

## A Study on Patient Complaint Management in Hospitals Affiliated to Kashan University of Medical Sciences and Approaches for Improvement

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ARTICLE INFO	ABSTRACT
<p><b>Article type:</b> Original Article</p> <hr/> <p><b>Article history:</b> Received: 16- June-2015 Accepted: 20- July -2015</p> <hr/> <p><b>Keywords:</b> Complaints Complaint handling process Complaint management Improvement of performance</p>	<p><b>Introduction:</b> Complaint is the expression of dissatisfaction with an organization in relation to its products or services. The aim of this study was to investigate the complaint management process in hospitals affiliated to Kashan University of Medical Sciences and to propose solutions for the improvement of this process.</p> <p><b>Materials and Methods:</b> This cross-sectional, applied study was performed in 2013 at all hospitals affiliated to Kashan University of Medical Sciences, Kashan, Iran. The study was conducted in two major steps, i.e., evaluation of the process and solution delivery. The study population in the evaluation step comprised of 27 individuals who were involved in the complaint management process. On the other hand, 40 experts were recruited in the second stage. Sample selection was performed through targeted random sampling. Data were collected, using a checklist which was based on the national and international standards. The checklist, consisting of 101 yes/no questions was completed via interview and observation. Also, the expert comments were collected through Delphi technique. For statistical analysis, descriptive statistics were calculated, using SPSS Version 16.</p> <p><b>Results:</b> Based on the findings, 8 (29.6%) out of 27 participants stated that patients had access to information related to the process of complaint registration. All 27 (100%) participants claimed that no committees at hospitals were responsible for investigating patient complaints, although the patients could completely track their complaints.</p> <p><b>Conclusion:</b> Based on the findings, there was inadequate information regarding the process of patient complaint management in the evaluated hospitals.</p>

► *Please cite this paper as:*

Rangraz Jeddi F, Haj Mohammad Hosseini A, Shaeri M. A Study on Patient Complaint Management in Hospitals Affiliated to Kashan University of Medical Sciences and Approaches for Improvement. *Patient Saf Qual Improv.* 2016; 4(3):416-422.

### Introduction

Complaint is the expression of dissatisfaction with an organization in relation to its products or services. The process of complaint management is expected to provide answers or solutions to patient complaints (1). Complaints raised by patients in healthcare centers or hospitals may be concerned with the quality of the provided services, length of hospital stay, behavior of service providers, and treatment costs demanded for the provided services.

Complaint management and delivery of proper strategies for resolving these problems are the main responsibilities of healthcare center officials (2). According to a previous study, there is a written complaint per 100 oral complaints, and four patients are dissatisfied for every oral complaint; therefore, for each

written complaint, there are 400 dissatisfied patients (3). Medical complaints are indicators or representatives of malpractice and need to be addressed (4). These complaints are recognized as an increasingly common phenomenon around the world. Although the frequency and severity of medical complaints vary among different countries (5), they seem to be generally on the rise (6). Reports show an upward trend in patient complaints, especially regarding medical errors in Western countries (3). In the United States, the frequency of complaints against physicians in different fields was 3-4% in 1970, which reached to 8% in 1972, 20% in 1980, and 25% in 1990.

According to a previous study, nearly 10,000 complaints were filed over five years in Sweden, i.e.,

an average of 2000 complaints per year, which subsequently increased to 5000 every year. In England, 1000 complaints have been registered by six million inpatients and nineteen million outpatients (6).

This increasing trend of complaints has been observed in Iran, as well. In a study by Jafarian, complaints against medical organizations were evaluated in Tehran in 1991, 1996, and 2001. The results indicated that the amount of complaints had almost doubled since 1991 to 1996 and 2001.

Through proper complaint management, we can meet the complainants' expectations and ensure their satisfaction. The Bill of Rights states that "access to an efficient system of handling complaints is the patient's right" and that "patients have the right to be informed about the manner of investigation and the results of their complaint" (7).

In addition, according to this bill, patients have the right to file their complaint to competent authorities in case their rights have been violated.

The damage caused by healthcare providers should be compensated for according to provisions after investigation within the shortest time possible (8).

Investigation of patient complaints could help increase the quality of healthcare services, improve physicians' attention and knowledge, and prohibit increased costs of diagnostic and therapeutic services (9).

