

# The impact of patient's complaints on New Zealand dentists

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## ABSTRACT

**Background and objectives:** This study aimed to investigate the impact of receiving a patient complaint on dentists in New Zealand.

**Method:** A qualitative research method was chosen to investigate the experience of dentists in receipt of a complaint. Nine dentists practising in New Zealand who had received complaints from a variety of sources were interviewed. All volunteered having responded to requests and advertisements seeking participants for the study. In-depth interviews with line-by-line transcript analysis allowed the discovery of themes and subthemes related to the impact of complaints.

**Results:** Receiving a complaint was a stressful experience for these dentists. Anxiety, loss of confidence, fear of loss of income and altered relationships with complainants characterised respondents' personal responses. Dentists were distracted from family time by the complaint, and their families experienced upset and anxiety. Anxiety spread within the practice to colleagues and staff. Respondents and their staff had to cope with difficult and at times abusive behaviour from complainants and their families. Dentists reported feeling helpless, struggling with lack of timeliness, the need for a satisfactory and meaningful resolution and the impact of third parties, particularly in the genesis of the complaint. They were aware of costs incurred by patients. They sought meaningful support but sometimes late in the process. For these respondents the complaint led to few changes in their practice.

**Conclusion:** Receiving a complaint is a stressful experience and dentists need appropriate emotional as well as legal support. The responsibility for this lies with the wider profession.

## INTRODUCTION

The complaints system is one way in which society interacts with the dental profession. The right to complain about a dentist is enshrined in legislation (Code of Health and Disability Services Consumer Rights 1996) and it is unlikely that society will relinquish this right. This is because complaints are part of the system of checks and balances that holds the profession to account for its practice; they are part of the 'external morality' of professional behaviour in contrast to the 'internal morality' of professional self-regulation (Paul, 2000). Complaints provide an outlet for airing dissatisfaction and provide patients with an opportunity to take action against dentists who have breached their rights. Ideally, the complaints process should be a way in which society interacts with the profession and its individual members to improve the standard of dental care; receiving a

complaint should lead to change (hopefully in a positive or constructive direction).

There were 2635 registered dentists in New Zealand on 1 June 2014, and although there are no data giving the rate of complaints against dentists here, the annual rate of complaint in Victoria is 4.1% (Hopcraft and Sanduja, 2006). In the UK, a recent British Dental Journal editorial noted that the number of complaints against dentists had doubled in the past five years, with a 31% increase between 2012 and 2013 alone (Hancocks, 2014). That editorial considered that increased ease of complaint-making, incentivised complainants and their lawyers and societal shift towards increased comfort with whistle blowing may have contributed to this trend. He also noted that in 2012, a mere 34 dentists were removed from the Dentist Register (out of some 40,000 registered dentists). This is consistent with a 2009 UK review of the General Dental Council's Professional Conduct Committee indicating that only 0.18% of registered dentists came before that body (Singh 2009). That report also found that most of these (serious) charges related to issues of clinical practice including poor treatment, poor records, radiation and NHS fraud.

How complaints impact on dentists' personal and practising lives is not extensively researched either internationally or in New Zealand. One Dutch study found that "for dentists who actually had to face a disciplinary council, their experience was very frightening and affected their professional satisfaction" (Brands 2002).

There is however, local and international research on the impact of complaints on medical practitioners that may be transferable to dentists. Key findings include evidence that doctors respond to complaints at both an intellectual level (they analyse their practice from a biomedical perspective and judge it right or wrong) and an emotional level (Cunningham, 2004). There is little concordance between the severity of the complaint and the intensity of the emotional response, and Wu goes so far as to suggest that the doctor is the 'second victim' (Wu, 2000). Doctors are easily shamed by receiving a complaint and this shame response may drive their downstream behaviours. These behaviours include practising defensive medicine (Cunningham and Dovey 2004) which may include increased use of investigations, procedures and referrals (all of which may be expensive and wasteful), and withdrawal from various patients, their conditions or types of practice; these responses are all predicated on the erroneous idea that by doing so, doctors will guard against a future complaint (Cunningham and Wilson 2011). Some authors believe this to be evidence of 'maladaptive learning'; that is, internalised change in the doctor receiving a complaint leading to worse rather than improved practice (Wilson and Cunningham 2013).

