



Understanding health professionals’ responses to patient complaints in secondary & tertiary care in the UK: A systematic review and behavioural analysis

Antonopoulou, V., Meyer, C., Chadwick, P., Gibson, B., Sniehotta, F. F., Vlaev, I., Vassova, A., Goffe, L., Lorencatto, F., McKinlay, A. & Chater, A.M.

About the research

Healthcare complaints are increasingly being seen as valuable for assessing and improving safety and quality of care provided by healthcare organisations. Complaints about care point to a gap in expectations between healthcare professionals and patients and/or defensive practice¹.

Escalation of complaints can be due to communication issues during the complaints process (for example, an apology or an explanation), rather than medical error. Given that healthcare professionals’ (HCPs) first response influences the path of a complaint, by responding effectively when concerns are first made, escalation of complaints could be reduced. Hence, it is important to understand the factors that influence HCPs behaviour in this context.

Whilst there is extensive literature on factors influencing patients to raise a complaint^{2,3}, sparse research has explored how complaints are responded to by HCPs in secondary and tertiary care.

The aim of the current study was to identify the **key actors, behaviours and influences on behaviours involved in HCPs’ first response to a patient-raised complaint in secondary and tertiary care using behavioural science models and frameworks.**

Method

Systematic review of peer-reviewed and grey literature published from 2002-2022. 5 electronic databases were searched: Scopus, Medline/Ovid, Embase, Cinahl, and HMIC. Only UK studies were included due to differences in complaints procedures across different countries.

Data extraction:

1. Identification of actors, behaviours and influences involved in responding to patient complaints
2. Behavioural analysis: Inductive and deductive thematic analysis onto the Capability Opportunity Motivation-Behaviour (COM-B) model and the Theoretical Domains Framework (TDF)⁴.

Recommendations

- ❖ Reframe organisational narratives around the meaning of patient complaints (e.g., an opportunity to learn vs a vexatious attack) taking care to involve clinical staff in the positioning of this change (Motivation)
- ❖ Address role divisions by intervening at multiple levels of the system/organisation to increase staff confidence in complaints handling (Opportunity)
- ❖ Improve procedures which support proactive management of the patient experience (e.g. assessing patients’ expectations when making a complaint) with interventions at multiple levels (Opportunity):
 - Staff (e.g., explaining procedures and delays)
 - Management (e.g. managers setting this as an expectation for staff and ward culture)
- ❖ Improve resource allocation for patient care to match demand (e.g., increased staff) or more effective management of demand issues, and Patient Advice & Liaison Service to be appropriately resourced to allow for learnings from complaint management to feed into patient care (Opportunity)
- ❖ Increase managerial and collegiate support for health professionals who have complaints raised against them (Opportunity)
- ❖ Improve health professionals’ capability to manage aggressive and intimidating behaviour from patients/carers – for example, de-escalation skills, and training for communication skills and ‘perspective taking’ abilities (Capability)
- ❖ Increase knowledge of the procedures around responding to patient complaints (Capability)

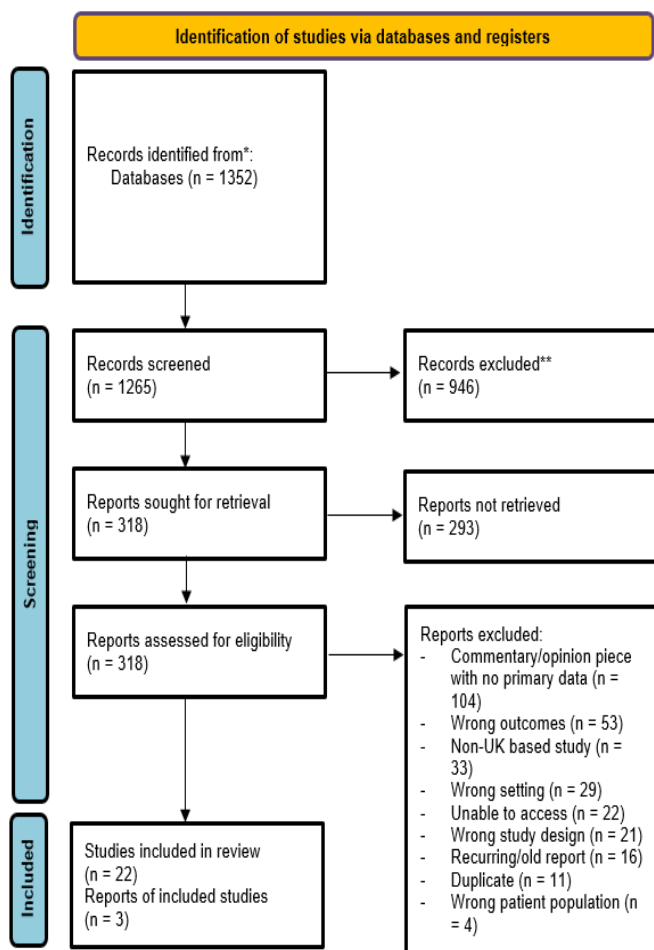


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Results

Figure 1. PRISMA diagram of study selection and exclusion



Exclusion criteria for studies:

- Primary care and dental care
- Mental health and learning disabilities
- Focus on forensic investigations (sexual assault, secure units)
- Paediatric services
- Study design: commentaries not reporting primary data

