



University
of Glasgow

HIRSTWORKS



Being Complained About

**GOOD PRACTICE PRINCIPLES
AND GUIDELINES**

ABOUT THESE GUIDELINES

Being Complained About – Good Practice Guidelines is a document which aims to improve the way in which organisations handle complaints by focusing on supporting staff members who have been complained about. It provides some principles and guidelines which an organisation may wish to adopt as part of their existing complaint handling arrangements. The document is based on research evidence and has been developed in consultation with practitioners.

Although many complaints are not as serious as the adverse events described in the healthcare research literature, it is demonstrable that being complained about can and does have a negative impact. And that this impact can be mitigated through the application of clear processes which both involve and support the person complained about. It is also important for staff to be listened to, be heard, and be able to give their ‘side of the story’.

The original research which informs these Guidelines was led by Chris Gill (University of Glasgow) and Carolyn Hirst (Hirstworks) in partnership with Jane Williams (Queen Margaret University) and Maria Sapouna (University of West of Scotland). The findings from this research¹ have contributed to the production of the *Being Complained About Good Practice Guidelines* and to the Accompanying Notes.

The Guidelines were developed in consultation with practitioners by Carolyn Hirst and Chris Gill, with funding from the University of Glasgow’s ESRC Impact Acceleration Account. We are particularly grateful to the office of the Scottish Public Services Ombudsman for their input into the project.

The Guidelines are offered as a resource for organisations to choose to adopt and use. They are not prescriptive and can be adapted by an organisation to suit their existing complaint handling policy, processes, terminology and approaches.

USING AND ACKNOWLEDGING THE GUIDELINES

The guidelines are available as a free resource, although we would be grateful if you could acknowledge having drawn on them if you choose to adopt or adapt the guidelines within your organisation. We are tracking the impact of the guidelines and we would also be grateful if you could email chris.gill@glasgow.ac.uk to tell us if you have found them useful and if you decide to use them in your organisation.

Thank you.

Date published: February 2019

¹ GILL, C., SAPOUNA, M., HIRST, C., WILLIAMS, J. 2019 (forthcoming). Dysfunctional accountability in complaint systems: the effects of complaints on public service employees. Public Law, (October 2019).

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BEING COMPLAINED ABOUT GOOD PRACTICE GUIDELINES

This document has been produced as a resource for organisations – it is their choice whether to adopt and use all or parts of it. It sets out suggested Good Practice Guidelines relating to when staff are complained about. It is not a prescriptive document and can be adapted by an organisation to suit their existing complaint handling policy, processes, terminology and approaches. The Accompanying Notes are for use when adopting the Guidelines.

1 INTRODUCTION

- 1.1 This document sets out how we will manage a complaint about a member of our staff. We use the term 'person complained about' to refer to the staff member who is the subject of a complaint.
- 1.2 We believe that complainants have a right to be heard, understood and respected. Our [Name of policy or process document(s)] sets out how we deal with a complaint received about our organisation.
- 1.3 We also believe that the right to be heard, understood and respected applies to the person complained about.

2 GUIDELINE PRINCIPLES

- 2.1 The principles which underpin these Guidelines relate to Fairness, Transparency, Confidentiality and Efficiency.
- 2.2 By **Fairness** we mean that both the complainant and person complained about should have the opportunity to say what happened in relation to a complaint, to provide evidence to support what they say and to say whether they agree or not with a complaint decision. Fairness also means that the person making the decision about the complaint should not prejudge the complaint or favour either the complainant or the person complained about.

- 2.3 By **Transparency** we mean that the complainant and the person complained about are similarly kept advised about how the complaint will be dealt with, the progress of the complaint through the process and the reasons for the decision relating to the complaint outcome.

- 2.4 **Confidentiality** is essential in complaints handling. This includes maintaining the complainant's confidentiality and explaining to them the importance of confidentiality generally. However, confidentiality does not mean secrecy and our approach is to always tell a staff member when a complaint which relates to them has been received unless there is an over-riding reason not to do so. In doing this, we will bear in mind our legal requirements, [*you may want to name these here – such as data protection, duty of candour etc*], as well as our own policies on confidentiality and the use of information.

