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ORIGINAL RESEARCH

‘We’re gonna end up scared to do anything’: A qualitative exploration of how client complaints are experienced by UK veterinary practitioners

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Abstract

Background: UK veterinary practitioners are reported to be fearful of client complaints, but their experiences have not been formally captured. Understanding how complaints impact veterinary practitioners is key to mitigating detrimental consequences.

Methods: A qualitative exploration of how UK veterinary practitioners experience and respond to adverse events was conducted. Data were collected via focus groups and interviews, which were transcribed and simultaneously analysed. Coding and theme development were inductive rather than restricted by preconceived theories.

Results: Twelve focus groups and 15 individual interviews took place. One theme identified focused on the impact of client complaints. Practitioners experienced unintentional distraction and disengagement from clinical work, as well as employing defensive strategies as a direct result of complaints. The vexatious nature of some complainants was highlighted, along with concerns about practice and regulatory complaint management, lack of appropriate support, discriminatory behaviours and the influence of ‘trial by media’.

Conclusions: Client complaints present a threat to practitioner mental health and workforce sustainability, as well as having implications for patient safety. Mitigating these effects is a complex and multifaceted undertaking, but fairness, transparency and timeliness of practice and regulatory complaint investigation must be prioritised, along with provision of tailored support for those facing complaints.

INTRODUCTION

It is an uncomfortable truth that veterinary patients may be unintentionally harmed during the delivery of care. Most veterinary errors are underpinned by ‘system factors’,^{1–3} and while the profession has developed proactive approaches to keeping patients ‘safe’,^{4–10} complaints may illuminate unnoticed or otherwise ignored individual and organisational risks. Complaint management and investigation procedures thus offer valuable opportunities for learning and improvement and remain a necessary safeguard against substandard care. The medical profession already appreciates the benefit of harnessing patient

safety information from complaints,^{11–13} yet practitioner shame and associated ‘maladaptive learning’ is a recognised barrier.¹⁴ From a psychodynamic perspective, ‘maladaptive learning’ may be classed as a pathological coping mechanism. Although involuntary in nature, there are mental health implications for those affected and further reaching effects through resultant changed behaviours.¹⁵ Defensive practice, which directly threatens patient safety, is one such extensively reported consequence among doctors subjected to emotionally challenging complaints and associated investigations.^{16–19} Defined as ‘unnecessary and meaningless actions driven by external demands instead of a focus on the patient’s

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problem,²⁰ defensive practice manifests as over- or under treatment; patients' exposure to risk is increased through superfluous medications and surgeries, or conversely, diagnoses may be delayed or even missed.^{21,22}

Whilst fear of complaints has been identified as a contributor to veterinary practitioner distress,^{23–26} there is a paucity of literature documenting practitioners' experiences. However, a recent survey of American College of Veterinary Internal Medicine specialists revealed that over two-thirds of respondents expressed increased depression because of a complaint, with many considering a subsequent career change.²⁷ Managing complaints was also recently cited as one of the most disliked aspects of veterinary work in a recruitment and retention study, raising the issue as a potential threat to veterinary workforce sustainability,²⁸ and concerning, in the Royal College of Veterinary Surgeons (RCVS) 2019 survey of the profession, a respondent voiced that vets '*... experience increasing complaints, vilification on social media, malicious complaints to the Royal College, increasing rudeness, threats of violence, intimidation, unrealistic expectations...*'²⁹

Despite being emotive, complaints must be dealt with. In the United Kingdom (UK), veterinary patients are legally categorised as property, and veterinary provision is a service. If veterinary care is substandard, clients are entitled to correction of issues or monetary refund.³⁰ Although primarily resolved at a practice level, disputes may escalate to accusations of negligence and associated civil court proceedings. The RCVS has no jurisdiction to adjudicate claims of negligence but, as a statutory regulator, has a legal obligation to investigate concerns regarding individual practitioner conduct.³¹ However, anecdote suggests long-standing concerns about regulatory complaint procedures,³² and following nearly two decades of consultation regarding veterinary governance legislation, the RCVS has recently approved changes to the way it investigates concerns.