The effectiveness of complaint management is associated with principles such as complaint clarity, accessibility, receipt, objectivity, costs, confidentiality, customer-oriented approaches, responsiveness of authorities, and continuous improvement (10).

Clearly, there is a strong incentive to promote patient safety, since on one hand, knowledge of individual rights can lead to patients' growing complaints against physicians, and on the other hand, harm and damage to patients are in contrast with the main purpose of medical practice (11, 12).

A customer-driven approach for resolving patient complaints encourages employees to improve their relationship with customers (1).

Since addressing customer complaints is inevitable, organizations commit to the preparation and design of a framework for dealing with patient complaints.

Moreover, the process of complaint management should be properly planned to maintain and increase customer satisfaction. Therefore, solutions with the aim of improving the quality of healthcare systems are required.

With this background in mind, since no previous research has been conducted on medical complaints in Kashan, Iran, the aim of this study was to evaluate the process of patient complaint management in hospitals affiliated to Kashan University of Medical Sciences (KUMS) and to propose proper solutions.

## Materials and Methods

This descriptive, cross-sectional, applied study was performed in KUMS hospitals during 2013-2014 in two major steps: 1) evaluation of the process of patient complaint management, and 2) delivery of improvement strategies. The study population consisted of experts who were involved in the process of complaint management, i.e., the staff at complaint handling units, authorities in all six evaluated KUMS hospitals, medical deputies of KUMS (27 officials), forensic experts, and medical councils (13 experts).

Sample selection was performed through targeted random sampling. Data collection for the evaluation of the process of patient complaint management was performed with respect to research objectives (informing, receiving information, tracking the complaint, receipt of the complaint, initial assessment, further evaluations, response to the complaint, decision transfer, termination and auditing, and continuous improvement). A checklist was prepared based on the international ISO 10002 standards (2004) (10) and national guidelines on promoting emergency room complaints (2). The checklist consisted of 101 yes/no questions and was completed through interview and observation of documents and activities.

To determine strategies which could improve the process of patient complaint management, expert comments were collected, using the Delphi technique through interviews. Then, descriptive statistics (frequency and percentage) were calculated, using SPSS Version 16.

To propose applicable solutions, expert comments with a frequency of  $\geq 70\%$ ,  $\leq 50\%$ , and 51-69% were approved, rejected, and evaluated up to three times, respectively. Comments which were not approved by the researchers were excluded. Demographic data of the experts and hospital names remained confidential.

## Results

In the first stage of the study, 12 (44.4%) out of 27 participants were female. In total, 10 (37%) participants were within the age range of 30-40 years, and 15 (55.5%) were physicians. In the second stage of the study, 25 (62.5%) out of 40 experts were male. Also, 31 (77.4%) participants were in the age range of 20-40 years, and 29 (72.5%) had a work experience of  $< 10$  years; also, 12 (30%) experts had a bachelor's degree.

Overall, 8 (29.6%) out of 27 participants stated that patients had access to information related to the process of patient complaint management. All 27 (100%) participants reported that no committees in hospitals were responsible for investigating patient complaints, although the patients were able to completely track their complaints. In total, 23 (85.2%) experts stated that measures taken for patient complaints were traceable (Table 1).

**Table1: Frequency distribution of the complaint management process**

Subjects	Aspects	Frequency (N=27)	Percentage
Providing information about the complaint management process	Providing information on where to lodge the complaint	6	22.2
	Providing information on how to address the complaint	8	29.6
	The time frame associated with different stages of the process	0	0
	The way of receiving feedback by the complainant	0	0
Receiving the complaint	The possibility of addressing the complaint without attendance	27	100
	Preparing a form for complaint registration	20	74.1
	The possibility of registering the complaint online	25	92.6
Tracking the complaint	The possibility of tracking the complaint by phone	27	100
	Documenting the process of complaint tracking	23	85.2
Acknowledging the receipt of the complaint to the complainant	Acknowledging the receipt of complaint through phone calls	20	74.1
	Acknowledging the receipt of the complaint in person	16	59.3
The initial assessment of the complaint	Inviting both sides by letter	9	33.3
	Inviting both sides by phone	20	74.1
	Inviting both sides by E-mail	3	11.1
	No invitation	6	22.1
Evaluation of the complaint	Evaluation of the conditions and factors affecting each complaint	26	96.3
	The presence of a complaint committee	0	0
Response to the complainant after the initial assessment of the complaint	Documentation of the response to the complaint	24	88.9
	Recording the response in the complaint form	20	74.1
Decision transfer	Informing the complainant and the person against whom the complaint is filed about the decision	20	74.1
	Verbal transfer of the decision	27	100
Termination	Implementation of actions and decisions	27	100
	The possibility of complainant's rejection of the response	17	63
	Informing the complainant about other alternatives	26	96.3
	Auditing by competent and trained individuals	10	37
Auditing and continuous improvement	Keeping the information about the complaints confidential	27	100
	Recording the obtained information about the complaint	25	92.6
	Public notification related to impersonal complaints	0	0
	Systemic classification and identification of problems	12	44.4
	Assessing the handling process by predefined criteria	8	29.6
	Evaluation of the management process by the senior manager of the organization	12	44.4
	Appreciating the good behavior of the complaint management staff	10	37
Encouraging innovation in the development of the complaint handling process	10	37	

