

Study of Effective Factors on the Type of the Actors' Encounter while Planning to Sue: Case study of Tehran Milad Hospital Complaints Unit

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Abstract

Complaints are now considered as an essential part of the health care system to improve health standards. Client satisfaction is evaluated in the world's most prestigious centers. Our aim in this research is to observe the type of encounter of costumers to Milad Hospital complaints unit and to study its relation to age, sex, and social class, awareness of patient's right charter and cause of visit variables. This is considered as a quantitative, applied and transverse study. The research method and data collection techniques of observation are systematic and structured. Statistical population is the whole clients to complaint unit of Milad Hospital. 400 persons were observed out of random sampling in 2012. The research results indicate that there is a significant relation between type of encounter and all independent variables. Logistic Regression shows that social class, awareness of patient's rights, and cause of visit can explain 0.69 variation of dependent variable. In addition, social class is the most powerful predictor in this research. The results can be carefully generalized to large populations.

Keywords: hospital complaints, type of encounter, social interaction, social class, awareness.

Introduction

Evaluation of client satisfaction is achieved in the world's most prestigious centers, and it has been proved that satisfaction has a direct relationship with service quality. These regulatory measures in Iran has been carried out in the present study and found that about 75 percent of patients who have a formal complaint are not satisfied with the results of their follow-ups¹.

Complaints are now considered as an essential part of the health care system to improve health standards. If we ask doctors and health care workers to address effectively and resolve complaints, we must first obtain a better understanding of the type of complaints².

Despite current efforts of the medical community and health staff as well as medical technology advances, the medical staff grievances and complaints of patients are increasing². In addition to the high number of these complaints, our observations and experiences -as Complaints Offices confirm- imply the existence of a variety of behaviors and attitudes of clients - from polite behavior to aggressive one - based on variables such as age, sex, and social class.

Generally obtained factors affecting interactions could be considered as a guide for the organization of social interaction. Also, due to the importance and priority of health, as the man's main need in hospital, it seems reviewing and examining the public health units methods to approach the Complaints Investigation Bureau are inevitable. So hospitals can be deemed to be a mirror to reflex how they interact when encountering

problems and difficulties. The way of dealing with the authorities to express the complaints or to request the facilities shows the type of our social interactions. Views and experiences of authors bring this question to the mind that "in spite of the similar problems in the hospital sectors, what factors can explain different behaviors of the clients?"

Nowadays, several studies have been done on customers' behaviors in different organizations such as hospitals. For instance, Serban et al. study and investigate customers' behaviors in Romania. Investigations on the behaviors of the customers of organizations can be effective in improving organizational performance and achieving the goals³.

In a study, Nasiripour et al. investigate the relationship between nurses and patients. They believe that hospital is an organization in which a relationship is established between the customers (here, patients) and service providers such as nurses, doctors, and complaints office. Therefore, it is necessary and important to investigate each of these relationships, since it will be effective in improving the quality of services and public health measures⁴.

Yang et al have studied palliative care role in the hospital care. Their study investigates both patient and carer opinions about palliative care role in the hospital setting, in the cases that the patients are not dying imminently. The results of this study will help the increasing enhancement and evaluation of palliative care teams, in the fields of efficiency and patient experiences⁵.

Pennbrant et al studied the experience of elderly patients when

they have an appointment with the doctor. They believe that the findings of previous research about the significance of the participation of the elderly patients with their doctor in the meeting sessions are contradictory. The researchers interviewed 20 elderly patients in Sweden, who discharged from geriatric hospital care; elderly patients explain their experiences in their meetings with their doctors in the hospital. The researchers show that the factors such as the nature and form of the dialogue affect the quality of the meetings between the doctors and the patients which, in return, they are affected by power and connection⁶.

Blumer believes that the context of social action could be the social class, the social status or other social categories. He adds that unlike internal and external determinists who seek changing factor in internal and external conditions, the position of symbolic interactionism is that the man is not determined against the meanings provided by the community, but appointed to build actions⁷. Social class along with social similarity plays an important role to knowledge development and mutual contacts.

Although class is the most widely used concept in sociology, but there is no clear agreement about the definition of it. Generally, class is "any division of society according to status," or simply, it is social status. For instance, Horton and Hunt (1976) refer to it as "stratum of people of similar position in the social status continuum"⁸.

According to Marx class is a group of people which has joint relationship with the means of production. Weber calls class as an economic category but he emphasizes on social status and party links interactions. These days, some social scientists have used job as representing factor of the social class, some others emphasize on investment property and wealth shapes. Further, some consider lifestyle options more important⁹.

