach of confidentiality mostly came from ancillary health care staff. Complaints about inability to access healthcare and inadequate physical conditions, on the other hand, were related to hospital practices and applications than persons. One of the most complained-about issues was inability of patients to choose physicians, which is in fact not related to physicians or their professions. Because the private company employees avoid to exceed the allowed number of daily appointments while security personnel try to observe the rules put by hospital administration lead to tensions between patients and patient relatives, which are perceived as ill treatment by patients and their relatives. As part of the inconsistencies of health care services and inadequate physical conditions were perceived as a result of the system failures rather than personal mistakes, individuals filed complaints about the system itself. The relevance of the filed complaints varied by educational and employment status, age, unit, personnel, and years. Filed complaints should be carefully assessed to prevent violation of patient rights. We consider that it will be beneficial to give education to health care staff and patients.

Ethical Clearance

We certify that this study involving human subjects is in accordance with Helsinki declaration of 1975 as revised in 2000 and that it has been approved by the relevant ethical committee

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