# Preventing and managing complaints in a changing world

Kevin Lewis
Special Consultant, BDA Indemnity

## Introduction

To say that we are living and working in a changing world, is something of an understatement. What is perhaps less obvious is the impact of some of these changes on dental complaints – sometimes positive and sometimes not – in terms of how and why they arise, how we become aware of them, how they progress and where they might finish up.

## Dissatisfied with treatment?

Once upon a time, the default starting point was a letter of complaint. Indeed, some complaints processes even insisted on every complaint being set out in writing before it could be formally considered and responded to. Fast forward to 2025 and consumerism has well and truly made its mark. The empowered consumer can (and is encouraged to) express their dissatisfaction in whichever way they choose – and in today's world this is likely to involve one or more online channels, including 'Trustpilot'-type rating scales on a plethora of platforms, and of course social media. This is particularly true of younger generations, for whom this is an essential adjunct to daily life and facilitated by being surgically (and often permanently) attached to a smartphone.

To understand the wider ramifications of dissatisfaction, Fig. 1 provides a visual illustration of the spectrum of patient satisfaction. This diagram highlights that the number of patients who are either totally/openly satisfied, or at the other extreme, prepared to voice their dissatisfaction in some way, are both relatively small in the overall scheme of things. A much greater number of patients are to be found in the two middle zones; many satisfied patients don't tell you, but they do recommend you to their work colleagues, friends and family. All four zones represent some kind of opportunity but one would be foolish and shortsighted to ignore the two biggest zones in the middle, where the biggest opportunities are located. But the reality is that most of a dentist's time and effort in the area of customer care tends to be focused on responding and reacting to the least satisfied patients – who probably represent a tiny majority of all the patients seen.

## Pro-active rather than reactive

Instead of waiting for a complaint to manifest itself, it clearly makes more sense to invite feedback in order to unearth any actual or potential dissatisfaction lurking beneath the surface, and to act upon that in order to resolve it at the earliest stage, and avoid it escalating and/or perhaps resulting in the patient going elsewhere. Better still, to take every opportunity to build the strongest possible relationships with each and every patient, thereby minimizing the risk of any dissatisfaction arising at all. This 'upstream' approach needs to be an active, deliberate process, but is at least made easier in general practice because each successive appointment provides a fresh opportunity to build rapport, and to add depth and substance to our knowledge of the patient. This process should involve every member of the practice team. There is copious evidence that risks are heightened when a dentist treats patients that they don't know very well, especially those being treated for the first time.

## It's all coming out now

Historically, written letters of complaint were at least private, but the same cannot be said of comments posted on social media. These can be challenging to deal with because professional confidentiality still applies - frustratingly you don't have the patient's consent to discuss any aspect of their treatment in a public forum, yet the urge to put the record straight is understandable and compelling. Once you uncork the bottle and unleash the social media genie the consequences can be far more damaging that an old-style letter of complaint might have been. As for responding, the best advice is to be guided by your indemnity provider.

## Mitigating the risks

In today's climate there is even more reason that dentists should focus on the root causes of complaints, and not least, building stronger relationships with their patients. There is a wealth of evidence that the risks of complaints and litigation initiated by patients and family members is not just a reflection of the treatment carried out, but are strongly influenced by surprisingly simple factors such as:

- Whether or not they like you
- Whether or not they think you like them
- Whether or not they think you care (enough) about them and / or are (sufficiently) interested in them as an individual
- Whether or not they trust you and believe that you have their best interests at heart
- How important/special/valued you make them feel.

An American researcher Robert Bunting and co-workers distinguished between 'predisposing factors' (essentially, interpersonal dynamics and organisational/system issues) and 'precipitating factors' (clinical/procedural/technical issues including human error). Neither set of factors, in isolation, lay the ground for a serious problem, whereas the co-existence of both types of factor makes it much more likely that complaints and claims will arise. Conversely, strong interpersonal foundations are protective in that a patient tends to be more understanding/forgiving and much less likely to escalate complaints and take things further (including litigation).

## Recognising generational differences

As society continues to evolve, we need a particular blend of knowledge and understanding, and not least communication skills, to equip us (and our practice team) to deal with the range of patients coming to see us, many of them presenting new and very different challenges. It is not easy for any of us to be able to communicate equally well with people of all ages, cultures and personalities and irrespective of gender.

