

Managing Complaints

The Apology – Saying Sorry to Patients/Service Users and/or their Families

Saying sorry i.e. apologising/ expressing regret is a key component in the management of complaints and in bringing the complaint to satisfactory resolution.

An early expression of regret or apology can minimise the possibility of a verbal complaint becoming a formal written complaint or the further escalation of a formal written complaint to independent review, review by the Ombudsman or the litigation process.

An apology or expression of regret is essential in helping the complainant to cope with the effects of an event. It also assists staff in their recovery from event/incident in which they have been involved.

Managing the apology:

The type of “sorry” required will depend on what happened, the information available and the expectations of the complainant.

When a complaint is first received (either verbal or written) it is important to **acknowledge** the issues raised by the complainant as soon as possible and to **say sorry/express regret** to the complainant for what has happened and for the effect the situation has had on him/her personally i.e. consider the type of sorry that is most appropriate at this stage.

Expressing regret

e.g. *“I am very sorry that you have had this experience and for the distress/disappointment which this has caused you. I can see that you are upset”*

“I am very sorry that the service did not meet with your expectations on this occasion and for the distress this has caused you. This must be disappointing for you”.

“I am sincerely sorry that this has occurred. It is clear that something went wrong and we intend to investigate this fully”.

An expression of regret may be adequate at this stage of the complaints management process in the absence of adequate information or facts relating to the issues raised. It is important to reassure the complainant that their complaint will be investigated fully in an open, honest, transparent and timely manner.

If, following the investigation of the complaint, the service is found to be at fault i.e. the service failed to deliver an acceptable/expected standard of care or an error occurred, it is important to **openly acknowledge** this to the complainant, provide a **factual explanation**, **apologise sincerely** for the identified failure(s) in care/error and for the harm/distress/disappointment... caused to the complainant as a result of this. It is also important to **provide reassurance** in relation to ongoing care and treatment and also in relation to the steps being taken by the service to manage the issues raised and **to try to prevent a recurrence** of these issues for the complainant and for other patients/service users

going forward. **Reparation or redress** should also be considered and will vary depending on the issues raised and the findings of the complaint review.

The components of an apology:

1: Acknowledgement : of the issues raised and of the impact on the complainant – physical/emotional/social – it is important to be clear as to what you are apologising for.

2: Explanation: provide a factual explanation – do not speculate – do not cast blame onto others.

3: Apologise: Should always include the words “*I am sorry*”. Must be sincere and empathetic. Must be personal to the individual and the situation. Must be timely and delivered by the right person.

4: Reassurance: Provide reassurance regarding ongoing care and support, organisational/individual learning and quality improvement initiatives.

5: Reparation: Putting the situation right. Make reparation, as appropriate e.g. increased contact, referral for second opinion, organise support etc. The type of reparation required will vary depending on the type of event.

Note: An important part of reparation is the acknowledgement and apology, agreeing an action plan/recommendations with the complainant in relation to addressing the issues identified and implementing quality improvement initiatives arising from the investigation of the complaint. It is also important to keep the complainant updated in relation to the progress made with these recommendations/action plan.

The delivery of an apology:

Saying sorry requires great care. There are many things to consider when apologising to a complainant/service user as follows:

When: The timing of the apology is critical. An apology should happen as soon as possible. This may include an initial expression of regret on acknowledgement of the complaint and a sincere and full apology at a later stage following the investigation of a complaint if the service is found to have failed in the delivery of care to the complainant and/or an error has been identified.

Who: It is important that the apology is delivered by the right person – this may vary and will often depend on the seriousness of the event and/or the expectations of the complainant/service user. Some complainants may wish the most responsible person involved in their care to apologise even if he/she was not directly involved in the events which arose e.g. The Consultant.

Others may wish the person(s) directly involved in the event(s) or the manager of the service to apologise. Therefore it is important to establish the expectations of the complainant in this regard.

