

The importance of complaints handling

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In recent years in Hong Kong it has not been unusual to see allegations of negligence against dentists in the daily press. Consumers have far more knowledge of dental issues and of their rights than ever before.

As with any profession there will be occasions when things do not go to plan as far as patients are concerned. It is not always possible to guarantee the success of medical and dental treatments, particularly with the increasing complexity of the treatments being offered nowadays.

The work of Brennan *et al*¹ in 1991 showed that almost 1% of patients in American hospitals had an adverse outcome and almost 25% of these were a result of some negligent act or omission on the part of the health care provider. It was interesting to note that only 12% of these patients ultimately sued their doctor.

There are a number of lessons that can be learned from this work, namely that there are other factors that are likely to cause a patient to take action against a health care practitioner. Another finding of the study supports this: approximately two thirds of lawsuits contained no evidence of malpractice. So why would patients sue if there was no evidence of negligence or malpractice? The answer, borne out by research, often lies in the nature of the relationship between the health care provider and the patient.

The dissatisfied patient

When patients are dissatisfied there may be a variety of causes including:

- Minor service issues.
- Treatment outcomes.

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- Standard of care provided.
- Standard of communication.
- Conduct of the practitioner/staff.
- Cost of treatment or unexpected costs.
- Failure to meet the patient's expectations.

Such feelings on the part of the patient may be correctly or incorrectly held; nevertheless these are likely to be real perceptions that have to be dealt with appropriately.

A patient's dissatisfaction may be entirely justified in situations where the dentist and his/her staff have 'got it wrong'. It is not unusual, however, for there to be little if any evidence to substantiate a complaint if the complaint is borne out of the poor relationship between the patient and the dental professional and/or his/her staff.

Essentially the relationship of trust that is the foundation of the professional relationship is often destroyed, not by the dental treatment itself but by the quality of the interaction between the individuals involved. The work of Bunting *et al*² described both precipitating factors and predisposing factors in terms of complaints and litigation. A patient was far more likely to take action if predisposing factors such as rudeness, delays, inattentiveness, miscommunication, poor communication or apathy were present.

Patients as consumers are more demanding than ever, particularly in a highly developed consumerist society such as Hong Kong. It is important therefore to try, as far as possible, to achieve a high quality of interaction and communication with the patient.

When patients need to express dissatisfaction

Patients will usually choose the easiest mechanism available to express their dissatisfaction. Often patients do not give you the opportunity but will certainly tell others when they are dissatisfied³. Research shows that on average 40 to 50 people will find out about an adverse incident. Dental Protection's experience in countries

where there are good, effective complaints processes is that litigation rates will tend to be lower or certainly less costly.

It is not easy for a patient to take action against a dentist. The process of litigation is daunting for both the professional and the patient. Even at the end of the process there is no real winner because of the emotional stress caused over the considerable length of time litigation can take.

One alternative used by many patients is to complain to the regulatory body. In Hong Kong this is the Dental Council. Regulatory bodies, however, are concerned with the issue of professional conduct and not, as a rule, with complaints management and clinical negligence. The vast majority of matters that give rise to patient dissatisfaction have little (if anything) to do with professional conduct.

A patient who is seeking perhaps a reimbursement of fees (or an explanation or apology) is unlikely to relish the thought of going to a regulatory body.

The process of an inquiry by a regulatory body is also a highly stressful and emotional experience for any health care professional. It must surely make sense to adopt mechanisms to try and reduce, where possible, the number of inquiries by regulatory bodies to those that are justified by virtue of misconduct.

It is often said that the reason a complaint has ended up before the regulatory body is that there was no appropriate complaints handling mechanism for the patient—either to express dissatisfaction or to have the complaint dealt with effectively. Patients may also have a complete misunderstanding of the role of the regulatory body, so if there is no obvious complaints mechanism for them to use, it is not surprising that they may end up there.

Complaints handling

It is important that all practitioners should carefully consider how they might handle dental complaints as part of everyday practice.

The work of Johnston³ shows that successful organizations quickly realize that by dealing with dissatisfaction properly, the relationship between them and their customers is enhanced. Most complaints are about minor service issues and if these are dealt with correctly then the patient becomes more loyal and is less likely to complain in the

future.

It is extremely important that dentists and their team should be receptive to feedback and complaints. When patients complain they are usually looking for one of six outcomes⁴:

- Apology;
- Explanation;
- Reinstatement/intent to reinstate;
- Empathy;
- Symbolic atonement, i.e. this must not happen to somebody else; and
- Follow-up.

When patients are unable to resolve their concerns directly with the practitioner then the intervention of an impartial third party mechanism may also be of great assistance in bringing the parties together. This is one of the principles that underpins mediation and is used very successfully by the Patient Complaints Mediation Committee (PCMC) of the Hong Kong Dental Association (HKDA).

In 2005 the PCMC, which was set up jointly by Dental Protection and the HKDA, handled over 100 complaints, the vast majority of which were successfully mediated. If these mechanisms did not exist then many of these complaints might have ended up either in the hands of the lawyers or indeed at the Dental Council—even though very few of these complaints had anything to do with professional conduct. Mediation is a very appropriate mechanism for dealing with the vast majority of dental complaints. It is faster and easier for patients and significantly less stressful for all parties.

Complaints handling in practice

There are many ways of handling complaints in-house. Dental Protection's Annual Review 2006⁵ refers to the "Sad but Glad" technique recommended by Wendy Leebov⁶ which is highly effective in a health care setting.

There are a number of features of a successful complaints handling system and these include:

- The patient can easily express their concerns.
- The practice actively listens to the patient's concerns.
- The practice carries out a full and impartial investigation.
- The patient receives a full response with explanation, reassurance, apologies, offers to help to rectify or

refund as appropriate.

- The patient is followed up to see if their concerns have been addressed.
- The complaint procedure concentrates on resolving the patient's dissatisfaction rather than defending any particular position.

If the above criteria are applied, then even if the patient is not fully satisfied the complaint handling process will be transparent and will be of use to anybody looking at the complaint thereafter.

A well-handled complaint demonstrates professionalism on the part of the dentist or practice. On the other hand, a poorly handled complaint can demonstrate the opposite. Good complaints handling systems build customer loyalty and satisfaction⁷.

Summary

It is far better, for dentists and patients alike, to have a well-developed complaints system that encompasses the above principles. When a third party view is required, mediation is the preferred route. This is far more patient-friendly than the daunting process of litigation or a

Dental Council inquiry that, at the end of the day, may not give the patients what they wanted.

A good mediation process is important and tries to bring parties to a resolution. Future articles may look at some of the specific skills required for complaints handling.

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