

GETTING YOUR MESSAGE ACROSS I

WHY DOES COMMUNICATION SOMETIMES FAIL?

Failures in communication, when the message received is different from the message that was intended, are more common than we would like. It is often difficult to identify what has gone wrong and it is all too easy to criticise the recipient of the message as failing to understand.

As we learn from this first article on communication skills for dental practitioners, effective communication is a complex process and it is important to be able to recognise where barriers may exist and proactively address areas where confusion may arise.

A good relationship between a dental practitioner and their patients is reliant on successful communication that engenders respect and trust. After all, getting your message across accurately and motivating your patients to follow your advice will help them to improve their home care routine or maximise their chances of treatment success. For more information on effective strategies for getting your message across, see the article *'Top tips for successful communication'*.

Blocked communication

However, communication can often go wrong. This is because it is a complex chain of events consisting of three components where you, as the **sender**, relay your **message** to a **receiver** – in this case your patient. Along the way, this process can be blocked and can result in confusion and frustration.

With words contributing a relatively small part of a message, it is important that you are aware of how you say your message and what you do while saying it. For example, when offering advice to your patients, do you use the right vocabulary,



volume, tone and body language? Are you talking at the right pace for your patients?

Message delivery

It is important that the message is clear, accurate, sufficiently detailed and based on your patient's needs and level of understanding – rather than yours. Be aware that your vocabulary may be familiar to you, but alien to your patient. Distal, occlusal, buccal, lingual, prophylaxis, periodontal, gingival, caries are words not used in everyday language and can be confusing to the layman.

Non-verbal communication

Research into non-verbal communication (Mehrabian, 1971) studied cues people use to judge whether another person likes them or not. It was found that words only contributed 7% while tone of voice and facial cues were far more important. Indeed, when facial expressions were inconsistent with words, facial cues were more likely to be believed.



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Getting your message across

Try this exercise with three or four colleagues. Stand or sit behind them while they are sitting at a table with a piece of paper and a pen or pencil. The aim is for you to describe a bicycle without using any of the words associated with bicycle (e.g. tyres, wheels, spokes, brakes – especially the word bicycle!) and for them to draw something on the paper based on your instructions. For example: draw two circles and join them together with a triangle. Do not look at their paper as they draw from your instructions, do not answer any questions or give any tips. You have 2 minutes to get your message across.

Compare the results. Did their drawings match the picture in your head?

This exercise demonstrates how easily misunderstandings develop, even among speakers of the same language, when not enough detail is provided, when clarification questions are not encouraged, and when non-verbal signs of hesitation or frustration are overlooked.

Even simple language may be ambiguous and your patient may need visual tools to help them understand. Also keep in mind that you may have repeated the same information many times but it could be the first time your patient has heard it and your patient may not want to admit his or her ignorance by asking for repetition or an explanation.

Ready to receive?

Your patient's receptiveness to your message can be affected in many ways. Some external barriers to communication can be altered quite easily, for example, the chair can be adjusted to make the patient feel more comfortable or the music can be turned off to avoid distraction.

What a patient thinks and how a patient feels are the hardest to change. Your patients may have a negative mind set based on previous experiences in the dental chair or may be resistant to the cost of treatment. Alternatively, your patient may understand the instructions but not really recognise or appreciate the benefits. For instance, a middle-aged person may be motivated to follow your

home care instructions in order to prevent tooth loss, while a teenager may see this as a distant possibility, far in the future and may therefore lack motivation to alter his or her behaviour.

Your patient's level of anxiety may be another factor. Do not underestimate 'white coat syndrome' and simple fear as these may increase some patients' stress levels and under these conditions they are much less likely to be able to absorb or retain information. The very nature of dental treatment means that you 'invade' a patient's personal space and some people may simply feel uncomfortable communicating at such close proximity to you. Therefore, it is preferable to avoid delivering instructions while your patient is undergoing treatment or reclined in the chair. They will not be able to respond easily and you will not have their full attention.

Every patient is different and it is important to be aware of the barriers to communication that might exist for that particular person and take appropriate action to minimise the potential for communication failure.

Further information

For further information about different personality traits and learning styles and how adapting your approach can help you get your message across, refer to 'What makes your patient tick?'. Find out how to avoid confusion when talking to patients and learn about some of the different communication strategies and tactics that ease the process by visiting 'Top tips for successful communication'. Two further articles giving an overview of patient motivation and two slide decks on patient motivation and communication are also provided within the Patient focus section.

Reference

Mehrabian A. (1971). Silent messages. Wadsworth, Belmont, California.



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