Based on the expert comments, in order to improve the complaint management process, the following measures should be taken:

- 1) Drawing flowcharts for the process of complaint management;
- 2) Initial assessment of the complaint on the basis of risk, repeatability, and severity of the event;
- 3) Investigation of the patient complaint;
- 4) Identification of defects;
- 5) Identification of the main cause of patient complaint;
- 6) Delivery of possible solutions for resolving the problem at the hospital; and
- 7) Evaluation of patient satisfaction with the process of complaint management.

According to the comments of 36 (90%) out of 40 experts, the best place for establishing the complaint management system is the emergency department, while 35 (87.5%) experts believed that the waiting rooms are preferable (Table 2).

Also, the results showed that the date of complaint registration, complaint request, and name of the complaint recipient were not documented (Table 3).

**Table2: The frequency distribution of solutions for the improvement of the complaint management process**

Subjects	Aspects	Frequency (N=40)	%
Providing information about the complaint management process	Providing information on where to file the complaint	39	97.5
	Providing information on how to address the complaint	35	87.5
	The time frame associated with different stages of the process	24	60
	The way of receiving feedback by the complainant	36	90
	*Drawing the flowchart of the complaint management process	34	85
Receiving the complaint	*Receiving the complainant's view about the complaint management process	28	70
	The possibility of addressing the complaint without attendance/verbal contact	33	82.5
	Preparing a form for complaint registration	37	92.5
	The possibility of registering the complaint online	30	75
	*Presence of a special unit for addressing the complaint	40	100
Tracking the complaint	*Presence of a compliant box/special phone number	35	87.5
	*Registration of verbal complaints in a special notebook	25	62.5
	The possibility of tracking the complaint by phone	40	100
Acknowledging the receipt of the complaint to the complainant	Documentation of complaint tracking	39	97.5
	Using an online registration code	16	40
	Acknowledging the receipt of the complaint by phone	37	92.5
Initial assessment of the complaint	Acknowledging the receipt of the complaint in person	18	45
	The need for the initial assessment of the complaint	39	97.5
Evaluation of the complaint	Inviting both sides by phone	23	57.5
	No invitation	6	15
	*Evaluation of the risk, repeatability, and severity of the event	34	85
	*The need for establishing an evaluation committee	38	95
	*The need for evaluation by the senior-level management of the hospital	40	100
Response to the complainant after the initial assessment of the complaint	*Investigating the complaint for identifying and detecting defects	39	97.5
	*Identification of the main cause of the complaint in complaint investigation	35	87.5
	*The office of complaint management in the hospital (the first place of handling the complaint)	37	92.5
Decision transfer	*Documentation of the committee findings	35	87.5
	Documentation of the response to the complaint	40	100
Termination	Documentation of the response in the complaint form	18	45
	Informing the complainant and the person against whom the complaint is filed about the decision	36	90
	Verbal transfer of the decision	19	47.5
Auditing and continuous improvement in the process of complaint management	Informing the complainant about other alternatives	39	97.5
	*The need for registration in case the complainant rejects the response	37	92.5
	*The need for follow-up and evaluation of possible ways to handle the complaint	30	75
	Auditing by competent and trained individuals	40	100
	Keeping the information about the complaint confidential	39	97.5
	Recording the obtained information about the complaint	40	100
	Public announcement related to impersonal complaints	16	40
	Systemic classification and identification of problems	40	100
	Assessing the handling process by predefined criteria	39	97.5
	Evaluation of the management process by the senior manager of the organization	38	95
	Appreciating the good behavior of the complaint management staff	40	100
Auditing and continuous improvement in the process of complaint management	Encouraging innovation in the development of the complaint handling process	40	100
	*The need for registering the investigators of the complaint	36	90
	*The need for registering those who were investigated	33	82.5
	*The need to maintain records of training given to employees based on the complaint handling process	34	85
	* The need to determine the satisfaction of complainants with the complaint handling process on a regular basis	39	97.5

