Effective Communication for Health Care Professionals

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Abstract
Effective communication in the dental setting is imperative to the quality of health care delivery. Many patients present at the dental clinic with phobias, fears, anxiety and confusion. The first impression the clinician makes on the patient can dictate the outcome of treatment. Patients are more responsive to treatment suggestions and ideas if they feel comfortable with the health provider. Good communication skills can greatly assist the clinician in acquiring an accurate history of the presenting complaint, arriving at a diagnosis, and translating this information into an appropriate treatment plan that the patient can understand. This can increase patient compliance and satisfaction, and minimise future potential misunderstandings. This paper highlights techniques health care professionals can use to improve their communication skills.

Introduction
The relationship between health care professionals and their patients has been identified as one of the most important elements of the health care delivery process.\(^1\)-\(^4\) This relationship has been cited as a major factor in patient non-compliance, dissatisfaction with the health care system, and the increase in malpractice suits.\(^5\)-\(^8\) Considering the potential problems that can occur due to poor communication between health care professionals and patients, it becomes apparent that good communication skills, and dealing with patients in a personalised and individualized manner, is essential if successful professional-patient relationships are to be formed.\(^9\)-\(^11\) Communication can be broken down into three basic lessons; 1) everything we do is communication, 2) the way we begin our message often determines the outcome of the interaction, and 3) the way a message is delivered will affect the way the message is received.\(^12\)-\(^14\)

In this paper, strategies are outlined for effective communication in a health delivery setting (Table 1), and procedures that maximise the practitioner-patient interaction, and those that distract from it are highlighted (Table 2). The steps outlined aim to assist the health care provider in ensuring the quality delivery of health services by emphasizing good communication techniques.

Image and first impressions
Approximately 60% of first impressions health professionals make on their patients are based on appearance (that is, presentation, dress, and other less controllable factors such as age, height, weight, and gender).\(^4\),\(^15\) This first impression will affect a patient's behaviour and attitude in subsequent communication,\(^10\),\(^16\),\(^17\) and so it is vital that clinicians and auxiliary staff create a friendly and approachable impression, as a significant effort is required to retrieve a patient's confidence once lost.\(^10\),\(^12\),\(^14\),\(^15\),\(^17\) A sincere smile improves the first impression and the entire communication process.\(^13\),\(^17\)

Body language
Body language is a vital ingredient in effective communication.\(^13\),\(^18\) It is argued that because non-verbal communication was first used by humankind, people are programmed inherently to respond first and foremost to non-verbal signals.\(^19\)-\(^21\) In fact, research indicates that the way people deliver a message accounts for up to 93% of its meaning.\(^8\),\(^13\),\(^15\) The more control people have over the non-verbal messages they send, the more control they have over the communication process itself.\(^13\),\(^22\) The "right" body language displaying an open receptive approach can assist health providers in obtaining pertinent patient information that will assist in diagnosis and treatment.\(^8\),\(^13\),\(^15\),\(^23\) The way health professionals sit, stand, and walk, conveys much about them to others.\(^13\),\(^23\) Upright posture conveys a sense of calm, composure, confidence, and competence.\(^13\),\(^15\) Many health care settings, including the dental office, evoke considerable fear and uncertainty in patients.\(^9\) To lessen this, patients become especially alert to information in their environment and the body language of their health provider.\(^9\),\(^23\) This is why it is extremely important to stay in control of non-verbal messages.\(^9\),\(^24\)
Habits that give an impression of nervousness and agitation, detract from a clinician's message and authority and send non-verbal messages that can be interpreted negatively by patients.\textsuperscript{13,25} Negative body language signals may be interpreted as aggressive, condescending, hostile or defiant, and a closed body language; that is arms and/or legs crossed and not looking at the patient, should be avoided.\textsuperscript{13} These signals obstruct effective communication because of the strong mind-body link. Negative body language makes gathering relevant information almost impossible (when our body closes up, so do our ears and mind).\textsuperscript{13,23}

While at first a concerted effort may be needed to correct any bad body language habits, eventually "doing it right" will come automatically.\textsuperscript{13,24} Good body language that makes a favourable first impression and earns a patient's respect includes open body language, hand movements that are relaxed and measured in pace, good posture with head held up, a relaxed jaw, firm eye contact (but not staring), a neutral facial expression, or one that is appropriate for the situation.\textsuperscript{8,13,15,17,23,25,26}

The way you sit, stand, and use space

Sitting or standing directly opposite someone; that is, squaring up to them, is sensed as confrontational.\textsuperscript{13} To encourage more open and cooperative communication, sit or stand more at right angles to each other.\textsuperscript{13} This sends messages of cooperation and gives both the clinician and the patient more gazing space in which to look away and think.\textsuperscript{13}