- 2.5 **Efficiency** is also important and we aim for our complaints process to be as efficient as possible, by which we mean that a complaint should be progressed without delay. We know that the longer it takes to deal with a complaint the more stressful it can be for all concerned.

3 EXPECTED BEHAVIOURS

- 3.1** We know that people may act out of character in times of trouble or distress. We expect staff who are complained about to behave in a professional manner towards those who have complained about them.
- 3.2** We also recognise that the actions of complainants who are angry, demanding or persistent may result in behaviour towards our staff which is, or is experienced as being, unacceptable. We will, therefore, apply the relevant organisational policies and procedures [*you may want to name these here*] to protect staff who are complained about from unacceptable behaviour such as unreasonable persistence, threats or offensive behaviour including discrimination.
- 3.3** Where necessary, and (where possible) after discussion with the person complained about, we may decide to reallocate their contact with the complainant to another staff member on either a temporary or permanent basis.

4 IMMEDIATE ACTION FOLLOWING NOTIFICATION OF A COMPLAINT

- 4.1** The action to be taken will depend on whether a person has been named in a complaint or is a person complained about.
- 4.2** Where a person has been named in a complaint, but the complaint is not about their actions or inactions, then the person(s) administering the complaint will tell them (as soon as practically possible) that a complaint which mentions their name has been received. This is for information only as it is unlikely that they will need to be involved in the complaint process.
- 4.3** In the case of a person complained about (which includes a person who has not been named but who can be identified as being the person complained about),

as soon as is practically possible after the receipt of a complaint, this person will be told that a complaint about them has been received.

- 4.4** The person complained about will be provided with as much information as possible about the complaint and any supporting information. They will be told how and when they will be given the opportunity to respond to the issues raised.
- 4.5** The person complained about will have access to a named contact person who can help them (if needed) with support relating to the complaints process. This may be their line manager, but should not be the person who is responsible for investigating or making decisions about the complaint outcome. It is not the role of this contact person to form a view about the merits of the complaint.
- 4.6** It is for the person complained about to decide whether to access the contact person and what to tell them about the complaint. The contact person will respond to any concerns that the person complained about may have throughout their involvement in the complaints process. The contact person is expected to provide, or advise about others who can provide:
- information about the complaints process
 - information relating to other organisational processes or policies which may relate to the complaint
 - information about support or support services which are available to the person complained about [*you may choose to provide details of the services which are available to staff both internally and externally*]
- 4.7** Depending on the nature of the complaint, it may be that others – such as Human Resources – need to know about it at an early stage. The person complained about will be told if others have been or need to be notified.

5 COMPLAINT RESOLUTION DISCUSSIONS

5.1 Wherever possible, appropriate and where our complaints process permits, we will involve the person complained about in the discussions relating to the resolution of a complaint in issues:

- which are at an early stage in the process, are straightforward, can be resolved easily and require little or no investigation
- where the complainant and the person complained about both have a willingness to assist the resolution of the complaint through discussion

5.2 If complaint resolution is used, then it may take the form of:

- a direct discussion between the complainant and the person complained about (if both are willing for this to happen)
- an impartial third person who is acceptable to all parties conveying information between those involved
- an impartial third person who is acceptable to all parties helping those involved to talk to each other and find a solution

6 COMPLAINT INVESTIGATION AND DECISION

6.1 As part of a complaint investigation, we will always arrange for the person complained about to provide their response to the issues raised in the complaint. Our process for doing this is *[description of process including any requirement to provide a response in writing]*.

6.2 Wherever possible, the person complained about will be given the opportunity to comment on the information provided by the complainant, and to offer any additional information to support their response.

6.3 The person complained about will receive a copy of any decision outcome sent to the complainant, and this will be provided (wherever possible) at the same time as it is sent to the complainant.