Understanding veterinary practitioners' experiences of client complaints is a key step in understanding how detrimental personal and organisational consequences may be limited. The aim of this publication is to share qualitative insight into 'veterinary practitioners' experiences of client complaints', which was a theme identified during a broader qualitative exploration of veterinary practitioners' experiences of and responses to adverse events.

METHODOLOGY AND METHODS

Qualitative methods were used as they generate rich experience-based data, providing insights less accessible using quantitative techniques.^{33,34} Grounded theory (GT) is a methodological framework that relies on iterative, inductive principles.^{35–38} Specifically, a constructivist GT approach was taken to build

interpretative understanding of how veterinary practitioners experience and respond to adverse events.^{39,40} The study is presented in accordance with the consolidated criteria for reporting qualitative research (COREQ) guidelines for qualitative research.⁴¹

Sampling and recruitment

Purposive sampling and convenience techniques were used throughout the study. Data was initially gathered via focus groups. To be included, individuals had to currently work in a clinical role in UK veterinary practice. Three separate group types were advertised to include (i) veterinary surgeons, (ii) registered or student veterinary nurses and (iii) management and leadership staff. Posters were placed in equine, farm and small animal practices, where authors had gained verbal permission from a personal contact who worked within the practice, for the purposes of recruitment. The aim of the focus group sample was to maximise sample variation while minimising the potential effects of intergroup hierarchy.

Further sampling aimed to clarify and test uncertainties derived from the initial analysis and expand understanding of the themes created. To achieve this and to negate the effects of social desirability observed within the initial focus groups, individual interviews were conducted. Any veterinary practitioner who had experienced a client complaint in the previous 2 years was included. This encompassed those who had received advice and representation from the Veterinary Defence Society (VDS; the UK's largest provider of veterinary professional indemnity insurance) in relation to negligence and/or professional misconduct and those who had been subjected to practice level complaints and disciplinary processes. Recruitment was conducted in three ways: verbal invitation by the primary author at a conference presentation about the research, word of mouth and in collaboration with a gatekeeper at the VDS.

Data collection technique

Open-ended questions pertaining to the research subject were asked during all interviews and focus groups. A guiding semi-structured interview script was used, but discussion was not confined so that meaning of responses could be explored. All focus groups and interviews were conducted, audio recorded and transcribed verbatim by the primary researcher (JG), a female PhD candidate at the University of Nottingham. Focus groups were conducted face-to-face, while individual interviews took place via phone or video-conference call at the discretion of the participant. No face-to-face interviews were offered due to nationally imposed COVID-19 pandemic restrictions at the time. JG recorded field notes at the time of data collection. Data collection was continued until no novel themes were generated; until 'saturation' was reached.^{42,43}

Ethical considerations in relation to data collection

Due to the sensitive nature of the research, the psychological safety of participants was deemed particularly essential. All potential participants received advanced written information about the research and were given opportunities to ask questions, raise concerns and decline the invitation to participate. Participation was entirely voluntary, and no incentives were offered. Written consent was obtained prior to any participation. Recruitment of VDS members was conducted in close collaboration with the VDS, who made initial contact during the recruitment process. Only JG had access to the raw audio and video files and transcribed files were anonymised in order to protect the identity of individuals and organisations. Only JG had access to participants' personal data, which was stored separately from the anonymised data, in a coded format and in line with the University of Nottingham's General Data Protection (GDPR), Research Data Management (RDM) and Data Secure Data Handling Policies.