**Table3: Frequency distribution of the data elements required in the form of complaint registration and hospital status**

Elements	The required elements from the experts' point of view (N=40)		Hospital status form (N=27)	
	Frequency	Percentage	Frequency	Percentage
Complaint identification code	40	100	7	25.9
Patient's first and last name	40	100	4	14.8
File number of the patient	35	87.5	1	3.7
First name of the complainant	39	97.5	16	59.3
Last name of the complainant	40	100	13	48.1
Title of the complainant	39	97.5	1	3.7
Phone number of the complainant	40	100	14	51.9
E-mail address of the complainant	29	72.5	7	25.9
Address of the complainant	38	95	7	25.9
Name of the accused	40	100	1	3.7
Identification number (instead of the name)	26	65	0	0
Type of complaint (written or verbal)	38	95	7	25.9
Date of receiving the complaint	40	100	14	51.9
Time of receiving the complaint	33	82.5	0	0
Date of receiving the complaint	39	97.5	0	0
Date of resolving the complaint	37	92.5	0	0
Type of the complaint	40	100	5	18.5
Subject of the complaint	40	100	13	48.1
Description of the complaint	40	100	13	48.1
Complainant's request	37	92.5	0	0
Repetitive Event	35	87.5	3	11.1
Name of the recipient	36	90	0	0

## Discussion

Lack or low quality of hospital services, length of hospital stay, behavior of service providers, and demanded costs for the provided services are some subjects of complaints raised by patients at medical centers (13). The attitude and approach of officials towards patient complaints are of grave significance. In fact, improper management of complaints leads to the dissatisfaction of patients. Consequently, patients try to resolve their dissatisfaction by referring to hospital managers and judicial authorities while wasting their time and energy.

Timely investigation of patient complaints (at the initial stages of complaint registration and at the time of dissatisfaction expression) not only increases the chance to resolve the problem, but also reduces the costs imposed on healthcare systems. Therefore, complaint management and delivery of appropriate strategies are the main responsibilities of healthcare center officials (2). In this regard, Syabany et al. stated that factors, such as population growth, increased number of surgical interventions, patient awareness, and patient expectations are effective in raising the number of complaints. In fact, the number of complaints has increased by 150% over the past four years (4).

The present study aimed to evaluate the process of patient complaint management and propose solutions to improve this process. The first limitation was the research population which was exclusively selected from one area, and the second limitation was negligence of patients' views. Based on the evaluations, 8 (29.6%) out of 27 participants stated that the

information related to the complaints was accessible to the patients. All 27

(100%) participants stated that no committees in hospitals were responsible for investigating the complaints, although they could be tracked completely by the patients.

In a survey conducted by the Iranian Ministry of Health and Medical Education in 2007, it was reported that the complaints were not managed in accordance with the ministry guidelines and no flowcharts were drawn. Moreover, patients were not informed about the process of complaint management and the applied system was shown to be ineffective (2).

In Britain, Australia, and Sweden, investigation committees are established to manage patient complaints. These complaint investigation committees handle all aspects of patient complaints and avoid possible bias; the literature confirms these findings (14, 15).

However, sometimes, no investigation committee is established for complaint management (16) and the complaints are evaluated by the managers and management committees. In this regard, Friele et al. in a previous study revealed that a committee was established for complaint management, and 81% of the complainants were aware of the process of complaint investigation (14).

Since hospitals are in need of a system to receive and investigate patient complaints in accordance with the instructions for complaint management, they are required to introduce the process to the patients and patients should be well informed about how and where

to lodge their complaints. In addition, flowcharts should be accessible and understandable for all the complainants.

