Beating the stress that comes with your first complaint

Rima Sadhia Hussain* and
Haseeb Abbasi

I imagine this scenario: A heart sinking, knotted feeling of dread in the pit of your stomach. You then grit your teeth, clench your fists, and feel overwhelmed, anxious and apprehensive. A complete mixture of emotions. We have all felt like this from time to time. We are not talking break-ups – were talking about getting a complaint.

Complaints are stressful; we all know that. You only have to type ‘*how can I sue*’ into a search engine which comes up with all sorts of terrifying scenarios and horrifyingly detailed suggestions. A study by the British Dental Association showed that over half of respondents (54.9%) were experiencing very or extreme stress. It also highlighted that the top stressor reported by UK dentists was the

fear of litigation.¹ The Confidence Monitor Survey in 2019 reported 90% of NHS dentists feel anxious or very anxious about the risk of patient complaints.² With complaints on the rise, the procedure of going through a complaint and managing your stress and wellbeing whilst minimising burnout and psychological distress levels, can be extremely difficult.

As a writer, going through certain experiences helps build character, and can help you further down the line. Little did I know, a few months after completing vocational training and entering the real world of NHS practice life I would have received my biggest complaint to date.

Thankfully, after a difficult few months and a resolution in sight, it felt like a light

at the end of a long dark tunnel. However, after reflecting it felt good knowing how to manage the process so early on. Now, being faced with a complaint means we can manage stress much better.

With COVID-19, and uncertainty on the rise, as a profession we have no idea what complaints or issues we may face when we eventually do open as normal. Here are six 'golden rules' for managing your first complaint.

1. Assess the severity of the complaint, and if possible, offer an immediate response

Firstly, don't panic... You won't be going straight to the GDC. Initially the complaint must be acknowledged within three working days. Following this, we recommend assessment of the complaint severity – will it require involvement with your indemnifier for example. If a patient is unhappy with your appointment times and length of waiting for an appointment, this could have a response written by yourself relatively quickly. You can keep frameworks for this in the practice but do personalise it to the patient. If the complaint mentions issues regarding clinical treatment and seems more complex, discuss immediately with your indemnifier via a telephone call. This can be followed up with an email.

The written response should be sent via email (see box), posted on headed paper and followed up with a courtesy phone call by yourself or the practice manager. This is to ensure the patient has received the response. Ensure all stages are documented in the notes.

The benefit of writing a response yourself is you can get it out to the patient ASAP, which is useful for smaller complaints that are likely to be resolved more locally.

2. Pick your battles

Always remember your indemnity organisation will help you write a suitable response to the complaint. If you are writing the initial response, it is a good idea to group the main reasons why they are complaining. The response can then be tailored as such. Research shows that complaints can be grouped on what they are requesting.

The complaining patient may be doing so for a number of reasons:

- **To be heard** – Some patients will use a complaint as an opportunity to rant or let off steam. They will require acknowledgment of their feelings and empathy.
- **To receive an explanation** – Not all patients will want a detailed or lengthy explanation. It is important to offer a jargon free description of events, if this is what they require.
- **To receive an apology** – This should always be offered. An apology does not mean an admission of guilt, fault, or liability. An apology can go very far in diffusing a situation.
- **To have action plans to reduce the chance of this affecting another patient** – Patients like to see that a practice takes a zero-tolerance approach to a scenario, learns from them and that it will never happen again.
- **To resolve the situation** – Often the case may be financial compensation, but do not simply just jump to this conclusion. Try to address the other reasons the patient may be complaining. This might require multiple response letters. If there feels like there is no other choice and you believe the patient should have compensation, you can offer them a partial or full refund.

3. Scheduling time for complaints

Ask your receptionist, nurse or practice manager who is responsible for delivering your post to try to schedule it at the end of a day. There is nothing worse than coming in from a lovely weekend break to find a complaint on your keyboard when you have a busy list to see. Unfortunately, there is no ideal time, but we see it being better to have a clear head after work when you don't have patients to see.

4. Offer refunds if warranted

Compensation often means financial gain, but consider if there may be other means this can be addressed, for example offering a complimentary hygienist session. Not all refunds are justified, but sometimes it may be advisable to offer it if the patient would like it, particularly if you feel it will help

Example of an email template

An example of a relevant template for clinical records that could be used:

Complaint

This patient has written or verbally complained on _/_/_ at 00:00.

Acknowledgment sent via Practice Manager to patient's home address on _/_/_ at 00:00.

Indemnity contacted/Not contacted on _/_/_ at 00:00.

Response written up and sent on _/_/_ at 00:00 via email and post.

Awaiting further response.

to de-escalate the complaint as much as possible.

5. Read about GDC hearings

On the GDC website, there are multiple hearings and decisions that can be accessed. This can be for any member registered with the GDC and are publicly available. These are useful to learn from, as well as to see what sorts of cases need to be escalated to the GDC.

6. Involving wider members of your team

A problem shared is a problem halved. By talking to non-judgemental friendly colleagues, your senior associates, your principal and others within – or outside of the practice – they will be able to share invaluable information on how best to tackle a difficult complaint. Involving your principal is essential, as they may be able to assist with the response. The practice should be keeping a log of all complaints and the actions taken. ♦

References

1. Collin V, Toon M, O'Selmo E, Reynolds L and Whitehead P. A survey of stress, burnout and well-being in UK dentists. *Br Dent J* 2019; 226: 40–49.
2. Practice Plan. Dental Confidence Monitor 2019. Available online at: www.practiceplan.co.uk/wp-content/uploads/2019/12/7.-Dentistry-Confidence-Monitor-Report-2019.pdf (Accessed July 2020).

<https://doi.org/10.1038/s41404-020-0474-9>