Height communicates dignity and authority and can place others at a disadvantage.\textsuperscript{16} Make sure height does not intimidate people.\textsuperscript{13} If a clinician is taller than average, then moving slightly away from people provides the opportunity for free communication without intimidation.\textsuperscript{13}

Be aware of the use of personal space.\textsuperscript{8,23} People are generally "touchy" about their personal space, and trespassing into personal space can cause resentment. It irritates people and induces an uncomfortable setting.\textsuperscript{13} Obviously, since the very nature of dental intervention requires invasion of personal space, attention should also be placed on minimising this during dental procedures. A general rule is to stand at arms length, and not to overwhelm the patient while reclining in the dental chair. This applies to most Australians of European descent, however, cultural differences in personal space zones need to be taken into account.\textsuperscript{8,13,15} Generally speaking, when compared with Australians of European descent, Australians from Southern Europe, the Middle East and Asia have smaller personal space zones, while Northern Europeans, and North Americans have slightly larger zones.\textsuperscript{13} Australians from country areas also tend to have larger personal space zones than people from cities.\textsuperscript{13} Overall, a good habit is to take cues about personal space zones from the patient's demeanour.\textsuperscript{13}

Reading other peoples body language

While communicating with a patient, it is essential to be alert for positive and negative signals.\textsuperscript{4,13,24,27} This provides an opportunity to review what was said or done to trigger a particular reaction and adjust one's manner to deliver the desired message leading to the best possible result.\textsuperscript{4,13} However, care is needed in interpreting people’s body language.\textsuperscript{13,27} Crossed arms can say "I feel threatened by what you're saying and I am closed to hearing it" or it can say "I’m cold".\textsuperscript{13} Therefore, it is important to think about the context in which the body language occurs and to observe clusters of signals not solitary signals.\textsuperscript{13,15} It is essential for health providers to accurately interpret a patient’s body language and facial expressions. Some patients are reluctant to express their feelings verbally, and their body language and facial expressions will often reflect their level of comprehension and apprehension and accordingly their receptiveness.\textsuperscript{8,9,17,25,27}

In this context, negative signals include feet pointed away from the clinician (a person's feet will often be pointed in the direction they want to go), tapping feet, body orientated away from the clinician, rapidly nodding head, rubbing or scratching neck or nose, covering nose or mouth, covering or rubbing
ears, clenched hands, fidgeting, buttoning coat or jacket, tense posture, avoiding eye contact, looking upward, becoming suddenly quiet and non-communicative.\textsuperscript{8,13,23,25} The presence of any of these signals, particularly in clusters, indicates that what was just said or done has probably had a negative impact on a patient's willingness to cooperate and be receptive. In such circumstances the clinician should look for other ways of explaining a point of view, and concentrate on listening more carefully to what the patient has to say. These moves may help to redirect the communication process back onto a positive trail with an easy bi-directional flow of information.\textsuperscript{4,12,13}

Recognition of the patient's body language and facial expression is immensely helpful for effective communication. The clinician should be alert to positive signals a patient might be giving. These generally include nodding thoughtfully, body and feet orientated towards you, stroking chin, good eye contact, relaxed posture, open body position, open hands, thoughtful uh-hums, and handling of documents or materials being discussed during patient education or oral hygiene instructions.\textsuperscript{13,23,25,26}

The development of a cooperative and positive attitude and a willingness to actively contribute by the patient may present as sitting on the edge of the chair, tilted head, moving closer to the clinician, unbuttoning coat or leaning towards the clinician.\textsuperscript{13,26} When favourable signals are noted every effort should be made to ensure the positive momentum; that is, building on what has been said and how it has been presented.

Building rapport
When there is rapport with someone, there is synchrony with them, and a feeling of sense of affinity or unity. The professional relationship lies within a comfortable range which allows communication to flow easily. Rapport is based on similarity. When two people have rapport their body language, energy levels, and the way they speak are often the same. This is called matching. We all do this naturally and unconsciously whenever there is rapport with someone, generally because people like people who are similar to themselves.\textsuperscript{13} The rapport process can be consciously speeded up by actively matching someone verbally or non-verbally.\textsuperscript{13,25} This creates a bond and allows communication to flow more easily.\textsuperscript{4,13}

The clinician can match a person's body position (that is mirroring them), and the type and rate of their movements and gestures either partially or precisely.\textsuperscript{13,25} Their voice (tone, volume, speed, rhythm, and pauses), as well as breathing patterns, and the degree of seriousness and formality can also be matched with a usually productive result.

It is worth remembering, that rapport is something achieved with a person and is not a unilateral event involving only the patient. Do not copy every move a person makes, as their conscious mind should not notice that you are reactionary rather than spontaneous. Match and mirror sensitively and discreetly. Adjust verbal and non-verbal communications but do not copy blindly. A technique called leading can be used to test for rapport. Simply shift position and note whether the other person follows. The more quickly the other person follows the deeper the rapport is likely to be.