Data analysis

Transcripts were imported into NVivo (NVivo qualitative data analysis software, QSR International, V.12, 2019), a software program for managing qualitative data. Coding and subsequent theme development was inductive and iterative, not restricted by the imposition of preconceived frameworks.^{35–37,39} A constant comparative technique was applied throughout.⁴⁴ Memos, incorporating field notes, were developed during and as an aid to the analytical process. During initial coding, each line of the transcript was assigned a label or 'code' based on the meaning extrapolated from what was said. Codes were compared with each other and grouped together under wider 'themes', which were then refined through discussion between two of the authors (JG, KW) and explored further by referring back to the raw data. To minimise bias, the authors were 'methodologically self-conscious', explicating taken for granted assumptions throughout.⁴⁰

RESULTS

Twelve focus groups, with a total of sixty-seven participants, were conducted across five different types of practice between October and December 2019. Practices included one corporately owned equine referral hospital, one privately owned referral small animal hospital, one university teaching hospital, one privately owned mixed animal practice and one corporately owned small animal first opinion practice. Five groups were composed of veterinary surgeons only (including one group where the veterinary surgeons were classed as junior because they were completing residency training programmes and one group where the veterinary surgeons were in leadership and men-

tor roles). Three groups were veterinary nurses only. Four groups were a mix of veterinary surgeons and veterinary nurses, but in two groups, those in leadership and mentor roles were present, and in two, they were not.

Fifteen individual interviews took place between July 2020 and March 2021. Of ten VDS members contacted, two did not respond following initial contact and did not provide feedback. Eight participants (all veterinary surgeons) who had received advice and representation from the VDS in relation to an accusation of negligence and/or misconduct within the previous 2 years were interviewed, along with two practitioners (both veterinary surgeons) who had been subjected to a practice-level disciplinary process following a client complaint and five practitioners (three veterinary surgeons, two registered veterinary nurses) who had experienced practice-level client complaints. To protect participant anonymity, specific biographic data are not included.

The theme 'experiencing client complaints' was identified during qualitative analysis of the data generated during the focus groups and was further explored during the interview phase. Within this theme, three subthemes were identified: emotional aspects, professional aspects and potentiating factors. The resulting subthemes address two questions: how do client complaints impact veterinary practitioners and what potentiates these impacts? Each is presented here, with supporting quotes from the analysis.

How do client complaints impact veterinary practitioners?

Emotional aspects

The emotional impact of complaints was a dominant theme throughout the study. An all-encompassing emotional experience was described by many: issues with concentration, sleep and personal fulfilment in relation to previously enjoyable activities.

'when I get a complaint, I'm nearly sick. Hate it. Can't relax. Can't do anything ... forget things, nothin's right, don't go out the same ... I like gin [laughs]'

(FG 7)

Impaired clinical confidence and associated fear in relation to both performing clinical work and communicating with clients in the future were described.

'I start doubting myself. I'm believing I'm no good as a vet, I can't do my job properly. I'm inadequate ...'

... I've finally got a bit of my confidence back but recently only'

(Interview 4)

Receiving a letter from the RCVS in relation to a complaint was often described as 'devastating' (Interview 5), not only highlighting the perpetuation of self-doubt but also the fear surrounding the disciplinary process. The type, intensity and duration of emotion experienced by those subjected to the process varied considerably, but for many, the consequence was profound.

'the depth of my crash and burn afterwards it's just hard ... maybe it just had to come out?'

(Interview 4)

Recollection of RCVS investigation was often difficult, indicating pernicious and long-lasting repercussions. Many discussed crushing life events that had occurred concomitantly, heightening their distress.

[... crying ...] ... I've just kept all this buried away for so long ...

... after they told me [about the RCVS investigation] I had a miscarriage so again no one can ever know whether it was because of all this that was going on or whether it was just a coincidence'

(Interview 2)

Feelings of anger and longer term complex feelings of indignation about the process were common, and participants clearly accepted that this had repercussions on their mental health.

'I still feel indignant about it [...] It's been tough, but I do feel mostly indignant now'

(Interview 3)

'I just started to feel more and more angry about it ... it wasn't healthy'

(Interview 6)

Emotional withdrawal from partners, friends and family members and increased dependency on those relationships were described by various participants. The guilt of inflicting worry on others and the strain placed on personal relationships was evident.

'It was me going through it not him, but he kinda was at the same time ... it was awful'

(Interview 12)

Concerns related to the potentially socially divisive consequences of complaints were distressing for many, who voiced regret about the breakdown of professional as well as personal relationships.