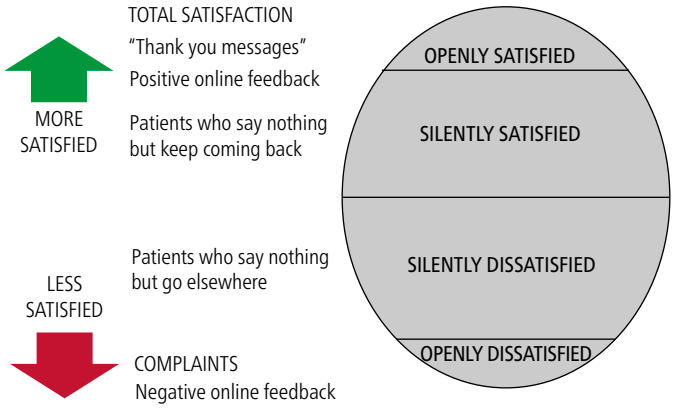


**Fig. 1 The spectrum of satisfaction**

| Age in 2025 | 81-97 | 60-80 | 46-59 | 30-45 | 13-29 | 12 or under |
|---|---|---|---|---|---|---|
| | Born 1928-1944 | Born 1954-1965 | Born 1966-1979 | Born 1980-1995 | Born 1996-2012 | Born since 2012 |
| | SILENT GENERATION | BABY BOOMERS | GENERATION X | GEN Y (MILLENIALS) | GEN Z (post-millennials) | GENERATION ALPHA |
| Defining events | Great Depression<br>World War II<br>Rationing | Post-war austerity<br>Cold War<br>(The swinging sixties)<br>Moon Landing | Live Aid<br>Computers | Twin Towers 9/11<br>GFC<br>Social Media | Covid 19 pandemic<br>Diversity<br>Environment | |
| Tech shaping early life | Wireless radio<br>Motor Car<br>Aircraft | Television<br>Travel | Video<br>PCs and tablets<br>Mobile phone | Smartphone | Smarttech<br>AI and VR<br>Climate | |

Current registrants span four generations

**Fig. 2 The generational cohorts**

The existence of a so-called 'generation gap' has been recognised for some time, with each successive generation presenting something of a mystery to their elders, in the way they look, think or act. According to generational theory, we are all shaped by the things and events around us as we grow up, but the pace of technological change has accelerated to widen generational differences. Broadly speaking there are four generations represented amongst today's dental registrants (see Fig. 2), treating patients spread across these and two further generations, and unless you understand the differences between all six generations, miscommunication is an accident waiting to happen. Readers may wish to complete the blank sections for Generation Alpha but it is probably too early to attempt that, such is the pace of change.

Listening effectively and reading – and using – non-verbal skills (body language) requires conscious effort and a willingness to invest the time, especially when dealing with patients with whom we don't have much in common. Quite apart from the increasingly common situation where English is not the first language of the clinician, or patient (or both), the subtleties of inter-cultural differences in eye contact, tone of voice, facial expression and other communication styles are crucial but not always fully understood and put into practice.

The total UK population number has risen in recent years and is also aging; most of that expansion is due to immigration, not the birth rate of the existing population (which is in fact falling). Not only has the UK become more diverse, but more so in some parts of the country than others so that this becomes a highly relevant consideration for some practices. But alongside all this, UK society has become much more consumerist, and today's dental patients are less accepting than in the past. They want and often demand everything that they have come to expect when obtaining other goods and services in their busy lives, at the same time as wanting that extra layer of personal care and consideration, respect and quality, that one associates with attending a healthcare professional.

## Expectations

Managing patient expectations is a key part of avoiding dissatisfaction and complaints, and yet this has become a self-inflicted additional threat, with the GDC having relaxed most of the advertising restrictions of bygone years, and many dentists falling into the trap of 'overpromising and under-delivering' especially in their enthusiastic promotion of elective private procedures such as short term and/or aligner orthodontics and a wide range of cosmetic restorative procedures. Attracting new patients for procedures of this nature, often with the help of social media, then creates a perfect storm because the bar has typically been set high and yet there is no historic relationship to come to the clinician's rescue if things don't go to plan.

Another growing issue has been the rapid shift away from the NHS. This has spawned a new type of complaint, with concerns being raised that NHS treatment is not being offered because of some form of discrimination or prejudice on the part of the dentist. Precisely the kind of allegation that a strong and trusting pre-existing relationship would make less likely.

## Conclusion

Technical, clinical skills in dentistry are obviously important, but are not enough to keep you safe in today's world. Yet it is clear from the Professional Development Plans and CPD records of so many dentists, that they are much more interested in developing their clinical, technical skills or their ability to use and apply new technology, equipment and materials, than they are in developing their 'soft' (people) skills. Yet it is those interpersonal skills that will keep them safe from complaints and litigation and will also do most to maximise patient satisfaction.

Five essential areas on which to focus your attention:

- Effective listening skills (and how to avoid interruptions)
- Verbal skills (how to choose your words and use your voice)
- Non-verbal communication (controlling your own, and interpreting that of others)
- Communicating across generational and cultural differences
- Emotional intelligence (understanding the effect that others have on you, and vice versa).

These same skills will help to maximise rapport and build strong relationships, minimise dissatisfaction, manage complaints if and when they arise, and resolve them effectively within the practice. ◆

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