Techniques to show attention and gather information
It is important to make the speaker and the topic at hand the centre of attention.\textsuperscript{8,13,14} When sitting and listening, communicate interest and involvement in the conversation by leaning slightly towards the patient.\textsuperscript{8,15,26} However, if the leaning is beyond about 75 degrees it can become domineering and invade an individual's personal space.\textsuperscript{8,13} If used carefully a 60 to 75 degree lean can subtly and tactfully persuade people to give more information.\textsuperscript{13} However, if used insensitively it can easily be a negative prompt. A 60 to 75 degree lean backwards is also a useful strategy if someone appears to be nervous, is becoming emotional, or is talking about a difficult personal matter. This reduces some of the pressure
they might be feeling. However, again there is a fine line, because leaning too far back can signify disinterest.8,13

Eye contact
In many cultures including our own, eye contact is an important part of communication.13,15 Eyes are considered in effect to be the "windows of the soul". Too little eye contact can send a strong message of disinterest, while too much eye contact may intimidate others.8,15 While the right level of eye contact varies between cultures, generally eye contact for about one third of the time is comfortable. The right level of eye contact from a speaker indicates sincerity and holds the listener's attention, while the right level of eye contact from a listener indicates that they are paying attention and remain interested.8,13,17 Eye contact also encourages the speaker to continue. Increased levels of eye contact can be used to increase pressure and vice versa, but remember that sensitivity is the key.8,13

Voice
The first few words to open a conversation, and the way they are said, add to a positive first impression. The voice should be steady, calm, and strong, without being too loud or quiet. Talking too quickly should be avoided.18,28 Words should flow easily without awkward hesitations, at a steady even pace, while emphasizing key words and phrases.

Listening
Listening is essential in establishing and maintaining good relationships, and avoiding misunderstanding.18,25,29 Listening should be focused on understanding and not with the intent of replying.13 This requires one to temporarily set aside personal thoughts, expectations, biases, and desires.13,18,29 There are many reasons why people do not listen properly. An individual may consider he has something better to say, or pre-empt what the other person will say. There may be too many distractions including tiredness or focusing on one's own thoughts rather than listening properly.13,18,30 Sometimes the speaker or their message may not be particularly palatable and so is filtered to only hear selected extracts and reject the speaker's viewpoint. At other times conclusions may be reached too rapidly without due preparation of replies and yet giving a false feeling of involvement and control.13,18,25,30

The right body language shows that the speaker has the listener's attention and encourages the comfortable release of information.18 Active listening can be shown by maintaining open body language where arms and legs are uncrossed, nodding, saying uh-huh, I see, mmm, or repeating a key word or phrase, orientating the body toward the speaker, maintaining eye contact, and leaning slightly forward.8,13,25,26 It is important to remove barriers or distractions that inhibit focusing on the speaker.12

Listening techniques
Reflective listening brings the greatest rewards in terms of information, understanding, and results.8 A speaker's message is often imprecise, but reflective listening encourages speakers to develop their thoughts and clarify what has been said, and provide the opportunity to add further information.8,9,31 This can be assisted by mentally summarising the communication and restating the speaker’s main points.8,9 However, ensure the statement is summarised in a tentative, not dogmatic way,8,9,13 and that attention is paid to the speaker’s reactive body language, facial expressions and gestures.15,17,18

When several points are made, summarise the one that will keep the conversation going in the desired direction. When several emotions are expressed, reflect the final one, as it is generally the most accurate. Remain neutral and show neither approval nor disapproval. Keep restatements short to maintain the focus on the speaker. Use thoughtful silences. Reflective listening responses are
statements not questions and they should encourage more information and elaboration, not a yes/no answer.\(^8,9,12,13,25\) Begin restatements with "You sound", "You seem", "Your idea is", or "You must feel as though".

Reflective listening is useful because it draws out more information and shows active listening whilst encouraging the speaker to continue. It also prevents or minimises misunderstandings, shows support for and acceptance of the speaker, and can diffuse emotion and calm down an upset or emotional patient. Reflective listening can increase a patient's confidence in the care provided by health professionals.\(^8,9,13,17\)

Questioning to gather information
The ability to ask appropriate questions is one of the most important techniques for productive interviews and consultations.\(^8,9,15\) Health professionals should avoid interrogating patients.\(^8,9\) It is important that both participants have equal opportunity to request, receive, and disclose information.\(^12\) There are four basic steps in gathering quality information: \(^8,9,13,17,18,32\)
1. Explore by asking open questions (for example "What problems have you had?")
2. Use affirmative listening techniques (see above)
3. Give a reflective listening response (see above)
4. Pause and allow the speaker time to respond.