6.4 Irrespective of whether a complaint is upheld or not, the person complained about will be told straight away about any implications relating to the decision, including any potential 'next steps' and what this might mean for them (see Section 9 below).

6.5 The person complained about will be involved in any learning or actions which result from the complaint outcome decision. We will also give the person complained about the opportunity to discuss their experience with an appropriate person as to how we have dealt with the complaint and how this has impacted on them.

7 REVIEW OF A COMPLAINT DECISION

7.1 If a complainant does not accept the decision reached in relation to their complaint, then the complaint may be subject to an internal or external review process (for example, external review by an Ombudsman or a Tribunal).

7.2 In these situations the person complained about will (wherever possible):

- be told as soon as it becomes known that the decision will be reviewed
- be informed about the relevant review process and what the possible outcomes might be
- have access to a named contact person for advice and support
- have the right to see and comment on any review documents
- be told straight away about any review outcome
- be given an opportunity to discuss their experience relating to the review process with an appropriate person

7.3 Irrespective of whether a complaint is upheld or not at this review stage, the person complained about will be told straight away about any implications relating to this and will be involved in any learning or actions which result from the complaint review decision.

8 COMPLAINTS AND PROFESSIONAL CONDUCT

8.1 A person who is complained about may be a member of a profession, in which case it might be the case that a complaint about them needs to be referred to the relevant professional body for consideration.

8.2 In this situation, we will:

- advise the person complained about that the complaint will be referred to their professional body
- tell the person about any communication we have with the professional body about the complaint
- enable the person complained about to have access to a named contact person for advice and support

8.3 It may be that a complaint is made directly to a professional body, in which case we will tell the person complained about immediately that we become aware that this has taken place. We will also tell them about any potential resulting action that we need or intend to take.

9 ACTION RELATING TO A COMPLAINT

9.1 The closure of a complaint is not the end of the process. We have a non-punitive and positive approach to managing complaints. This includes taking any necessary action in relation to a person complained about. When considering what – if any – action needs to take place in relation to a person complained about, our approach is to follow the guidance set out in Appendix One.

9.2 At the earliest opportunity after the closure of the complaint, we will make sure that the person complained about is given feedback in order to better understand the decision of the organisation and any recommendations made.

9.3 We will also inform the person complained about who, in addition to the complainant, we intend or need to tell about the complaint outcome (both within and outwith our organisation) and how and when we intend to do so.

9.4 All complaints contain the potential for learning. Even if a complaint is not upheld, it can be helpful to understand why it was made in the first place. Through complaints handling we aim to identify opportunities to improve how we work across the organisation. In particular, we will involve the person complained about in the identification of any shortfalls and contributory factors, and in the development of solutions to effectively address problems and reduce the likelihood of recurrence.

APPENDIX ONE ACTION RELATING TO A COMPLAINT

The Table below suggests an approach to be followed when deciding whether action needs to take place in relation to a person who has been complained about. It highlights some important principles to be considered before formal management action is taken in relation to an individual staff member.

Start here Q1. deliberate harm test

1a Was there any intention to cause harm?

If **NO** go to next question

If **YES**



Recommendation:

Follow organisational guidance for appropriate management action. This could involve: contacting the relevant regulatory bodies, suspension of the staff member, referral to police and disciplinary processes.

Q2. health test

2a Are there indications of substance abuse?

2b Are there indications of physical or mental ill health?

If **NO** go to next question

If **YES**



Recommendation:

Follow organisational guidance on substance abuse/health issues affecting work, which is likely to include occupational health referral. Also consider sick leave and reasonable adjustment to duties.

Q3. foresight test

3a Are there agreed processes and procedures in place that apply to the action/omission in question?

3b Are the processes and procedures workable and in routine use?

If **YES** go to next question

If **NO** to either



Recommendation:

If processes/procedures were not in place, or were but not workable or in routine use, then action relating to the individual staff member is unlikely to be appropriate.