By social classes we do not mean communities; they are potential and frequent foundations for social work. When a group of people come together and have common characteristics of life opportunities such as economic interests and conditions of labor markets and commodity, a class is formed¹⁰.

According to Goffman, daily interaction or face to face interactions are involved with social arrangement in the form of different types. Social order is also the same set of ways and purposes. The principle of a social order and goals-or-moral norms of any result is a device that adjusts the ways in which people pursue their goals. However the normative order doesn't come from the norms. Norms provide the meanings for actors, but there are other sets of norms that may be in any position or change so it can feature social order in any situation¹¹.

Goffman believes social life is a process in which our understanding and our impressions affect our social roles and behaviors. This influencing process is formed, as Goffman acknowledges, it is a kind of framework. That is, people can get

their attitudes and experiences within this framework in order to be checked and analyzed¹².

In the field of sociology of knowledge Karl Mannheim is the main face. Mannheim's thoughts in this field come from Marxism, such as the emphasis on the importance of economic interests and having ideological belief in a large part of social thought¹³. Mannheim believes ideas are in relation to their historical context. He knows status groups and generations, and schools the production origins and formation of the ideas and thoughts of cultural ideas, however, deemed the social class as origin of the people's cultural ideas¹⁴.

According to Mannheim the thought root should be sought in community. In fact, people's attitudes and way of thinking depend on the location and community, and previous generations' thoughts. So understanding is acquired. Generally, the people get their cognition and thoughts with two routes: inner (individual meanings) and external (social processes)¹⁵.

Therefore, in accordance with the perspective of Mannheim's thought, formation, attitudes, thoughts, ideas, and people's wisdom are in connection with the economic and social position, status and the living environment. Hence, it is perceived that factors such as economic and social base, age, sex, etc. affect values and attitudes. The actions of people come from their ideas, attitudes, thoughts, and knowledge. That is why the aforementioned factors (such as gender, age, socioeconomic status, etc.) are connected with the kind of action and behavior of individuals.

As well, increase of insight and knowledge towards a new horizon of the rules can deepen and extend the open communication and interpersonal interactions. If the level of insight and awareness for finding increasing laws and regulations enhances, one can hope that a sense of stable and robust security will increase as well.

In this case we can benefit Bourdieu's concept of embodied cultural capital, though all sectors of knowledge and awareness are not according to our opinion. Bourdieu's cultural analysis is achieved with an emphasis on understanding cultural capital as an instrument of social differences¹⁶. In any case, the one who is entitled to this type of cultural capital is more likely to be aware of the individual and collective rights and rules of citizens which would influence behavior and other actors of interaction.

Each person's interpretation of his actions and status creates the meanings that this type of social meanings and practices affect the person's behavior and orient him. On the other hand, status factors of a person such as age, gender, socioeconomic position, etc form the ideas and knowledge of the person which shape individual and social actions. This research is based on the subjective understanding of the practices and experiences, including being aware of patients' bill of rights and social class and aims to investigate behavior of the visitors towards the office while handling the complaints of the hospital.

Methodology

This is a quantitative, applied and transverse research¹⁷. In this study, the observation method has been used because by using this method we can realize people's behavior without any detection. Certainly other methods (e.g. survey method) have not been applied since they do not seem appropriate for this kind of research. This observation is structured, hidden and non-regular, and participatory¹⁸. Therefore, the means to collect data is regular and structured observation letters. Validity of observation letters are formally determined by professors and experts of sociology. The population in this study is all clients of Milad hospital complaints unit. The researcher chose this hospital because of a wide social spectrum of people who visit there. Our random sample is selected among the visitors who have various types of complaints during the day in the hospital. The sample size is 400 and the cases were observed in 2012. The data collection is field method which the observers also complete their observations based on observations. In order to analyze the data, the statistical concepts and SPSS software were used.

Some other similar researches use different methods. Mousavi et al. in a case study on the training model for the improvement of firm performance in Iran use regression method and show that specified independent variables can explain the changes of dependent variable. In this type of studies, the analytical capability of the regression method is clearly visible¹⁹.

Moreover, Akhtar et al. use correlation coefficient to study the effects of the organizational culture on the commitments of the organizations. Correlation matrix and their descriptions show that depending on the demands of research we can use these statistical indicators and draw conclusions based on their interpretations²⁰.

According to the theories, effective variables have been identified. The research model is shown below with one dependent and five independent variables. This simple model is going to test the main determinants of client's behavior while going to complaints unit.

In the following table the way of measurement of research variables is summarized. It should be noticed that due

to the nature of research and applied method, precise measurement had many limitations.