Actor: Patient - Behaviours:

Raising a concern or complaint

Stops pursuing complaint

Escalates complaint/ makes repeated complaints

Actor: HCPs - Behaviours:

Active listening and understanding

Responding to/resolving complaint

Apologising/not apologising to complainant

Avoiding/delaying response to complaint

Dismissing patient complaints

Accepting/not accepting complainant's point of view

Providing explanation to patients about the context leading to sub-optimal healthcare

Seeking help from other staff/managers

Defensive practice

Conveyed lack of sympathy to complained about staff

Being more attentive to angry complainants

Showing support to other staff

Denial of responsibility

Reluctance to provide feedback to senior staff about poor complaint handling

Asking for an independent investigation

Assessing patient needs and expectations from complaints

Actor: Healthcare Organisation - Behaviours:

Offers apology

Assessing patients; expectations from the complaint's procedure (organisational policy level) and monitoring complaints resolution

Audit/review of policy

Study characteristics

25 papers were included in the review:

- peer reviewed journals (n = 18)
- government reports (n = 4)
- commentaries (n = 3)
- conference abstract (n = 1)

Designs varied:

Qualitative (n = 14)

Quantitative (n = 7)

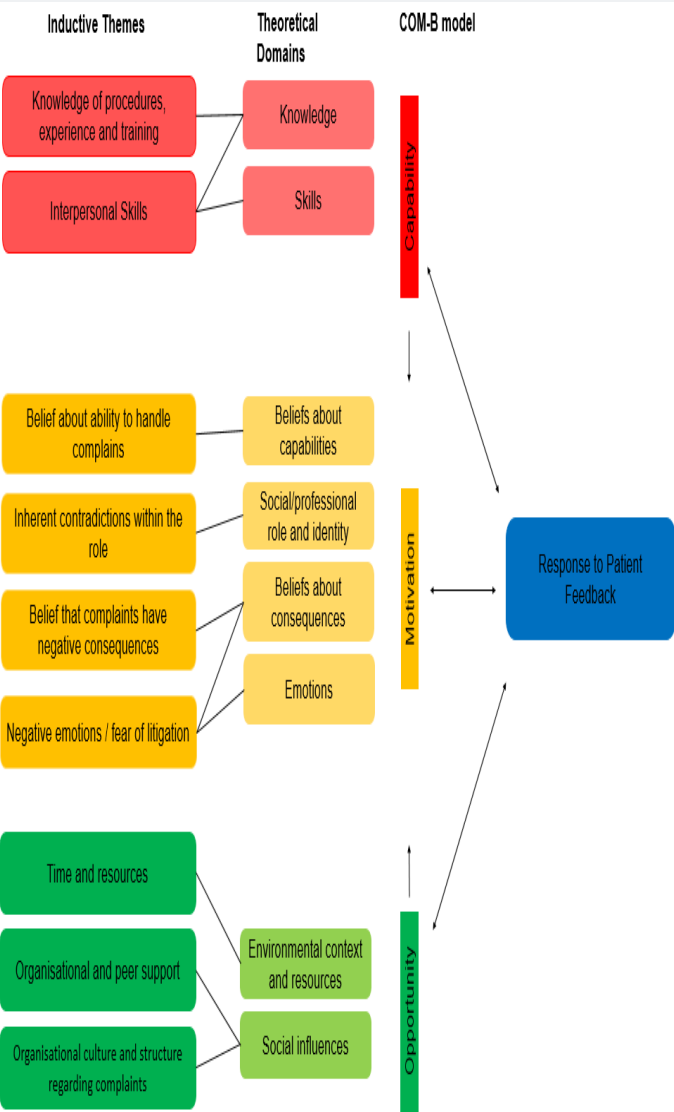
Mixed methods (n = 4)

Overall, study quality, as assessed with the Mixed Methods Analysis Tool [3] for 21 articles and with the Critical Appraisal Checklist for text and opinion (JBI) for 4 commentaries, was good.



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Capability

HCPs' ability to communicate well with patients and their families was an enabler to deal with complaints effectively.

"99% of patients were satisfied with an explanation and an apology indicating that almost all have been due to a lack of good communication than due to real deficiencies in the clinical care" (Siyambalapitiya et al., 2007, p107).

Opportunity

Participants stated that they mostly felt supported by their colleagues, but often lacked support from management (Bourne et al., 2017).

"Nurses also felt that they were often left to deal alone with irate members of the public in the absence of management support and often under conditions of extreme pressure" (Xanthos, 2005, p17).

Motivation

HCP's interpreted complaints as a breakdown in their relationship with the patient and a result of limited appreciation for HCP efforts to provide quality care.

"It's the way he did it [complained] ... why would he do it like that [go to the Head of Department] and not come to us? That's the thing that really threw us all...that's the really difficult thing" (Adams et al., 2018, p609).

Acknowledgements

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- More details can be found in the pre-print: Antonopoulou, V., Meyer, C., Chadwick, P., Gibson, B., Sniehotta, F., Vlaev, I., Vassova, A., Goffe, L., Lorencatto, F., McKinlay, A. & Chater, A. Understanding health professionals' responses to patient complaints in secondary and tertiary care in the UK: A systematic review and behavioural analysis. *Health Research Policy and Systems* - available at: <https://www.researchsquare.com/article/rs-3193937/v1>