Action needs to take place to put appropriate processes/procedures in place, or to ensure that those present are workable and used.

Q4. substitution test

- 4a** Are there indications that other individuals from the same peer group, with comparable experience and qualifications, would behave in the same way in similar circumstances?
- 4b** Was the individual missed out when relevant training was provided to their peer group?
- 4c** Did more senior members of the team fail to provide supervision that normally should be provided?

If **NO** go to next question

If **YES**
to any



Recommendation:

More likely to be a system failure. So, action relating to the individual staff member is unlikely to be appropriate. Depending on the nature of the complaint, some additional relevant support/training may be appropriate.

However, action needs to take place to understand why others would behave in the same way in similar circumstances – and what needs to be done in relation to this.

If relevant training has been missed, then the staff member needs to undertake this training.

Where there has been a failure in supervision, there is likely to be a need to investigate why the appropriate level of supervision has not been provided.

Q5. mitigating circumstances

- 5** Were there any mitigating circumstances relating to the actions/omissions of the staff member?

If **YES**



Recommendation:

More likely to be a system failure. So, action relating to the individual staff member is unlikely to be appropriate – this may depend on the degree of mitigation applied.

Depending on the nature of the complaint, some additional relevant support/training may be appropriate.

If **NO**



Recommendation:

Follow organisational guidance for appropriate management action. This could involve individual training, performance management, competency assessments, changes to role or increased supervision, and may require relevant regulatory bodies to be contacted, staff suspension and disciplinary processes.

The approach set out in this Table has been adapted from the NHS Improvement document **A Just Culture Guide**² which was based on the work of Professor James Reason and the National Patient Safety Agency's Incident Decision Tree.

² NHS Improvement. A Just Culture Guide. <https://improvement.nhs.uk/resources/just-culture-guide/>

ACCOMPANYING NOTES

GUIDELINE PRINCIPLES

The underlying ethos of these Guidelines is the belief that both complainants and staff complained about have a right to be heard, understood and respected.

The main principles which underpin the Guidelines have been extrapolated from the research findings below – reflecting how those complained about would like the process to treat and interact with them.

These principles are those of Fairness, Transparency, Confidentiality and Efficiency – which also reflect the principles promoted by the Ombudsman Association in relation to good complaint handling³ – and the Guidelines set out what is meant in practice in relation to these four principles.

EXPECTED BEHAVIOURS

This section has been included as it is known that people may act out of character in times of trouble or distress – and this applies to both complainants and those complained about. Behaviours may be unacceptable in situations where the complainant has an ongoing relationship with an organisation and the staff member needs, or is expected to, continue to interact with the complainant.

Organisations may already have a policy or process in place to deal with unacceptable behaviours/actions – and if not, good practice examples can be found on the web sites of the New South Wales Ombudsman⁴ and the Scottish Public Services Ombudsman⁵.

It is helpful for the organisation to have arrangements in place to deal with any/all forms of unacceptable behaviour/action, including that relating to social media.

The underlying ethos of these Guidelines is the belief that both complainants and staff complained about have a right to be heard, understood and respected.

IMMEDIATE ACTION FOLLOWING NOTIFICATION OF A COMPLAINT

The terms ‘staff’ and ‘staff member’ are terms used in the Guidelines to describe those who work for the organisation.

The Guidelines distinguish between a staff member whose name has been mentioned in relation to a complaint (for example, they happen to be the person relaying a message or who the complainant spoke to about a concern) and a member of staff (defined in the Guidelines as ‘the person complained about’) whose actions or inactions are the subject of the complaint.

This section of the Guidelines sets out the immediate action to be taken. This includes telling the person complained about that a complaint has been received, telling them what the complaint is about and providing them with relevant information, telling them what will happen during the process and offering support.

The Guidelines suggest that there be access to a named contact person whose role is to ‘be there’ for the person complained about – and is either able to provide the needed advice and support or knows how to access it.