'I found it awful to work with him [the clinical director], to see him at all after how it all went'

(FG 10)

Professional aspects

Being distracted, practising defensively and becoming disengaged

Participants described subconscious distraction from providing optimal patient care because of the emotional burden of complaints.

'it gets you, you know, you're missing things cos your head is somewhere else'

(FG 2)

The development of purposefully defensive tactics in the aftermath was common. Some implied shrewd case and client avoidance, and others openly admitted leaving cases for colleagues to deal with. Outright refusal to perform certain surgical procedures and refer more readily to external facilities was also disclosed.

'... I have colleagues who don't do abdominal surgery anymore because they don't want to put themselves into everything and then go through being accounted for it'

(Interview 5)

Due to a perceived inevitability and increase in the frequency of unjustified complaints, some experienced practitioners alluded to disengagement from complaints, potentially reducing the opportunity to learn from issues raised.

'clients have always complained and always will, it's not nice you know, but it's a fact of life, especially nowadays. You turn off a bit'

(Interview 7)

The resulting positive changes, such as improved record keeping, appeared to be resented by participants, who construed them as a necessary defence rather than an active facilitator of patient welfare. The time taken for such actions saw them as an unwelcome distraction from clinical care.

'... [name] always since that writes pages and pages. Like great for you love but what about the dog in front of you ... it needs you to like check its alive!'

(FG 10)

I'm just very careful, I'm always adding this extra consent which is adding at least twenty minutes, but you know unfortunately I'm starting to act like this ... I'm trying to protect my back'

(Interview 5)

Professional impacts were clearly thought to affect workplace engagement. A reduction in professional satisfaction and stagnation rather than promotion of learning and development were experienced.

'we're gonna end up scared to do anything (laughs) ... just squeezing anal glands all day cos always there's someone better ...'

(FG 7)

Changing concerns and commitments within clinical practice

A more subtle change recognised was an increased reliance on colleagues' reassurances. Although perceived as entirely natural, this caused unmistakable anxiety by those it affected but also frustration in others who were being relied upon.

'pure fear every time I had to give an injection, I was like, 'can you check that [...] I can't go through that again'

(FG 7)

'they want their hand holding ... you ... you know you don't want to be criticising, we get it, but they need to get on with it at some point ...'

(Interview 7)

The personal experience of complaints directly resulted in some choosing to reconsider their role. A change in role within the practice, a change in practice and practice type were mentioned.

'It [the complaint] was a trigger in me starting to have some fairly bad feelings about my career in general ... that's why I tried something different'

(Interview 4)

'I changed to video consultations which is obviously easier and less stressful [...] I don't have so much worry that one of them is going to turn round and complain'

(Interview 2)

What potentiates the impact?

When practitioners discussed the personal impact of complaints, they naturally reflected on enhancers and mitigators of the effects.

'complaints are a fact of life. It can only be a positive thing for the profession if we understand it a bit more and how to deal with them ... take out some of the emotion, the stress'

(Interview 7)

Clients' motivations for complaint

Empathising with clients

Participants acknowledged that many complaints raised by clients are based on genuine concerns about the safety and quality of care. When complainants were perceived to be motivated by sadness or anxiety, practitioners were clearly very empathetic, which added to their emotional load.

'... really horrible knowing how upset the clients were ... I think they had a lot of personal circumstances that affected the way they behaved ... they were really really hurting and really upset ... I felt for that'

(Interview 1)

Struggling with conflicting values

However, some clients were perceived to be initially or subsequently financially motivated in their pursuance of allegations; for example, in cases where care costs were high and client funds were limited. Although clients were thought to have unrealistic expectations in relation to monetary compensation, financial stakes were cited as a reason for increased stress in those holding an invested position.

'Absolutely makes it more stressful as a practice owner if larger amounts of money are involved'

(Interview 3)

The vexatious nature of some complaints contributed to the emotional burden of practitioners, who described feelings of hurt about the lack of reciprocal empathy from clients. Some described the difficulty of being subjected to clients' unrelenting desire to publicly name and shame them.

