Communication

Aim: To outline two techniques of communication and their application to practice.

Learning outcomes: Following the completion of this CPD article the participant will be able to demonstrate, through the completion of a questionnaire, the ability to:

- Identify the importance of communication skills from a medico-legal perspective.
- Identify an early model of communication and its theory.
- Identify the ego states of Transactional Analysis.
- Identify which ego state should be aimed for during communication with patients.
- Identify how to apply the methods and theories of neuro-linguistic programming to practice.

Introduction

Good communication and influencing skills are important competencies for dental nurses to have when dealing with patients in the surgery environment, and when influencing the patient to make positive changes to their oral health. In addition, the General Dental Council acknowledge, that a source of a patient complaint is not necessarily about technical skills or the quality of care that the patient receives. Complaints are often due to the patient’s expectations not being met, which is often the result of a failure to communicate.¹

The Dental Care Professional needs to consider that advanced communication skills are necessary during consultations if patients are to feel at ease, and feel they are working collaboratively with the health care professionals to improve their health.²

This article will outline some of the theories of communication and how to apply them to practice in order to assist you in improving your communication skills with your patients.

Early Models of Communication

Early models of communication such as the Linear model of communication described by Shannon and Weaver (1949)³ described communication as a process consisting simply of a sender, messenger and receiver with the aim being that by transmitting a message, the sender will bring about a desired action from the receiver (Figure 1).
Such models may now be considered to be too simplistic when more contemporary theories of communication and behaviour change are considered\(^5\).

**Transactional Analysis**

Berne’s theory of Transactional Analysis (1958)\(^6\) is described as a method through which most forms of transaction can be analysed. An individual can adopt a Parent, Adult or Child ego state and the state adopted can influence the ego state of the other individuals involved in the communication process\(^7\).

The Child ego state may be divided into the Free Child and the Adaptive Child, and the Parent ego state may divided into the Critical Parent and Nurturing Parent\(^8\). At any moment each individual in a social situation will exhibit a Parental, Adult or Child ego state\(^9\).

In addition, individuals can shift with varying degrees of readiness from one ego state to another. Transactional Analysis involves being aware of the ego state of the person initiating the transaction and responding in a complimentary ego state in order to minimise misunderstandings\(^10\). It is suggested that dental professionals try to aim for Adult to Adult ego state transactions\(^7\) (Figure 2).
Neuro-Linguistic Programming

In the 1970’s, Richard Bandler and John Grinder developed the theory of Neuro-Linguistic Programming (NLP) which aims to enhance the effectiveness of communication. NLP refers to the connections between the neurological processes, linguistics and internal programming which leads to the actions and behaviour of the individual.

The NLP model of communication implies that once an external event occurs the information is filtered by the individual’s values, beliefs, perceptions, experience, memories and attitudes which results in the deletion, distortion or generalisation of the intended message (Figure 3).
Applying the NLP method of communication to practice means that you may treat two patients in exactly the same way but their individual experiences, attitudes and beliefs may alter how their dental experience is perceived. The individual’s differing interpretation of events could lead to a breakdown in communication.

**Building Rapport**

Establishing rapport is probably the single most important skill that you can learn as a dental professional in order to gain trust and build rapport with your patients. NLP involves listening to the patient and being aware of how an individual may interpret a message.

1) **Listen to the patient**

A skilled healthcare professional needs to listen to all three aspects of communication:

1) **Linguistic**

Listen to what the patient is saying. Egan (1990) proposes that the acronym **S.O.L.E.R** is used in order to remember the skills that convey interest and effective listening during communication. In the dental setting this involves;

- Sitting Squarely to the patient
- Maintaining an Open position
- Learing towards the patient
- Maintaining Eye contact
- Relaxing

ii) **Para linguistic**

Listen to the message beyond the spoken word. Listen to the volume (loud or soft), pitch (high or low) and speed (fast or slow) of the voice. In order to calm down a patient who may be angry you can initially match the speed, tone and pitch of their voice and then gradually calm them down by reducing the intensity of your own voice. Alternatively, if someone needs cheering up, you may match a calm voice before bringing them up to where you want them to be.

iii) **Non-verbal**

A study conducted by Mehrabian (1981) found that 93% of communication skills are through non-verbal communication and only 7% through actual words spoken. Non-verbal communication such as mirroring actions is a large part of NLP. Therefore, to facilitate communication and rapport with your patients, you may choose to mirror some of their actions and body language where appropriate. This may allow the patient to feel confident in conveying some of their attitudes, values and beliefs and allow the dental team to adapt the treatment for the patient accordingly.
2) Be aware of an individual’s learning style

The NLP model of communication observes that individuals have different representational systems. Individuals may have a preferred learning style of being visual, auditory, read/write or kinaesthetic (VARK) which can affect the interpretation of information. For example a patient with a visual orientation to learning may wish to be shown dental models and pictures; a patient with an auditory orientation to learning may wish to simply listen to information; a patient with a read/write orientation to learning may wish to take written instructions home, and a patient with a kinaesthetic orientation to learning may wish to hold the dental models and get a ‘feel’ for things.

The language a patient uses may provide a clue as to what their orientation to learning is. A patient may say “I see what you’re saying” if they are a visual learner or “I hear what you’re saying” if they are an auditory learner.

In addition, the NLP model of communication suggests that when you are engaging in communication you can take clues as to the individual’s orientation to learning by watching the movement of the eyes. The diagram below outlines the different eye positions. Taking note of eye positions may give you clues as to the correct language to use for the individual’s learning styles and therefore may facilitate you in building rapport with your patient. It also suggests that when the eyes move up and to the left the individual may be constructing an answer rather than remembering an answer! (Figure 4).

![Eye positions diagram](Figure 4)
3) Perceptual Positioning

The NLP theory of perceptual positioning is a key skill in understanding other people, and is an important part of the communication process.\textsuperscript{18} Perceptual positioning allows you to step back and view a situation from three angles: your view, the other person’s view and finally from an objective viewer’s perspective.

**Applying the techniques to practice**

As an example, imagine you have a patient you view as rude and uncooperative. You apply perceptual positioning to the situation. When you consider the patient’s view they are actually nervous from a previous difficult dental experience and this is manifesting itself in an aggressive form.

Viewing the situation from an objective point of view you realise that you need to build rapport and reassure this patient. To do this you listen to the patient’s concerns regarding treatment by listening to the linguistic, para-linguistic and non-verbal methods of communication. You listen to the patient’s previous dental experience, matching tone, pitch and speed of the voice whilst gradually calming the patient down. You match body language whilst maintaining eye contact. You establish that the patient is a visual learner and alert the other dental professionals responsible for the patient’s care that the patient may benefit from having treatment explained using visual prompts such as diagrams.

The application of these techniques should then improve the dental experience for your patient and hopefully start to alter the patient’s internal representation of a dental experience from a negative to a positive one. The patient leaves the practice satisfied with the treatment he or she has received.

**Conclusion**

Early models of communication which suggest that by transmitting a message the receiver understands the message may now be considered too simplistic. The dental care professional needs to understand more complex methods of communication to improve the care that can be given to patients. Being aware of the techniques of Transactional Analysis and Neuro-linguistic programming should assist in improving relationships with the patient and help to ensure that the patient’s visit to the dental practice is a positive experience.

**Portfolio Tip**

Further reading on Neuro-linguistic programming and Transactional Analysis is available from the non-verifiable CPD section of the website. In addition, case studies are available which demonstrate the application of the techniques to practice.

The non-verifiable section of the website will also take you to an on-line quiz that you can take to identify your preferred learning style.

Don’t forget to update your non-verifiable CPD log.
References