The main avenues open to consumers to complaint against dentists are: the Office of the Health and Disability Commissioner (HDC); the New Zealand Dental Association (NZDA); the Dental Council of New Zealand (DCNZ); the Disputes Tribunal of the District Court; direct-to-practice

complaints; and the use of mainstream and social media. Interestingly, complainants are not restricted to just one avenue, and dentists may have to defend themselves in more than one of the above settings. If a complaint cannot be resolved 'in-house', the complainant may approach the NZDA where a Consumer Affairs Officer (CAO) will act as an impartial mediator. NZDA advises dentists to seek support from their indemnity provider such as Dental Protection Limited (a branch of Medical Protection Society).

This research aims to investigate the impact of patient complaints on dentists in New Zealand to help inform the profession about how to better support dentists (if necessary) and consider the profession's overall response towards the challenge and opportunity that complaints provide to improve practice.

## METHOD

The authors chose a qualitative research method that aimed to uncover themes and subthemes about the experience of dentists receiving a complaint. We used a phenomenological research method that aims to allow investigation of knowledge gained from "reality as it could be consciously experienced" (Grbich 1999), which means that knowledge is not limited to an abstract idea or concept, but includes and validates the lived experience of the research participants. Furthermore, this method requires the researchers to develop knowledge from the respondents that avoids merely restating their comments, instead creating new understandings. The method creates new knowledge that can form a foundation for further research, and that is transferable (to similar situations) rather than generalisable.

Author TS is a practising dentist and has worked as a CAO at the Auckland branch of the NZDA since 2004. Potential respondents were recruited by one of the researchers (TS) who presented the proposed study to colleagues in person at meetings of the NZDA in Auckland, Christchurch and Southland, by email to executive members of other NZDA branches and by an advertisement in the July 2013 NZDA newsletter.

Nine dentists who had received a complaint volunteered for the study. Interviews were of 60-90 minutes duration. Six dentists were interviewed at their place of work outside working

hours, two in private at an NZDA conference and one at the dentist's own home. After obtaining consent, TS conducted the interviews. They were recorded, transcribed and subjected to line-by-line thematic analysis by the authors. TS used a semi-structured interview technique explored respondents' initial and ongoing responses to the complaint and the complainant, their ideas about how it affected their practice of dentistry, relationships with family and colleagues, ideas about the complaints process and their learnings from the experience. Interviews were conducted until, by the final interview, no new themes emerged.

The semi-structured interviews included open ended questions such as

- Tell me about how you first heard of the complaint and how did you feel?
- How do you usually handle such feelings?
- Has it affected the way you practice dentistry today?
- What advice would you give to younger dentists regarding complaints in general, and as a consequence of this complaint?
- Has this experience altered in any way your relationship with your dental colleagues?
- How do you feel about going through the process of the complaint?

Participant confidentiality was assured.

Ethical approval was given by the Otago University Ethics Committee.

## RESULTS

Table 1 lists the characteristics of the respondents (Dentists D1-D9), their complaints and outcomes. Participants' year of graduation ranged from 1977 to 2007. All were in current dental practice in New Zealand although respondent 5 discussed her experience of receiving a complaint whilst practising in the UK's National Health Service. Three respondents (D3, D6 and D9) had trained overseas, all of the remainder graduated from University of Otago School of Dentistry. TS had not been involved with any of these complaints in her CAO role with the Auckland branch of NZDA.

Table 1

	Gender	Region	Complaint	Complaint body	Outcome
Dentist 1 (D1)	F	Invercargill	Undiagnosed cracked tooth	Direct to dentist	Resolved
Dentist 2 (D2)	M	Christchurch	Dysthesia post local anaesthetic injection	HDC	No fault found
Dentist 3 (D3)	M	Auckland	Overtreatment	Direct to dentist	Resolved
Dentist 4 (D4)	F	Christchurch	Pain during extraction	HDC	No fault found
Dentist 5 (D5)	F	UK	Tooth extraction without proper consent	NHS	No fault found
Dentist 6 (D6)	M	Hamilton	Poor management of a child	HDC	Complaint upheld
Dentist 7 (D7)	M	Auckland	Management of faint	HDC patient advocate	Unresolved
Dentist 8 (D8)	M	Wellington	Perforation of root during RCT	HDC patient advocate	Resolved
Dentist 9 (D9)	F	Auckland	Pain after dental treatment	Direct to dentist	Unresolved

## THEMES

### • The stress of receiving a complaint on the dentist, their family and colleagues

Personal responses

All of the respondents commented on how stressed they felt initially on receiving a complaint and several noted how they experienced bodily manifestations of stress, including changes in sleep and eating patterns.