'they'd [RCVS] talked to this woman about this, and it was clear that she still had no concept of how we might be feeling. She didn't care, she just wanted revenge. I just don't understand that'

(Interview 8)

The fairness of 'the trial'

Being investigated

Practitioners appeared to understand the necessity of both professional and practice level complaint investigation, yet current processes were clearly perceived to have a negative influence on emotional reactions to complaints. The amount of time needed to be invested in complaint management was logistically stressful, with many wanting to be free of the individual burden.

'you have to do all this stuff ... I only just managed to get enough time one afternoon to dig everything out and come up with a response'

(Interview 4)

There was a prevailing sense of injustice that even unwarranted concerns must be explored, and participants expressed a sense of powerlessness against unfounded accusation. Many were genuinely concerned that, through mismanagement, the profession may be exacerbating the emotional strain on practitioners and complainants alike.

'Understandable they're [clients] so emotional too. Whether it's healthy for everyone. Are we encouraging it, or as a profession, is it time we said enough is enough ... you know!'

(Interview 3)

Those experiencing RCVS complaint investigation described feeling 'guilty until proven innocent' and experiencing a lack of closure for prolonged periods. The perceived lack of communication and transparency led practitioners to question the fairness of the processes.

'The worst part for me wasn't dealing with the client, it was the investigation. It was just extremely long and extremely uncertain'

(Interview 5)

'it's basically just dragging on and on with this absolute torture of not knowing what is going to happen. I'm mainly indignant about it'

(Interview 3)

Feeling unsupported

The way complaints were managed by peers and those in leadership positions at a practice level was particularly burdensome for some, who openly voiced that those holding positions of decision making and

authority often lack the skills and insight needed to relate to those who are being subjected to complaints. Some practitioners felt undervalued by practices, expressing that their emotional needs had been placed second to concerns about practice reputation and financial productivity.

'she's [animal owner] going to report you to RCVS' I just burst into tears and she was like, 'Oh my god. Oh my god ... I shouldn't have told you that way'... no she shouldn't have, she didn't understand it'

(FG 7)

'more and more badly managed by someone who was promoted to someone in charge with no basis'

(Interview 4)

'they're scared of losing big clients like [name], the gobby ones get what they want ... they [practice/management] don't stick up for you'

(FG 10)

Experiencing negative colleague behaviour

Unfortunately, a range of negative, emotionally damaging behaviours, including discrimination and bullying, were experienced and witnessed. Often, these were exacerbated by those managing the complaint who led or allowed the behaviour.

'my team went against me ... saying oh yeah you didn't know ... they didn't know me and they couldn't understand me ... it was the language ... the fact they judged me without really knowing ...'

(Interview 15)

'I felt like I was being used as a scape goat by them [the boss] the whole time'

(Interview 13)

'it was racial, well not racial ... a cultural issue cos she wasn't ... she wasn't from the UK'

(Interview 8)

'Trial by media'

Although overwhelming, RCVS involvement was not always the most agonising part of complaints. The public nature of court proceedings and media coverage about complaints was commonly cited as an agonising factor.

'the worst worry always came from what she could do to my reputation and that's why the court, the press, the papers were more stressful than the Royal College complaint'

(Interview 6)

DISCUSSION

This study is the first to specifically explore client complaints from the perspective of UK veterinary practitioners. The findings reveal the sometimes harrowing extent to which practitioners are emotionally challenged by complaints and provides evidence that optimal patient care delivery may be unintentionally undermined because of resultant distraction, disengagement and defensive practice. The findings suggest that perceived client motivation for complaints and current practice and regulatory level management can exacerbate detrimental psychological and professional effects. The insights provide invaluable stimulus for organisation-led improvements, which reduce the burden of complaints on practitioners as well as spotlighting the need for further research into how this may be achieved.