If the organisation has a recognised trade union, then it can be helpful to have agreement as to what their role would be in supporting the person complained about.

³ Ombudsman Association. Guide to Principles of Good Complaint Handling. <http://www.ombudsmanassociation.org/docs/BIOAGoodComplaintHandling.pdf>

⁴ New South Wales Ombudsman. 2012. Managing Unreasonable Complainant Conduct Manual <https://www.ombo.nsw.gov.au/news-and-publications/publications/guidelines/state-and-local-government/unreasonable-complainant-conduct-manual-2012>

⁵ Scottish Public Services Ombudsman. Unacceptable Actions Policy. https://www.spsos.org.uk/sites/spso/files/communications_material/leaflets_public/general/1507UnacceptableActionsPolicy.pdf

COMPLAINT RESOLUTION DISCUSSIONS

All complaints have the need for investigation in order to find out what has happened and why the complainant is dissatisfied. However, the extent of the investigation required will depend on the type and nature of the complaint.

Research has shown (see below) that those complained about often feel excluded from discussions relating to complaint investigation and resolution. This section has been included to encourage their involvement in complaint resolution discussions wherever appropriate and where existing complaint processes permit.

COMPLAINT INVESTIGATION AND DECISION

This section relates more specifically to the involvement of the person complained about in the investigation of a complaint, setting out how and when they will be told and involved. It also sets out how and when the person complained about will be told about the complaint decision and any associated actions.

REVIEW OF A COMPLAINT DECISION

The issuing of a complaint decision by an organisation may not be the end-point for the person complained about. For example, a complainant who is dissatisfied with a decision reached in relation to their complaint may have the opportunity to invoke an internal or external complaint review process. This section sets out suggested good practice to apply in these situations.

COMPLAINTS AND PROFESSIONAL CONDUCT

For those complained about who are members of a professional body, there may also be a complaint about their conduct to the body concerned. This section sets out good practice in relation to this.

Depending on the nature of the complaint and the reason for the professional body referral, it may be that there is media interest and coverage relating to the complaint. It is helpful to have policies and procedures in place relating to media interest – and to have agreed in advance how and when the person complained about will be advised, involved and protected from any adverse publicity.

ACTION RELATING TO A COMPLAINT

This section refers to action which might need to be taken by an organisation in relation to the person complained about.

Appendix One of the Guidelines sets out a suggested approach to be followed. It highlights the principles to be considered before any formal management action is taken against an individual staff member. This approach to deciding whether and what type of action is needed has been adapted from the NHS Improvement document **A Just Culture Guide**.⁶ This document was based on the work of Professor James Reason and the National Patient Safety Agency's Incident Decision Tree, and reflects that an important part of a just culture is being able to explain the approach that will be taken.

This section also emphasises the importance of the person complained about being given feedback so as to better understand the decision of the organisation and any recommendations made.

In particular, it suggests that the organisation involves the person complained about in the identification of any learning opportunities, shortfalls and contributory factors, and in the development of solutions to effectively address problems and reduce the likelihood of recurrence.

THE RESEARCH BACKGROUND

INTRODUCTION

The *Being Complained About – Good Practice Guidelines* is a document which aims to improve the way in which organisations handle complaints by focusing on supporting staff members who have been complained about. It provides some principles and guidelines which an organisation may wish to adopt as part of their existing complaint handling arrangements. The document is based on research evidence and has been developed in consultation with practitioners.⁷

WHY THE PRINCIPLES AND GUIDELINES ARE NEEDED

It is generally agreed that there are three dimensions of complaint handling: providing redress for the complainant, using complaints to improve services, and ensuring that staff members recover effectively from being complained about.⁸ While the first two dimensions are well established within complaint systems, the third hardly features at all. So, why should we care about how being complained about may impact on and affect members of staff?