*"So you open the envelope and I remember when I read it I suddenly felt like I was going to faint, you know tunnel vision, I just sat down, looked up and kept breathing and everything was alright. It was during my break, but yeah it was intense, emotionally overwhelming."* D8

*"Eating is definitely up, with lots of stress unfortunately, and weight gain. You know when I say to myself I better do something about it I go 'well, let's worry about the stress first' ... I probably drank more alcohol than normal that would be a definite side effect of it at the time."* D9

Even being interviewed brought back recollections of the intensity of their emotional responses.

*"Last night I didn't get much sleep just thinking about it as well, thinking about that case. It was at the time, I put myself back to that time, and it came back absolutely fresh."* D3

For some respondents the complaint caused loss of confidence and took a long-term toll on their emotional health

*"Your whole confidence is rocked and you're thinking why am I doing dentistry? Should I be doing dentistry? And am I going to have to deal with this every year for the next 20 years of practice?"* D9

*"I've had anxiety attacks and stuff before, and I think this was definitely was a trigger for it, an anxiety attack. So I didn't have counselling but I did end up on anti-anxiety medication."* D1

Fear of loss of income was a significant stressor for several respondents, particularly if they were the sole income earner.

*"I was scared because I was the sole bread winner for the family. We had used all our finances to answer the exams and come to New Zealand, there was no reserve absolutely to fall back on. I thought right if I lose my job I can't feed my family, I'd feel very inadequate as a male, as a provider."* D3

*"I'm the only person who is working at home and so for me to lose any work or anything would be disastrous."* D4

Respondents also commented on a change in their relationship with their patient

*"I felt that this long standing patient that I had treated like glass had backstabbed me."* D5

*"The most shocking part of it all as it was someone who I had spent a lot of time with never charged time, so it was disappointing."* D4

Respondents noted feeling distracted or preoccupied by the complaint that detracted from their time with family, and feelings of anxiety appeared to spread within the practice, affecting many of the staff even though they were not directly implicated in the complaint.

*"There were plenty of times I was here with the kids in the Christmas holidays and I had to try and get the little ones*

*mindful by the bigger one so I could go to the bedroom, close the door and have a conversation with whoever on the phone about what she said ... and try and keep them all quiet while I was doing it, it was just very hard to manage it all."* D9

*"It did upset the whole practice. Everybody did feel anxious about their own patients and their own wellbeing."* D4

### • Dealing with difficult behaviours of the patient and their family

Several respondents commented on how they or their practice staff had ongoing contact with the complainant or the complainant's relatives. They found this stressful and difficult to manage as they had to try and support their staff as well as care for their own emotional needs. The tension of verbal exchanges between the complainant and dentist and staff was heightened by occurring in public places or in the waiting room. Some respondents had even been subjected to personal threats and they struggled to deal with this sort of confrontation, and for others ongoing communication from the complainant's family added to the protracted nature of the experience

*"But the trouble was that she frightened me, which is why I handled her like glass because I was frightened of her all the time. The last time I saw her was when she was slagging me off in the reception area. I had two choices, hide or confront and I chose that I should hide."* D5

*"Maybe three days later, my nurse was taking the bin out to the street for rubbish day and somehow she walked straight into the patient again on the road and the patient was really hostile towards her you know she was using all the profanities and my nurse was good she just walked away from it and said 'have a nice day' or something."* D7

*"I did get hate mail from the family for about another year. Every sort of 3-4 months about how their mother was suffering and not managing to get on with her life ... it was addressed to me like a personal letter, then I'd open it up and they would just let me know how miserable their mother was and how upsetting it had all been, and how it was affecting the family."* D4

### • Factors around the process of the complaint

Several subthemes indicated problems associated with the process of the complaint. The first was an almost overwhelming feeling that the dentist was now immersed in a process about which they understood very little and over which they had no control. Respondents acknowledged that helpful information probably existed, but they felt unable to usefully access it.

*"I have to wonder what's going on here and how does this process work? ... That feeling of not being in control, that feeling of not being able to manage it, that feeling of a bureaucrat making decisions about a professional life and implicating you."* D6

*"I'm not sure how all the processes work and how long they all take ... that's concerning. Maybe it's written down and I should just look it up but I don't know."* D9

Several respondents commented on factors around the timeliness of different aspects of the complaints process. Some had experienced considerable delay between treating the patient and receiving a complaint, whereas others noted significant delays in achieving resolution or in finding out

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the final outcome, particularly when the complaint went through a formal process such as to HDC.