The present study indicated that public awareness of patient complaint management was 0%, and the rate of classification and systematic identification of problems was 44%. According to a study by Whitson et al. in 2010 entitled, "Indiana Medical Error Reporting System", the Joint Commission on Accreditation of Healthcare Organizations encourages the analysis of events by hospitals to quickly collect the relevant data, find solutions for problems in healthcare centers, and share these resolutions with healthcare providers to propose projects, provide solutions, and thereby improve the quality of healthcare provision (17).

Karlsen et al. in 2009 in a study, entitled "Medical Error Reporting in America: A Changing Landscape", showed that the focus should be on the prevention and correction of deficiencies in systems and the information needs to be shared among healthcare organizations to promote cooperation and improve the quality of services for the patients (18).

Pichert et al. in a study in 2008, entitled "Using Patient Complaints to Promote Patient Safety", expressed that healthcare organizations should be responsive to patients by collecting, recording, and analyzing their complaints. However, many healthcare organizations rarely use patient complaints to improve their standards of care (19). The Institute of Medicine in a national survey of medical error reporting laws in 2008 showed that healthcare policymakers and managers require accurate data to improve patient conditions, collect data, and implement a systematic approach, especially a system to analyze the events (20).

Moreover, Lee, mentioned that the subject of the complaint is defined and primary evaluations are performed. The response to the patient complaint may be at the organizational level. However, in case of need for further evaluations, the official responsible for complaint management designates a representative for the evaluations (16).

In addition, Beasley expressed that in order to reduce the adverse events, it is necessary to understand the underlying causes and design methods to prevent and detect the risks before harm. Therefore, healthcare centers require a timely reporting system, which can identify events in the hospital and facilitate expert analysis; therefore, systematic processes should focus on the provided products (or services). Also, a feedback system is required and a written process should be implemented (21).

In a study by Anderson in 2001 conducted over 30 months on 1308 complaints at a major Australian hospital, the complaints were potentially useful and could be used as a tool to ensure the quality of care. Based on the findings, the system defects should be identified and professionals and employers should specify the causes of patient complaints and respond in

an effective manner for an efficient complaint management system (22); this finding was inconsistent with the present study.

Since addressing patient complaints is inevitable, organizations should commit to preparing and providing a framework for dealing with patient complaints. Also, to achieve the goals of complaint management, the objectives of different sectors and levels within the organization should be determined by the officials of the complaint management system. While these goals are achievable, they may be inconsistent with the policies.

To ensure meeting these objectives, planning which is carried out in the process of complaint management should aim at customer maintenance and satisfaction.

Implementation and delivery of solutions for complaint management can facilitate a responsive process at hospitals and resolve discontent in a systematic manner.

### *Practical suggestions*

*To improve notification on the complaint management process:* Drawing a flowchart for the process of complaint management, considering the complainants' opinions in the complaint management process, and providing information on where to lodge the complaint.

*To improve the initial assessment of the complaint:* Identifying specific units for receiving the complaints, designating complaint boxes/special phone numbers for the complainants, facilitating the receipt of complaints, and performing an initial assessment of the complaint on the basis of the risk, repeatability, and severity of the event.

*To improve complaint management:* Handling complaints at higher levels of hospital management, assessing complaints to identify and detect the defects, and identifying the root of complaints.

*To improve termination:* In case the complaint is rejected, the case should be recorded and followed-up for possible solutions at the hospital.

*To promote auditing and continuous improvement of the complaint process:* The satisfaction of complainants about the complaint management process should be assessed on a regular basis and corrective measures must be taken.

### **Conclusion**

Based on the findings, identification of the causes of patient complaints and delivery of solutions in hospitals are necessary.

Overall, it is recommended to draw a flowchart for the process of complaint management, provide the complainants with information about where to lodge their complaints, assess the complaints on the basis of the risk, repeatability, and severity of the event, detect defects, and identify the root of the complaint.

### *Ethical considerations*

The study protocol was approved by the institutional review board and the research ethics committee of Kashan University of Medical Sciences (KUMS). Permissions were also obtained from the hospital authorities. The research team respected the participants' rights in accordance with the Declaration of Helsinki.

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## Acknowledgement

We would like to thank the Vice-chancellor for Research of Kashan University of Medical Sciences (KUMS) for the financial support (Project No.: 9058). Also, we express our gratitude to the participants for their sincere collaboration.