The simple answer is that complaints can have negative effects on staff members and that these can, in turn, impact upon organisational performance. If staff members' health, wellbeing, and working practices are negatively affected by a complaint, then – over time – the performance of the organisation is likely to suffer. This may also prevent complaints systems from achieving their goals around using complaints to improve or even 'transform' services.⁹

If staff members emerge from complaint processes stressed out, anxious, lacking confidence, and behaving defensively, then how can they be expected to provide better services and look upon complaints as learning opportunities? And if being complained about is a negative experience for staff, then how can positive, open, non-blaming cultures around complaints be created? As explained below, there is growing evidence that complaints systems can have unintended consequences and result in dysfunctional effects on staff members. It is in this context that these principles and guidelines have been prepared.

BEING COMPLAINED ABOUT – THE RESEARCH EVIDENCE

Complaints-related research has tended to focus on complainants, including studies on how complaint processes are experienced. Relatively little attention has been paid to the impact on those who are complained about – both within their own organisation and by actions carried out by others, such as regulators and ombudsman offices.

The research to date on being complained about has mainly centred around complaints in the healthcare sector, and has its origin in studies relating to medical errors. Kohn et al 2000¹⁰ concluded, in an early publication relating to this, that the majority of medical errors did not result from individual mistakes – it was not a “bad apple” problem and that more commonly, errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.

⁷ The original research which informs these Guidelines was led by Chris Gill (University of Glasgow) and Carolyn Hirst (Hirstworks) in partnership with Jane Williams (Queen Margaret University) and Maria Sapouna (University of West of Scotland). GILL, C., SAPOUNA, M., HIRST, C., WILLIAMS, J. 2019 (forthcoming). Dysfunctional accountability in complaint systems: the effects of complaints on public service employees. *Public Law*, (October 2019). These guidelines have been developed in consultation with practitioners by Carolyn Hirst and Chris Gill, with funding from the University of Glasgow's ESRC Impact Acceleration Account. We are particularly grateful to the office of the Scottish Public Services Ombudsman for their input into the project.

⁸ JOHNSON, R., AND MICHEL, S. 2008. Three outcomes of service recovery: customer recovery, process recovery and employee recovery. *International Journal of Operations & Production Management*. Vol. 28, No. 1, pp. 79-99.

⁹ SIMMONS, R. and BRENNAN, C. 2013. *Grumbles, gripes and grievances: the role of complaints in transforming public services*. London: NESTA.

¹⁰ KOHN, L.T., CORRIGAN, J.M., and DONALDSON, M.S. 2000. *To Err Is Human: Building a Safer Health System*. The Institute of Medicine. Washington, DC: National Academy Press.

Also in 2000, Albert Wu, then an Associate Professor at John Hopkins University, published an editorial in the British Medical Journal in which he said that: "...although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims."¹¹

A 2007 article by Charles Denham of the Texas Medical Institute¹² considers that these health care team members who are 'second victims' should have rights. He proposes five – using the acronym of TRUST: Treatment is Just; Respect; Understanding and compassion; Supportive care; and Transparency and the opportunity to contribute.

The findings of more recent research by Ullstrom et al 2014 confirms that professionals (and patients) may be affected in two ways after an adverse event: first, by the incident itself, and second, by the manner in which the incident is handled.¹³ Findings include that poor process routines added to emotional distress, as do lengthy investigations, not being notified about the decision and a lack of follow-up after the investigation. It identified the need for professionals to talk and receive emotional support after an adverse event, particularly during the investigation, and their need to understand and learn from the event.

In 2016, Tom Bourne and colleagues published a major qualitative study¹⁴ on how doctors experienced the complaints process and how it made them feel. This built on their findings of a major study carried out in 2015 on the impact of complaints procedures on the welfare, health and clinical practice of doctors in the UK.¹⁵

Findings from the 2016 study included that doctors' perceptions of the most stressful aspects of the complaint could be categorised into seven main themes:

- procedural issues – such as bias in favour of the complainant, duration and unpredictable nature;
- fear of the consequences;
- negative self-image and lack of professional confidence;
- fear of the reaction of colleagues and managers;
- aware that the complaint was justified;
- feeling the complaint was unfair; and
- dealing with the complainant.