*"I think about six months later I got the complaint. So it was kind of like things were going okay and then boom."* D8

*"It's been 3 years, since they've had the information, the last information I had from them was 3 months ago, when I got a letter apologising for taking so long to get back to me."* D6

*"I knew that it was going to go through some sort of hearing which I just don't know anything about. I've never been on the bad side of life so for me it was quite scary ... The whole procedure took about six months ... It just took a long time for letters to come back..."* D4

Some respondents felt that no satisfactory resolution had been reached and that the complaints process had interfered with the opportunity to resolve the issue with the patient

*"So when I actually got the letter saying "Review your complaints procedure" I was angry because I just thought, 'so this complaint is actually all for nothing, because all you're doing is asking me to review my complaints procedure because you can't think of anything else'. So then it became quite mild in terms of seriousness but annoying because of everybody's time, energy and anxiety that have been wasted."* D5

*"There is a sense of isolating me from the patient and I find that very disturbing. It eliminated a real opportunity for those of us who don't find it difficult dealing with complaints, who are willing to treat the patients as human beings and deal with issues in a constructive and quick manner- a win/win solution."* D6

Several respondents commented on the perceived impact of third parties in the genesis of the complaint. They felt that comments made by other dentists and by other health providers may have created or inflamed the complaint, and that this was inappropriate and unfair.

*"He (another dentist) said that I was not qualified to do this. He knows what he was saying, and he was correct I'm not qualified I don't have a specialist qualification but, and he knows this ... I know what I'm doing and I do some good work."* D6

*"The doctors at the A & E said 'oh you've just had a bad*

*injection'. It was a really bad injection, that's what the A & E told her."* D7

- **The issues of money and of patients' costs**

Some respondents remained concerned for the costs incurred by the patient, whereas others felt no obligation in this regard. Employed dentists noted that they were hampered in terms of refunding money or providing free services to a complainant because they lacked control over the business.

*"I said to them whatever cost (there was an ACC component), in excess of that I would pay, I didn't want the patient to be out of pocket."* D2

*"I think that I did nothing wrong to the woman, I did all the treatment to the best of my ability ... she's been given all her money back for that. I don't think she warrants further compensation."* D9

- **Sources of support**

Most respondents had accessed support from Dental Protection Limited (DPL) and had found that support prompt and effective. However, some respondents had tried to deal with the complaint and respond to complaint bodies by themselves, and perhaps lost the opportunity to resolve the complaint earlier or get a better outcome

*"They were fantastic and sort of took a lot of the fear away ... so having that and knowing that someone was on your side backing you, immediately gave me a sense of relief."* D4

Respondents also looked for support at their workplace, from colleagues and family. For most, it was helpful but they recognised a need for experienced advice and that even close family may not understand the impact of the complaint

*"I shared it with other dentists and they were sympathetic because they could see my point of view of course being dentists. They were all younger than me and hadn't really dealt with complaints before so weren't able to offer any advice really."* D1

*"I discussed it with my husband quite a lot. Yeah he would*

have just said, "Yeah that's people, it'll come right" and he was quite right. He didn't quite see why I was so affected by it." D5

Participating in the study and talking about their experience with TS was helpful for some respondents

"I think having someone to talk to who has kind of been there would be a good help. It makes you realise that everyone gets complaints and everyone feels like that they are the worst dentist in the world for a while." D1

"So it actually feels really good to talk with someone who knows what I'm talking about because as I said talking to my husband he doesn't know, and he's automatically going to defend me, so it's good to talk about it with someone out of it." D9

- **Changes in practice**

Respondents denied having made major changes to their practice of dentistry as a result of the complaint. They reported being unable to see how their work could have been done significantly differently, but they did report being more aware of record-keeping and of informing patients about what they were doing, particularly in 'wait and watch' situations.

"I did do that analysis in my mind I suppose of how I could have done things differently and I still don't think I would do anything differently, if a patient presented with a similar problem I would do it just the same, as I said that slight change in the technique, whether that makes any difference I don't know. That's the only thing I'd do differently." D2

"I document everything, before I start; all the investigations that need to be done are done. I take photographs I take X Rays I've got everything here. Everything is done ... And if I don't have time, my DA's do it as I'm talking to the patient they are documenting everything down." D3

"With patients who have 'watches' on their teeth, I tell them every single time I see them now. So that they know that I'm keeping an eye on a tooth which may have had a wee R2 lesion on it for 20 years." D1

## **DISCUSSION**

The key question posed in this research, namely 'what are the major features of the experience of receiving a complaint for dentists?' is readily answered. This study shows that the impact of receiving a complaint on the person of the dentist is significant and injurious. For this cohort of respondents, receiving a complaint was stressful, it caused considerable anxiety and uncertainty, and it engendered a feeling of helplessness. As with doctors, we postulate that dentists may be shamed by a complaint. In our opinion, dentists in receipt of a complaint need ongoing support that responds not only to the intricacies of the legal aspects of a formal complaint but also to unpredictable interpersonal stress, prolonged anxiety and the feelings of helplessness indicated by these respondents.

