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Patient perception, preference and participation

Dissatisfaction of hospital patients, their relatives, and friends: Analysis of accounts collected in a complaints center

Béatrice Schaad [a,*], Céline Bourquin [b], Floriane Bornet [c], Thierry Currat [c], Michael Saraga [d], Francesco Panese [e], Friedrich Stiefel [b]

[a] Communication Office, Lausanne University Hospital, Switzerland
[b] Psychiatric Liaison Service, Lausanne University Hospital, Switzerland
[c] Espace Patients & Proches, Lausanne University Hospital, Switzerland
[d] Psychiatric Liaison Service, Department of Ambulatory Care and Community Medicine, Lausanne University Hospital, Switzerland
[e] Institute of History of Medicine and Public Health, Lausanne University, Switzerland

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ABSTRACT

Objective: This study aimed to analyze complaints of patients, their relatives, and friends who consulted a complaints center based (Espace Patients & Proches (EPP)) in a hospital so as to better understand the reasons that motivated them and their underlying expectations.
Methods: This study was based on the analysis of written accounts of the 253 situations that occurred during the first year of operation of the EPP. The accounts were analyzed qualitatively using an inductive, thematic analytic approach.
Results: We identified 372 different types of complaints and 28 main analytic themes. Five clustered themes emerged from the analysis of the interconnections among the core themes: (1) interpersonal relationship ($N = 160$—the number of accounts including a complaint related to this general theme); (2) technical aspects of care ($N = 106$); (3) health-care institution ($N = 69$); (4) billing and insurance; (5) access to information ($N = 13$).
Conclusion: The main reason for patients, their relatives, and friends going to EPP was related to the quality of the interpersonal relationship with health-care professionals. Such complaints were markedly more frequent than those concerning technical aspects of care.
Practice implications: These results raise important questions concerning changing patient expectations as well as how hospitals integrate complaints into the process of quality health care.

1. Introduction

Hospital managers consider the satisfaction of patients and their relatives to be of ever-increasing importance. Different contextual factors have contributed to this development. For one, the growth of patient-centered care has changed clinical practice [1–7].

A second factor is the development of a model of shared decision making (SDM) between the physician and patient; as stated by Ashraf et al. "in the shared-decision-making model, physicians engage patients in interactive discussions to develop a treatment plan based on patient preferences and values" [8]. This contributes to the redistribution of their mutual expectations [9–11] and their respective roles and the responsibility each has within the treatment framework [12–14]. SMD appears to be a significant factor in relation to treatment adherence, health status and level of satisfaction [15,16]. Glass et al., for example, reported that "SDM was positively associated with satisfaction with decision (SWD) and was strongest for three areas of SDM: patients being helped in a health care consultation with understanding information, with treatment preference elicitation, and with weighing options thoroughly" [17].

Finally, there is a third contextual factor: the development of a form of judicialization of care. A study conducted in the United States, which included more than 40,000 physicians, indicated that each practitioner devoted approximately 50.7 months over a career lasting an average of 40 years, to one or more cases involving

* Corresponding author at: Lausanne University Hospital, BU21/03/284/, Rue du Bugnon 21, 1011 Lausanne, Switzerland. Tel.: +41 79 556 32 61.
E-mail addresses: beatrice.schaad@chuv.ch, bea.schaad@bluewin.ch (B. Schaad).

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litigation [18–22]. In addition to the constraint of illness and treatment, the patient also has to go through an equally grueling legal procedure: according to Friele [23], fewer than a third of patients who file for malpractice feel that they obtained justice.

Owing to the negative effects of legal procedures, hospital managers prefer to shift any patient–physician conflicts away from legal confrontation toward conciliation.

Lausanne University Hospital (CHUV), Switzerland, has 1463 beds and provides specialized medical and nursing care (45,000 yearly admissions). On April 1, 2012, the CHUV established an office where patients can voice their concerns: Espace Patients & Proches (EPP). Three professionals trained in mediation are available at EPP on a daily basis to meet any patients of this hospital, their relatives and friends who have encountered difficulties with health care. EPP's goals are the following:

- To offer a space in which patients, their relatives, and friends can talk about their dissatisfaction with medical services.
- To closely examine the experience of the health-care process.
- To propose projects to hospital management with the aim of improving the quality of care.