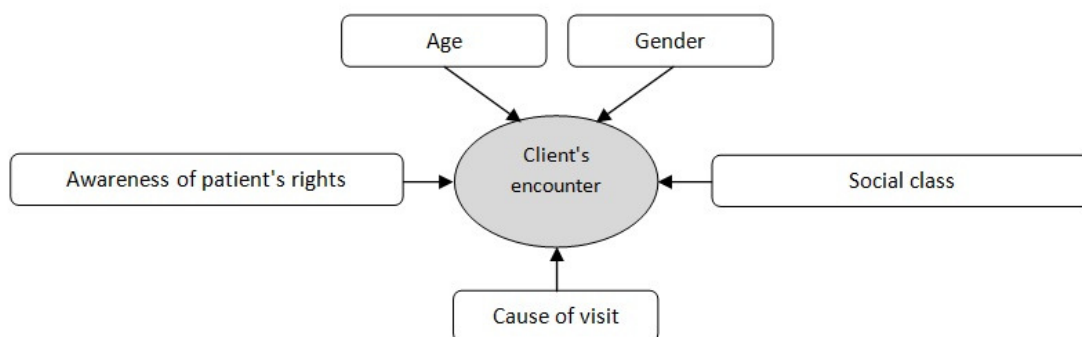
Table 1
How to measure the variables

variables	Categories
Client's encounter	politely/ begging/ pointing to favoritism/ aggressive
Gender	Male/ female
Age	smaller than 30 (young)/ 31 to 45 (middle-aged)/ greater than 45 (old)
Social class	Lower/ middle/ upper
Awareness of patient's rights	Referring to rules/ fail to refer to rules
Cause of visit	Reception/ medical/ welfare/ financial

Based on the relationship between the dependent variable (encounter) which is a qualitative variable and five independent variables, there are some hypotheses which run as follow: i. Men have more aggressive tone than women and women have a more polite tone. As well, men tend to use favoritism more. ii. The elderly, due to being more tolerant, use more polite tone than the young. iii. The possibility that people with upper social class use polite tone is more than the people with low social class. iv. People who are aware of the patients' bill of rights have a polite tone, and those who have no knowledge of the Charter use an aggressive tone. v. People who refer for welfare and financial affairs act politely and those who refer for health affairs have aggressive tone.

Results and Discussion

According to the type of encountering with authorities, 50.3 percent of the sample patients had aggressive tone, 27 percent had polite and 7 percent had a begging tone. Finally 15.8 percent pointed out to favoritism (nepotism). In this case among 400 persons, 46.8 percent were women and 53.3 percent were men. In terms of age variable, 43.8 percent of patients were 30 to 45 years old, 21.3 percent were under 30 and 35 percents were over 45 years. In terms of social class, 64.3 percent- the



majority- belonged to middle class, 29.5 percent belonged to low class, and 6.3 percent were people with upper social class. Totally 58.5 percent of the people were not aware of the patient's bill of rights and 41.5 percent knew about patient's bill of rights and referred to the rules. In terms of the cause of visit, 35 percent were for the reception, 30 percent were for medical, 24 percent for welfare, and 11 percent for financial issues.

The relationships between the independent variables and the dependent variable are investigated by Chi-square test and the coefficient of V Cramer. Thus we would determine which independent variables categories would link with which type of encounters.

Table-2
Gender and client's encounter

Client's encounter	Gender		Total
	Male	Female	
politely	24.4	29.9	27
begging	1.9	12.8	7
aggressive	55.4	44.4	50.3
pointing to favoritism	18.3	12.8	15.8
Total	100	100	100

The Chi-square of the above table is 22.50. It is significant at the level of 0.01. Cramer's V coefficient is 0.24. The results of table 2 show that women have less aggressive and arrogant tone than men. They referred to favoritism less than men. In addition, it is noteworthy that women had much more begging tone than men (First hypothesis confirmation).

Table-3
Age and client's encounter

Client's Encounter	Age			Total
	Young	Middle-aged	Old	
Politely	15.3	25.1	36.4	27
Begging	3.5	1.1	16.4	7
Aggressive	54.1	58.9	37.1	50.3
Pointing to favoritism	27.1	14.9	10	15.8
Total	100	100	100	100

The Chi-square of the above table is 54.51. It is significant at the level of 0.01. Cramer's V coefficient is 0.26. Table 3 shows that the older people compared to younger ones have more

polite tone. They also have less aggressive and imperious tone than the young and the middle aged do (Confirmation of the second hypothesis). It is also remarkable that the elderly had a more begging tone.