Apart from taking more care with note keeping and keeping patients informed, these dentists did not make any changes to the way that they practiced.

Our interpretation of these findings is that there is a 'missing link' in the complaints process. What is missing is the opportunity for careful structured reflection allowing learning and change. We contend that enabling reflection and learning is a responsibility that should be shouldered by the

profession as a whole, rather than by individual dentists who may be quite traumatised by a complaint and are perhaps the least able to instigate change. Although dental practice may be seen as being done in isolation, our respondents emphasised the impact of a complaint on the entire practice, including staff and colleagues, observations consistent with ideas on professionalism as being:

"A team sport, emphasising our obligations towards patients and our responsibilities to the colleagues who surround us. Emphasising our collective obligations also acknowledges the reality that most current healthcare is delivered not by individual providers but rather by healthcare teams. It is our responsibility to act to improve the care provided by our team and to address colleagues' problems when we see them." (Gallagher and Levinson 2013)

The profession's responsibility for providing support is echoed by D'Cruz who, in the context of the UK's NHS, considered the question "Who cares for the carers?" and warns us:

"It behoves us as a profession to accept that complaints are an essential part of improving the quality or care we deliver but we should also be acutely aware of the impact these complaints have on the individual who are the subject of these complaints, whether justified or not, and to provide the pastoral care to support them and prevent any long term emotional or health consequences as a result." (D'Cruz 2009).

Psychological support mechanisms do exist in the New Zealand setting. The counselling service instigated by Medical Assurance Society and Medical Protection Society in New Zealand has been shown to be efficacious for doctors (Cunningham and Cookson 2009) and may be an appropriate model to help dentists when they too are faced with a complaint. What is particularly important in our view is that dentists' general level of awareness of the impact of complaints should be raised, and that they should be encouraged to seek help very early in the complaints process, rather than going it alone. The imperative for promoting awareness and enabling dentists to reach out for support lies with the wider dental profession, not as a nicety, but as a professional responsibility.

## **ACKNOWLEDGMENTS**

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## **Obituary Philip Lowe**

### **PHILIP LOWE, BDS, DipClinDent**

14 March 1944-25 December 2014

Phillip Lowe was a dynamic general dental practitioner.

He was born in Wellington, New Zealand, and educated at the University of Otago Dental School in Dunedin. After graduating BDS in 1971, he worked as a dentist at Porirua Hospital and Arohata Borstal for girls.

Phillip and his wife Peggy, moved to Auckland at the end of 1973, and Phillip worked at Bob Covich's dental practice in Glen Eden.

In 1976 he set up his own practice – the Massey Dental Centre. This became a very successful Auckland suburban dental practice and he treated many students from the local secondary school, Massey High School.

To further improve his dental theory and clinical skills, he joined the University of Otago's postgraduate dental distance-learning programme, and in 1988 he gained his Postgraduate Diploma in Clinical Dentistry.

In 1998 he established a second dental practice in Dominion Road, Mt Eden, Auckland – Dominion Road Dental Care. This enabled him to do more specialised conservative dentistry, especially crowns and bridges.

Phillip was involved in numerous dental activities that include membership of the Auckland Dental Association's Executive,



Phillip Lowe

training dental surgery assistants, and enjoying dental golf and fishing competitions.

Outside dentistry Phillip had many and varied interests. These included fishing, golf, dabbling in part-ownership of trotters, and following rugby. In the last 3 years of his life, Phillip withstood many health problems and challenges related to his unexpected and unfortunate paraplegia.

He was determined and believed he could still contribute to his profession. He did this by writing and publishing dental articles, and he still attended Auckland Dental Association meetings. In October last year he was awarded a 2014 Wrigley Company Foundation NZDA Community Service Grant to undertake a research project – 'Dental Care for the

Disabled'. He had time to read books and newspapers from cover to cover, and he loved contributing to Talkback Radio – often at 3.00-4:00 am! Thus he gained the honorary title of 'DR PHIL'.

Phillip was born in the Chinese Zodiac year of the Monkey, and he will be remembered by all for his cheekiness, caring attitude, and his need to voice his opinion on any subject. He will be remembered with fondness by everyone.

Phillip is survived by his wife Peggy, and children Gregory, Philippa, and Malcolm and their families.

*Jeffery Lowe*