Where: Confidential environment. No disturbances. Mobile phones/bleeps off or on silent. Comfortable surroundings. Refreshments available. Same level e.g. not standing over the service user/complainant. Consider off site if bringing the complainant on site could cause them further distress. Consider access requirements e.g. disability requirements.

How: It is important initially to invite and listen to the complainant's version of the event and how they have been affected both clinically and personally by what happened. The apology should be provided to the person(s) directly affected by the event, if possible. The language used in an apology is very important. It should be clear to the complainant what you are apologising for. An apology should always include the words "I am sorry". The effectiveness of an apology or expression of regret depends on the way it is delivered, including tone of voice as well as non-verbal communication e.g. posture/eye to eye contact, body language. It is important to demonstrate empathy. An apology must be sincere and personal to the complainant. A "stiff" or "insincere" apology may cause additional distress to the complainant and lead to further escalation of the complaint. It is important to allocate sufficient time to ensure that the apology does not appear rushed. It is important to have the relevant communication aids/services present to assist in the communication process e.g. interpreter services

See sample language below.

"We have now reviewed all of the issues raised in your letter of complaint and I wish to acknowledge that we have identified failures in the delivery of your care/the care of your mother/father/son/daughter etc as follows(outline findings). I am so sorry that this has happened and I would like to offer you my sincere apologies on behalf of myself and my team for those failures which occurred and for the distress/upset that this has caused for you/your family"

"A review of your care has indicated that an error occurred – I am truly sorry about this and for the distress that this has caused for you.. We will be taking steps to learn from this event so that we can try to prevent it happening again in the future"

It is good practice to provide a written apology to the complainant even if a verbal apology has been provided. A written apology which is personal and sincere can be very healing for the complainant. Some complainants may request an apology in writing and this should be provided using the principles as outlined above.

Phrases to avoid when apologising to complainants/service users

An apology is *not* an admission of liability but an ethical and humane act.

However, you should be careful:

- not to apportion blame
- not to speculate as to what happened
- to be professional, empathic and courteous
- to avoid using legal terms such as "liability" and "negligence".

Certain phrases should be avoided during an apology or expression of regret. This is to ensure that only known facts are communicated to the complainant. Hearing the word 'sorry' in an apology or expression of regret is very important to patients/service users who have been harmed and also to their family/support persons. However, any insincerity, real or perceived, can have the opposite effect. It is important to realise that people harmed during care are likely to have a heightened emotional sensitivity.

Some examples of **wording to be avoided**:

- So-called apologies that are vague, passive or conditional:
 - *'I apologise for whatever it is that happened'*
 - *'Mistakes were made ... mistakes happen'*
 - *'These things happen to the best of people...'*
 - *'If I did anything wrong, I'm sorry'*
 - *"We are sorry ...but the mistake certainly didn't change the outcome..."*
 - *"I know that this is awful for you.... but believe me, for me it is shattering"*
- Any speculative statements and apportioning of blame:
 - *'I would say that the night shift staff probably neglected to write down that you were given this medication...'*
 - I am sorry that this has happened – I don't know what they were doing/how they could have missed this at xx Hospital
 - *"I don't really know what happened it was probably due to"*
 - I know that I made a mistake with the prescription but the nurse should have picked this up.
- Try to avoid the words "**but**" and "**however**" as they often negate the first part of the sentence and can come across as defensive
 - *"I am sorry that you feel that way but....."*
 - *"I am sorry if you feel that X was rude to you, however....."*
- Avoid the use of legal terminology:
 - *"It is all my fault – I am liable"*
 - *I made a mistake – I was negligent in my actions"*

Negligence and **liability** are matters that are established in a court of law and therefore these terms should be avoided when communicating with patients/service users.

References:

Australian Commission on Safety and Quality in Healthcare: 2013

Saying sorry: A guide to apologising and expressing regret during open disclosure:

Australian Open Disclosure Framework: Supporting materials and resources.

HSE and State Claims Agency: 2013. Open Disclosure: Communicating with Service Users and their Families following Adverse events in Healthcare.