

Handling patient complaints

Fact sheet 4

Effective handling of patient complaints can be key to the success of the practice. It is also a skill that is important to your own professional reputation. Customers will tell many more people about a negative experience than they will a positive experience, so reputations can easily be damaged if you do not resolve complaints well. It is quite possible to turn a negative patient experience into a positive one by effective and sensitive handling of a complaint.

There are four main steps to take when handling a complaint:

- Find the right place
- Listen to understand
- Speak to be understood
- Reduce the differences between you and the patient.

Find the right place

The right place to discuss a complaint is not in the middle of the practice. Suggest that the patient moves with you to an office or side area. Emphasise that it is in both your interests to do this, so that you can discuss the situation in detail – otherwise the patient may believe that your motivation is to avoid creating a scene in the practice.

Listen to understand

Emotions often interfere with listening. Try to recognise the emotions that the patient is expressing, and also the content of their complaint. This takes practice. People want evidence that they've been heard and understood, so show signs that you are listening, and use your body language to encourage people to continue with their account. Use clarifying and focusing questions to help you both understand the problem (see Box 1). Finally, summarise the problem as you understand it, and get the patient to confirm that the problem has been fully understood, or to correct your understanding.

Speak to be understood

Once the patient has given their initial (probably rehearsed) story, apologise that the patient is dissatisfied, and that the situation has occurred, and state your intention to resolve the situation to the patient's satisfaction. Once, through a combination of listening and questioning, you have agreed that your understanding of the situation is correct, it is time for you to give an explanation of what may have happened. While you may believe that the practice is not at fault or is not responsible for the situation, you should nevertheless regret having a dissatisfied customer. The patient may have misperceptions about what has happened, or there may indeed have been mistakes made by the practice. Regardless of who or what is to blame, it is important to monitor your tone of voice, as your own emotions will have an effect on the situation.

For example you may feel angry or frustrated, but allowing this to show will exacerbate the situation. Simply state what has happened from your perspective, and be as objective as possible. There will be times where you have to interrupt the patient to provide additional information, but always do this tactfully. It is important to stay flexible during these negotiations if you are to arrive at a solution that is acceptable to both the practice and the patient.

Reduce the differences

Throughout the discussions, highlight where your beliefs and intentions are the same as the patient's to try to allay the confrontational atmosphere that may arise. There are several techniques you can use for this "blending" in which you reduce the differences between yourself and the customer.

- Facial expression should never be negative, but if the patient smiles, so should you
- Gestures – adjust the amount of gestures you use to match the patient's gesturing

- Posture – mirror the posture that the patient takes, while ensuring you use open body language
- Words – use the same words as them while you are summarising complaints or discussing possible actions. Don't be tempted to use technical jargon

Use the rapport built to change the trajectory of the complaint – from a negative situation that has occurred, to ensuring that the patient is completely satisfied.

When dealing with complaints, keep the following point in mind. More information about understanding the patient and negotiating a solution is shown in Box 1.

- Most people don't enjoy making complaints, so they are likely to be experiencing high levels of emotions such as anxiety, fear, and anger. Without careful handling of the person and their complaint, the situation has the potential to deteriorate
- People who make a complaint are likely to have rehearsed what they will say, so you should let them finish speaking without interrupting. You also need to listen to ensure you understand the patient's perspective and exactly what they are complaining about
- Distinguish between the person and the behaviour that they are demonstrating. Reasonable people can behave out of character when placed in difficult situations, such as when they are making a complaint. Don't accuse people of being difficult, rude, or aggressive. Instead, identify the positive behaviour you would like them to display. For example "Please talk me through what happened," or "Let's sit down and discuss what we can both do to put this situation right."
- Instead of reacting to what is being said, you should respond mindfully. To do this it is useful to be able to recognise your own emotions, and select the most appropriate response to the situation
- Never take things personally.

Box 1: Questioning skills

There are four main styles of questioning that you can use in practice.

- **Open questions** are those in which the patient can give any response, such as "how has your general health been over the past year?" or "which situations do you find it's more difficult to see clearly?" Open questions are useful at the beginning of a consultation to get a good understanding of the patient's needs and expectations
- **Closed questions** are typically those that have yes or no answers, such as "Have you had more difficulty reading small print over the past year or so?" or "would you like me to explain that again?" Closed questions are good for checking your understanding of a situation
- **Focusing questions** are useful to focus the patient's attention on a particular area, and so help you explore something in more detail. They are open questions, but direct the patient's answer to the area you would like to find out more about. For example: "You mentioned that you've been getting tired eyes recently, can you tell me about when that tends to happen?"
- **Clarifying questions** are a type of closed question that clarify a particular issue. They are useful to help the patient understand a particular point, or why you are making a particular recommendation. For example: "You say that you don't like driving at night any more, is this because of your vision?"