The emotional effects of complaints described in this study are consistent with those reported by human medical professionals. Both professions respond with feelings of anger, shame and depression, along with consequential reductions in clinical confidence.^{45,46} A large-scale survey revealed that doctors with complaints were more than twice as likely to report thoughts of self-harm or suicide and that distress was most severe in those referred to the General Medical Council.¹⁶ Although conclusions about the magnitude of the impact of complaints and associated management cannot be drawn here, concerns surrounding mental health and elevated suicide rates within the veterinary profession⁴⁷⁻⁴⁹ make the traumatic emotional implications highlighted particularly relevant.

The subconscious distraction and purposefully defensive strategies described by participants in relation to emotionally challenging complaints are echoed in the human healthcare literature,¹⁶ where an association between caregiver emotional burden and compromised patient welfare has worryingly been established.^{50,51} In addition, defensive medical practices have been linked to increased medical costs.⁵² Veterinary healthcare must be paid for at the point of delivery. Practitioners' perception that clients' motivations for complaints include money, coupled with the emotional toll of complaints evidenced in this publication, may explain why four-fifths of those surveyed in a study by Bryce et al.²⁷ professed to the defensive practice of discounting services in order to avoid allegation. Normalisation of such practices could reasonably erode public and practitioner perception of veterinary professional worth, as well as

unnecessarily reducing the profitability of veterinary businesses.

Practitioners' sensitivity to the emotional welfare of clients was demonstrated throughout this study, but the distress caused by vexatious complainants is particularly noteworthy. Uncivil client interactions have previously been associated with mental health impacts and withdrawal from clients in veterinary practice,⁵³ but this is the first time complaints have been highlighted as a vector. Publication of complaint details by clients via traditional or social media channels was clearly shown to add to practitioner torment, supporting and extending previous findings regarding practitioners' fears regarding reputational damage.⁶ Guarding against future emotional effects by mentally 'switching off' from clients through planned reductions to working hours and face-to-face client interaction was a concerning consequence described. Such defensive behaviour is likely to cultivate conflict, perpetuating further emotional hardship and leading to longer term professional disengagement. With the veterinary profession on the UK shortage occupation list,⁵⁴ preventing such disengagement and potential workforce attrition through well-managed complaint processes is a key priority.

Unfortunately, complaint management at a practice level was damning for many in this study, echoing findings from Bryce et al.,²⁷ where less than 60% of respondents felt that a complaint against them was handled competently. The discriminatory and scapegoating behaviours perceived to have been displayed by those managing complaints within practices are also reflective of concerns raised in the wider veterinary literature^{6,55,56} and provide impetus for cultural change within the profession.

The cumbersome and oft perceived unfair nature of the current RCVS complaints process highlighted in this study is widely recognised and the RCVS's recent approval to implement changes to the way concerns are investigated acknowledges this. Aimed at streamlining the process, by reducing the number of cases unnecessarily referred for further investigation and decreasing the amount of time investigations take, the changes should ultimately mean that individuals subjected to regulatory complaint management are more compassionately treated.⁵⁷ The data presented here certainly signify the necessity of change and time will tell if implementation of the proposed measures makes a difference to the way practitioners feel.

Improving complaint management processes at any level is unlikely to completely negate the need for the provision of support for practitioners experiencing the emotional strain of complaints. Vetlife⁵⁸ is an independent charity that provides emotional, health and financial support to anyone in the UK veterinary community, and the services it provides are likely invaluable to those touched by complaints. In recognition of the specific emotional challenge that going through a professional conduct investigation presents, a confidential listening and support service, funded but run independently from the college, was

launched in 2021.⁵⁹ Although the VDS are also an undeniable source of reassurance for practitioners who are facing both misconduct and civil allegations, no specific structured emotional support is available to practitioners facing civil complaints.

Suggestions for reducing the detrimental consequences of client complaints

Aligning client and organisational expectations may reduce unfounded client complaints. Although a complex and multifaceted undertaking, it may be facilitated through more widespread use of locally implemented client-practice charters. Charters commonly outline commitments from practices towards clients and their animals, as well as clients' responsibilities towards their animal(s), practice and staff.