The majority of suggestions by doctors in the study to improve procedures relate to transparency, reasonable timeframes and fairness. Many doctors reported practising defensively or considering changing career after a complaint, and few found any positive outcomes from complaints investigations.

The rest of this document outlines the findings of a mixed methods project investigating the impact on local authority planning staff and housing association staff in Scotland who had been complained about.¹⁶

¹¹ WU, A., 2000. Medical error: the second victim. British Medical Journal [online] vol. 320, pp. 726 – 727. [viewed 10 August 2018] Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117748/>

¹² DENHAM, C. R., 2007. TRUST: The five rights of the second victim. Journal of Patient Safety. vol. 3, pp. 107–119.

¹³ ULLSTRÖM, S., SACHS, M.A., HANSSON, J., ØVRETVEIT, J. and BROMMELS, M., 2014. Suffering in silence: a qualitative study of second victims of adverse events. BMJ Quality & Safety [online] vol. 23, no. 4, pp. 325-331. [viewed 10 August 2018] Available from: <http://qualitysafety.bmj.com/content/qhc/23/4/325.full.pdf>

¹⁴ BOURNE, T., VANDERHAEGEN, J., VRANKEN, R., et al. 2016. Doctors' experiences and their perception of the most stressful aspects of complaints processes in the UK: an analysis of qualitative survey data. BMJ Open [online] vol. 6, pp. 1-10. [viewed 10 August 2018] Available from: <http://bmjopen.bmj.com/content/6/7/e011711>

¹⁵ BOURNE, T., WYNANTS, L., PETERS, M., et al. 2015. The impact of complaints procedures on the welfare, health and clinical practise of 7,926 doctors in the UK: a cross-sectional survey. BMJ Open [online] vol. 4, pp. 1 – 12. [viewed 10 August 2018] Available from: <http://bmjopen.bmj.com/content/bmjopen/5/1/e006687.full.pdf>

¹⁶ See footnotes 1 and 7.

KEY FINDINGS **OVERALL EFFECTS**

- 71% of people complained about report their work practice being affected by a complaint
- 67.2% of people complained about report their health and well-being being affected
- 61.2% of people reported their attitude to service users being affected

The key finding is that being complained about can affect the health and well-being of staff, their work practice, and the way they perceive service users. For most, the effects were moderate. However, a significant minority reported being affected 'a great deal' by a complaint.

KEY FINDINGS **EFFECTS ON WORK PRACTICE**

- 66.7% of people complained about become more cautious in dealing with certain types of service users
- 33.3% of people complained about report frequently checking and double checking their work
- 27.9% of people complained about report becoming unsure of their work practice
- 16% of people complained about report avoiding certain tasks

This research also found that the likelihood that a complaint would have a negative effect included factors such as the level of experience of the member of staff, whether the complaint is perceived as personal, whether the complaint is perceived as an attack on professionalism and whether the complainant is perceived as vexatious.

RESEARCH INSIGHT **EMOTIONAL EFFECTS**

"I was quite shocked, and a bit hurt by it, to be honest, because I feel like, when I did my job, you know, I'd kind of gone above and beyond... And then I just felt a bit angry about the whole situation, because it got quite personal... and then, you know, questioning my professional ability, and my, yeah, capability of doing my job, I felt it was a bit, you know, uncalled for."

"It was dreadful, it was one of the worst things that's happened to me as an employee, ever. I can't think of a worse experience."