Table-4
Social class and client's encounter

client's encounter	Social class			Total
	lower	Middle	upper	
politely	26.3	28	20	27
begging	13.6	4.7	0	7
aggressive	55.1	47.1	60	50.3
pointing to favoritism	5.1	20.2	20	15.8
Total	100	100	100	100

The Chi-square of the above table is 25.20. It is significant at the level of 0.01. Cramer's V coefficient is 0.18. Findings of table 4 State that persons belonging to the higher class act less politely and more proudly comparing other two classes (Rejection of the third hypothesis). Also, favoritism among the upper class is much more than lower class. In contrast, people of lower class have a more begging tone.

Table-5
Awareness and client's encounter

Client's encounter	Awareness		Total
	Referring to rules	Fail to refer to rules	
politely	32.5	23.1	27
begging	1.8	10.7	7
aggressive	57.8	44.9	50.3
pointing to favoritism	7.8	21.4	15.8
Total	100	100	100

The Chi-square of the above table is 28.69. It is significant at the level of 0.01. Cramer's V coefficient is 0.27. The results of table 5 show that patients who are aware of the Charter behave more politely. In the category of aggressive tone, the first group has more aggressive tone. In other words, people who are aware of the charter behave as much aggressive as the people who are unaware of it. In addition, it is worth mentioning that one that was unaware of Charter usually refers to favoritism or has a begging tone. Therefore, a part of the fourth hypothesis is confirmed and a part of it is rejected.

Table-6
Cause of visit and client's encounter

Client's encounter	Cause of visit				Total
	Reception	Medical	welfare	financial	
politely	22.9	22.5	25	56.8	27
begging	15.7	2.5	0	6.8	7
aggressive	34.3	68.3	59.4	31.8	50.3
pointing to favoritism	27.1	6.7	15.6	4.5	15.8
Total	100	100	100	100	100

The Chi-square of the above table is 82.61. . It is significant at the level of 0.01. Cramer's V coefficient is 0.26. Table 6 shows that people who go for welfare and financial affairs-especially financial- had more polite tone. It is necessary to say that people seeking medical care had more aggressive and imperious behavior (The fifth hypothesis confirmation). Of course, it should be noted that in the welfare group, aggressive encounter is seen, too.

It is useful to include all independent variables in a regression model. The summarized output of a logistic regression³ is now offered. Social class, awareness of patient's rights, and cause of visit can explain 0.69 variation of dependent variable. In addition, social class is the most powerful predictor.

Table-7
Logistic Regression Equation

variables	B	Sig
Social class	3.370	.000
Awareness	3.344	.000
Cause of visit	0.964	.000
Constant	-11.848	.000

Conclusion

As we anticipated based on our observations, the kind of attitude and behavior of visitors compared to the hospital complaints unit varies and several factors affect it. In this study, there were 5 hypotheses that all were tested and some ideas were mentioned about the degree of rejection and confirmation. The existence of a diverse range of behaviors as well as the relationship between different factors with this type of behavior shows that all persons had no parallel knowledge about their rights and the responsibility of the medical staff. This may, in some cases, cause aggressive and proudly behaviors and sometimes pointing out to nepotism. If the patient and his companions have knowledge about their rights as well as responsibility extent of staff and trust the medical staff performance, follow-ups would not seek for nepotism or aggressive ways; instead they would follow their case with appropriate and polite behavior.

Social class and awareness are the two variables which explain client's behavior properly. Each one affects the type of encounter in a specific way which was mentioned in theoretical discussion. It seems they would also have interaction effect which wasn't tested statistically in the paper but investigated theoretically. However, the concentration on social class as a main predictor of social actions and interactions by Weber and Blumer, and the concentration on awareness by Goffman and Mannheim are supported by empirical testing in a particular research which can represent many other social situations. Thus, the results can be carefully generalized both statistically and substantively.

Measures such as offering the patient's bill of rights written to

entourage, particularly in cases requiring hospitalization, the installation of the bill on the walls of the medical service centers, giving information such as cost, length of treatment to the patient or his entourage, monitoring the process of keeping track of complaints and related factors in performance, etc can increase the satisfaction of customers as well as the prevention of the occurrence of inappropriate behaviors. Farzaneh et al. in a study on brand identity state that communicative capability is a major factor. Then, communicative capability of complaints office can be studied further as a variable that affects dependent variable-i.e. customers behavior²¹.

It is also necessary to do research on a larger statistical population in other provinces, so the results can be generalized more confidently. In addition, it is suggested to study rate of religiosity, and gender and the position of relevant staff. At the end, it is preferable to use several methods in social sciences simultaneously and in addition to observation, questionnaire can be used depending on the situations, in order to obtain more accurate results.

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