1.1. Goals of the study

This study aimed to analyze the complaints so as to better understand the reasons that motivated them and their underlying expectations. This investigation set out to obtain data more qualitatively and quantitatively robust than those derived from classic satisfaction surveys (conducted either by mail or face to face) within the framework of quality-evaluation programs; the limitations of such an approach have been demonstrated in several studies [24–28]. The material in question consists of first-hand data relating to the subjective experience of hospital. These accounts were obtained and recorded by EPP staff. In some cases, the accounts were the result of several hours of discussion. These records thus represent a valuable source for understanding the subjective experience of patients, their relatives, and friends undergoing problematic or distressing medical care.

Some studies have focused on the suggestions made by hospital's users toward improving the quality of care. However, to our knowledge, none has been devoted to the systematic analysis of the narratives of such individuals about their hospital experiences. Jangland et al. examined complaints of patients and their relatives about medical encounters and communication addressed to a nationwide organization [29], whereas our study focused on information on all topics collected in a low-threshold complaints center located in the hospital, which aims to restore the relationship between health care professionals and patients, their relatives, and friends.

2. Methods

EPP mediators are charged with rigorously documenting each visit based on a series of indicators and providing a detailed account of the situation. "Situation" here refers to a synthesis of the problems encountered during the treatment process and their perception of the difficulties they faced. The EPP's mission is to record the circumstances as perceived by those individuals—not to investigate matters in the manner of a legal office. The average account is 400 words. It contains either one complaint (if patients, relatives, and friends encountered only one problem) or multiple complaints (if they encountered several different difficulties). The account is updated by different EPP staff members for as long as the situation is being handled. The material considered in the present study consists of 253 accounts, which were compiled during the first year of operation of the EPP (from April 2012 until February 2013).

The 253 accounts were analyzed using thematic analysis with an empirically-driven approach [30]. The analysis proceeded in a stepwise manner. Analytic themes were identified from relevant passages of the accounts describing complaints and, through iterative reading of the data, recurrent themes were established. In a next step, similar themes were revised and interconnected themes were clustered. Two researchers (B.S. and C.B.) independently analyzed all the accounts and met regularly to compare their analysis and achieve consensus about theme names and definitions. Accounts reporting similar type of complaints were identified to determine the relative importance of the different themes. Final results of the analysis were discussed with the research team (the authors of the manuscript): analytic themes were reviewed again, and final themes and clustered themes were validated.

According to the purpose of the EPP—i.e., to improve quality of care through a space to any complainants—this study did not aim to gain insight into the correlation between complaints and complainants.

3. Results

In total, 372 different types of complaints and 28 main analytic themes were identified. Five clustered themes emerged from the analysis of the interconnections among the core themes (Table 1).

The analytic themes included the different types of complaints identified in the 253 accounts. For example, the theme "Access to information for patients, relatives, and friends" included the following five types of complaints that were found in at least five accounts: *Difficulty in accessing medical information*; *Difficulty in obtaining information about the transfer of a family member*; *Difficulty in obtaining information by phone*; *Lack of information about end-of- life questions*; and *Difficulty in gaining access to one's own medical file*. The clustered theme "Access to information" included the theme "Access to information for patients, relatives, and friends" together with the themes "Access to information for health-care professionals and referring institutions" and "Identification of interlocutors" (Table 1).

The five clustered themes are presented below in order of importance according to the number of complaint types they included and their frequency in the accounts (Tables 1 and 2).

3.1. Interpersonal relationship

The analysis showed that the majority of complaints concerned the interpersonal relationship between them and health-care professionals ($N = 160$; this is the number of accounts that included complaints related to this general theme). The types of complaints included in this cluster were mainly related to the theme "Experience of abuse" ($N = 53$). EPP visitors complained of a form of *Depersonalization* of care, which gave them the feeling of being *Treated like numbers*. The "Attitude of health care professionals" was the object of different types of complaints in 42 accounts: in particular, patients, their relatives, and friends criticized health-care professionals about *Not being taken seriously* or who *Give the impression to a person who speaks out that they could become the object of retaliation*. Complaints related to the themes "Clinical communication with patients" and "Clinical communication with relatives and friends" were identified in 25 and 20 accounts, respectively: those turning to EPP spoke of a *Brutal or abrupt delivery of bad news* and *No sharing in the decision-making process*. Besides, EPP users complained of "Negligence" ($N = 11$) and mentioned, for example, *Disregard of the patient's pain* or that