Making client feedback channels more accessible and user friendly could reduce unwarranted escalation of client dissatisfaction and facilitate the collection of information necessary to learn and make changes that are conducive to improved patient safety. This may also reduce the likelihood of clients interacting with (social) media in a way that is emotionally damaging to practitioners, as well as potentially curtailing the number of unfounded civil liability and professional misconduct allegations.

Research exploring the association between client experience and veterinary patient safety is in its infancy.^{60,61} Studies that explore the perspective of clients who make complaints are needed, as they may unveil unthought of risks to patient safety and aid in the development of processes that mitigate the detrimental impact on veterinary practitioners.

Client complaints should be reviewed through systematic processes that normalise the exploration of contributing organisational factors. This would reduce the likelihood of individuals being unfairly held to account. Indeed, the RCVS Code of Professional Conduct for Veterinary Surgeons already states '*in the case of any critical event e.g. unexpected medical or surgical complications, serious complaint, accident or anaesthetic death, hold a no-blame meeting for all staff involved as soon as possible after the incident and record all the details*'.⁶² Educational resources about how to conduct such meetings are increasingly available.⁶³ Although it is the responsibility of all practitioners, those in leadership positions play an essential role in creating 'no blame' discussions.

Review of contributory organisational factors at a regulatory level is complex, as it faces the significant barrier of the RCVS currently having jurisdiction only over individuals and not organisations. There is scope for this to change if longer term regulatory oversight of practices was to be introduced.

Structured emotional support should be available for practitioners who are facing client complaints. Intuitively, this would be provided by individuals with an understanding of the clinical, emotional, social and legal aspects of providing care. Trained peers, ideally

with additional regulatory and legal expertise, would be obvious candidates, but ultimately, implementation and success of specific support programmes relies on the development of a robust evidence base.

Strength and limitations

Qualitative enquiry was appropriately used in this study, given the novel area of research.³⁶ The generalisability of the results is limited, but the methods used facilitate an in-depth understanding of 'insider' perspectives, rather than restricting findings, as may occur with survey-based methods. A conscious decision to recruit and conduct interviews following initial focus group sampling was necessary given the social desirability bias observed within the initial focus groups. It was noted that participants were frequently reluctant to speak about their experiences, particularly in the presence of those in leadership positions, despite openly sharing their feelings in confidence with the researcher, after the focus group had ended. Such iterative sampling techniques are a feature of GT approaches that also facilitate the expansion of identified themes. The researchers are all veterinary surgeons with qualitative research experience, and although their enhanced theoretical sensitivity benefits analytical focus,³⁵ a limitation of this study is the potential for researcher bias. This may manifest in a tendency to under- or overstate findings of personal relevance. Researcher reflexivity was employed throughout this project, but it is accepted that the findings are constructed through the lens of the authors.³⁹ Gatekeepers allowed access to a rich source of participants and were ethically necessary, but collaborations may have introduced further bias.⁶⁴

CONCLUSIONS

This independent, qualitative insight into veterinary practitioners' experiences of complaints is timely, given ongoing concerns regarding mental health, workforce sustainability and the impetus for patient safety in the profession. The study provides evidence that supports a review of how complaints are currently managed at a practice and professional level. Reducing the emotional and professional impact of complaints is complex, but timeliness, transparency and respectful communication during management and investigations is a key priority. Those experiencing client complaints and associated investigations are likely to benefit from tailored emotional support and further work is needed to define how this is best delivered.

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CONFLICTS OF INTEREST

Catherine Oxtoby works for the Veterinary Defence Society as Head of Underwriting and Pricing.

ETHICS STATEMENT

Ethical approval for the study was granted by the University of Nottingham School of Veterinary Medicine and Science ethical control panel, approval number 2444 180724.

AUTHOR CONTRIBUTIONS

Julie Gibson performed the data analysis and wrote the manuscript. All listed authors contributed to the design of the study, discussed the results and approved the final manuscript.

DATA AVAILABILITY STATEMENT

Transcripts contain information that may compromise the anonymity of participants and are therefore not available to be shared.

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