Various aspects of the complaint process were seen as problematic by those who had been negatively affected by a complaint. These included:

- perceptions that complaint processes favoured customers
- they were open to abuse by vexatious complainants
- a lack of information about, and involvement in, complaint processes
- that processes are lengthy and communication is poor
- that complaint processes can lack impartiality

RESEARCH INSIGHT **EFFECTS ON WORK PRACTICE**

"I mean, at the time, I was concerned about it because I thought, you know, have I done something wrong in terms of my assessment of the application, did I miss something out? You know, did I mess up, basically?... if I had done that then I think it would have a significant impact on my confidence in dealing with cases because the first thing I'd think is, if I've got this wrong, what else have I got wrong with other applications? You know, is it just sheer luck that no one else has complained, what's wrong here? So it does make you question your own judgement."

"I felt that my capability was being challenged and... I think it's your self-worth really because the reputation that I'd built up over the years in that particular role I felt was all for nothing basically because there was this one area that was... it was quite a serious error that had been made."

These research findings also suggest that the adverse impact of being complained about can limit, rather than promote, learning. Conclusions from the research are that support may be particularly required for more junior staff and that measures seen as potentially helpful include developing a positive culture around learning from complaints, managerial support, peer discussion and support, and ensuring the complaint process operates fairly.

RESEARCH INSIGHT **THE NEED TO BE HEARD**

"We're... trying to help a customer, it is a case of they would believe what [the tenant] said and, you know, try and apologise rather than actually get to the root cause of what actually happened, what was said. So that was quite stressful. Although I had, you know, I said what happened, basically the answer back to the tenant was, yeah okay, we may have given you wrong information. We apologise."

"Ultimately it's to try and make sure that the individual who is being complained about has the opportunity to present their side of the story, because I think inevitably the truth probably isn't entirely captured in the complainer's statement."

RESEARCH INSIGHT

THE NEED FOR COMMUNICATION AND INFORMATION

"I feel that, as the person that's involved in the case, I'm not necessarily fully aware about what's going on, so there's a degree of uncertainty from my perspective about what's happening in the background, kind of thing... I think the crucial thing is just being informed as to what stage something is at and whether there's been any follow-up to it. I think that's the crucial thing."

"I think for me it's just communicating, keep supporting the person who the complaint has been made against. Keep everybody apprised of the information that you receive so keep the supervisor involved and keep the person involved themselves so they're not hearing information second-hand either."

"I would like to see the line managers speaking more to the staff. Again, I think by talking it over with the staff, making sure that they realise why that complaint was made against them, and then by talking that through and once the staff member understands that, they've already learnt something from that."

Also in 2017, the Scottish Public Services Ombudsman (SPSO) published a report called 'Making Complaints Work for Everyone: Learning from Complaints'¹⁷. This report identifies the causes of negative staff experiences of complaints, including poor organisational support and a culture of blame. It suggests that problems arise from a lack of clear processes – including support mechanisms – and unclear strategies to cope with challenging behaviour from that very small number of complainants who engage a disproportionately large amount of staff resource.

The key message from this SPSO Report is that organisations need to actively support their staff through complaints processes and engage staff in positive and purposeful activities to manage and learn from complaints.

¹⁷ Scottish Public Services Ombudsman. 2017. Making Complaints Work for Everyone: Learning from Complaints. [online]. [viewed 10 August 2018]. Available from: https://www.spsso.org.uk/sites/spsso/files/communications_material/Thematic_Reports/MakingComplaintsWorkForEveryoneFinalWeb.pdf

SUMMARY OF KEY MESSAGES FROM RESEARCH STUDIES

- Being complained about can significantly affect the health, wellbeing and work practices of staff members

- For many the effects will be moderate, but context is important – areas where the stakes are high such as healthcare may see more serious effects

- For a minority of people complained about (around 15%) the effects of complaints can be very severe

- Where complaints are severe, the experience is described by staff members as traumatic

- Complaints affect people emotionally, impact on their wellbeing and can lead to stress, anxiety, and depression

- Complaints can also affect people's ability to do their jobs properly – they may become defensive or start avoiding certain tasks

- Negative effects of complaints are exacerbated by poor complaint handling e.g. not being kept informed and not being involved in the complaint

- When asked about improvements, people who have been complained about mostly emphasise the need for complaints processes to be fair