Try to ensure the conversation contains only short silences, as long pauses can become uncomfortable and create a sense of loss of direction in interviews. Closed questions can also be used to elicit a quick answer (for example "Have you used this product before?"). They are efficient and provide a health professional with valuable information.\(^9\)

Another technique that is helpful while questioning patients is the funnelling technique which allows direction and focusing of ideas on a specific topic.\(^15\) It involves directing questions to a particular subject area, by initially asking background open questions to gather basic information, and then asking specific closed questions to obtain more detailed information and clarify points.\(^15\) It is beneficial to use reflective listening while focusing on the open questions to ensure that the information being obtained is accurate.\(^8,15\)

Tips on questioning patients
Avoid coercive and leading questions.\(^10,13\) These questions imply the answer being sought, for example "You will not have problems with that, will you?". Do not answer questions for the other person, or fill in thoughtful silences with nervous chatter or unrelated conversation.

It is also important to avoid medical jargon when speaking with patients as they may not understand important advice, and may feel reluctant to ask questions they perceive as making them look foolish.\(^15,17,33,34\)

Use "I" rather than "You" statements.\(^15\) "You" statements are negative and can sound like accusations, while "I" statements place the responsibility for the observation on the speaker. For example: "You appear to be taking a lot of those lately", as opposed to "I have noticed that you appear to be taking a lot of those lately".

Delivering information effectively
The key to effective communication is to use short sentences.\(^12,28\) Long and consequently rambling sentences confuse patients because they are unable to remember where the sentence started and what its
original purpose was. Words should also be chosen carefully. Do not use words that subliminally detract from your credibility, for example "I honestly believe that" or "I am not exactly sure of this but" or "I think I once read". Project an air of confidence through the choice of words and do not apologise for or justify the concepts put forward. A confident voice also evokes more compliance from others and is more persuasive. Patients tend to recall information given at the beginning and the end of discussions. Therefore, set priorities when counselling a patient, as the more that is said, the more likely it is to be forgotten. Increased compliance can also be gained by using repetition to draw attention to the most important points in the communication. Many patients are very appreciative of careful written instructions, and this certainly encourages compliance.

Speakers attempting to be more persuasive should make more eye contact, gesture more, use affirmative nods, be more facially expressive, not fidget, and lean backward less.

In summary, communication involves more than just words. It includes active participation, use of facial and vocal expressions, body posture, gestures, and even appearance to enhance effective patient communication. Communication is an important life skill. It is particularly important for health care providers in dealing with patients and other health care workers. Good communication can effectively contribute to the delivery of quality health care services, while incomplete communication may result in potential harm to the patient. Good communication is not easy and needs practice until it becomes a reflex response. Possessing good communication skills is an achievable goal that will enhance clinical practice immensely.
Table 1. Factors that contribute to effective patient-health care provider communication.

Image and first impressions affect a patient's attitude and behaviour towards the health care provider
Body language and non-verbal communication messages convey information about you to your patient
The way you sit, stand, and use space can be used to enhance the communication process
Try to read the patient's body language and facial expressions and respond accordingly
Building rapport with a patient provides a sense of affinity and unity based on similarity
Making the patient and the topic at hand, the centre of attention
The right level of eye contact from the health professional indicates sincerity and holds the patient's attention
Voice adds to a positive first impression
Listening to understand, not listening with the intent to reply
Asking appropriate questions and avoiding interrogating the patient
Delivering information effectively
Table 2. Techniques used to enhance effective patient-health care provider communication.

A sincere smile improves the first impression
Upright posture conveys a sense of calm, composure, confidence, and competence, while fidgeting gives an impression of constant agitation and nervousness
Sitting or standing at right angles to the patient encourages open and cooperative communication
Respect the patient's personal space and generally stand or sit at arms length
Use matching techniques sensitively to build rapport; this can include body position, type and rate of gestures, voice, and breathing pattern
When listening to a patient, leaning forward slightly will encourage the provision of more information, while leaning backwards will ease an emotional nervous patient
Too little eye contact can indicate an uninterested listener, while too much eye contact can intimidate others
Voice should be steady, calm, and strong, without being too loud or quiet, and sentences should not be rushed
Show active listening by maintaining open body language (nodding, good eye contact), and use reflective listening techniques
Gather information by asking open questions using affirmative and reflective listening, and allow the patient time to respond
Avoid coercive or leading questions as these imply a specific answer is expected
Avoid medical jargon lest the patient is alienated through misunderstanding
Use short sentences to convey a message, and deliver it with a confident voice to increase compliance
Deliver pertinent information only, and use repetition to draw attention to the important points
Provide written instructions where any detail is required
References