

How to Succeed in Turning Off Patients Without Even Trying: 8 Taboo Phrases to Avoid!

By Suzanne Boswell

A fleeting moment and one throw-away phrase

In our focus groups with dental patients, participants love to lavish attention on communication issues that rub them the wrong way. It's an unfortunate reality ... they seem to enjoy discussing negative interactions more than they like to discuss positive transactions with team members. Oftentimes it's a fleeting statement, innocently made by staff that grates on the patient. Sometimes it's a token phrase

In a moment a team member may make a comment that is indelibly imprinted on the patient's mind ... and it can't be retrieved!

unwittingly uttered by the doctor that gets their attention. And sometimes it's a throwaway comment that they overhear as one team member speaks to another ... a comment that may reflect negatively on the practice. As an undercover patient, I've heard these phrases myself from team members, on the phone, and in the office, and I recognize how they can affect patient perceptions.

Though there are many more, here are 8 of my favorites. Each of the following says far more than the actual number of words stated! I encourage teams to discuss these phrases and to consider how often these words might slip out in their own office discussions with patients and peers.

1. **"Sorry 'bout that."** What is significant here is the body language and the vocal tone that accompanies this phrase. Said with a fleeting glance or no eye contact at all, along with rapid breathiness, this phrasing infers disinterest and insincerity. The underlying message is ... "I'm really not sorry at all, but it's apparently called for in this interaction, so I'll say the words to placate you, even though I have more important matters to attend to." Apologizing is not the issue here. It's the shortening of the word *about* to *'bout* that indicates intent! It's as if the speaker is saying, "I really don't have

time for apology and so I'm apologizing as fast as I can and I want you to be aware that I don't really intend for it to sound sincere."

INSTEAD: If you are sincere, then be sure that you are congruent visually and vocally with your words. Make direct eye contact and be fully present as you express yourself. If you don't mean it, don't say it. As a matter of common courtesy this applies to interactions with your team mates just as much as with patients. Patients observe how team members treat one another and it speaks loudly about the respect within the team.

2. **"We can't do that ..."** The "can't" is just as readily replaced by "don't". In either case, to the patient it means "won't". This approach to problem solving may be indicative of an individual's attitude ... the attitude of a negative person.

INSTEAD: People want to hear what you CAN do, not what you CAN'T do. Whenever possible avoid using negative words or negative contractions and instead rephrase words in the positive ... "Here's what we can do ...". A positive alternative is to offer two options from which the patient can choose: "We can do this, or if you prefer we can do this ... which is better for you?" This is an important exercise for all members of the dental team to consider and to practice. Until we start hearing our own words we may be unaware of how often negative forms of communication are used.

A variation on this is, "I'd like to but our policy is ...". This is a killer of a phrase that apparently is supposed to get a team member out of a squeamish situation. However, this phrasing sounds like the speaker is not completely invested in that policy. It is the "p" word that is so very unappealing to patients. To the patient hearing the word "policy"¹ is equivalent to hearing "no". Add the

¹ In this context the word "policy" refers to office rules or procedures. Use of the word "policy" in relation to insurance is obviously another matter. Stating to a patient, "Your insurance policy ..." is appropriate and understandable.

word “but” to the phrase and listeners are positive it means “no”. Whenever possible, avoid the words “our policy” from discussion with patients particularly when you have to tell patients something they don’t want to hear. It smacks of bureaucracy and patients tend to think, “inflexible”.

INSTEAD: “Here’s how we handle this ...”

avoids the “p” word and positions the message in a positive manner. In thinking through how you explain something to a patient, you might *want* to say, “Our policy is to do such and such in these situations.” Instead, simply say the same thing without using the “p” word, “In these situations we do such and such.” You will get the same message across without sounding so rigid.

3. **“Just relax”** Though technically not a negative phrase, its underlying message does not bring comfort to the patient. This “throwaway” phrase is most often spoken by the doctor to the nervous patient. The underlying message is, “I know you’re nervous. However, I have no earthly idea what to say or do to help you, so you’re on your own. I’m not able to help you with your anxiety; you’ll have to do it yourself.” In contrast to providing support to nervous patients, this can provide needling concerns about how to manage their own fears. It can shake trust in the practitioner and may affirm their anxiety about dental treatment or the dental practice.

INSTEAD: For the patient who has expressed anxiety or made reference to fear of dental treatment, it is wise for the practitioner to determine the cause of the fear. Asking a question like, “Tell me what has caused this discomfort (stress) for you in the past.” This must be stated sincerely with facial expression and vocal tone that communicates genuine care. The words “tell me” are permission-giving and communicate interest in the patient. Then listen! Whatever the cause of the patient’s concern it must be taken seriously and not discounted. Saying something like, “Oh you don’t have to worry about that here” is not comforting (it also uses negative terms for response.) Instead responding with, “Together we’ll work to ensure that your experiences here are only positive.” Then following through with caring, supportive comments, you will build patient confidence in the practice that will more likely result in long-term relationships.

4. **“Calm down”** This phrase is typically voiced to a patient (or team member!) who is in a mounting state of frustration or anger. Its intent is to make the listener aware that he/she is getting out of control. On hearing this, it usually aggravates the listener even more and encourages the individual to escalate. Saying “calm down” is equal to saying, “you’re out of control and you’ve lost all credibility.” Is that likely to help the situation? Absolutely not.

INSTEAD: This calls for a feedback loop where the patient feels heard and can experience some relief! First let the patient release some of the stress verbally, and don’t interrupt (it only makes things worse!) Then reframe what the patient said (without using any of the negative words). “I understand you feel that” Say this calmly. If the patient feels understood, this will be affirmed to you. Then quickly move to offering solutions. Using words like, “Let’s see what we can do ...” or “Let me see how I can help ...” indicates a willingness to work with the patient and come to an equitable solution.

5. **“You don’t understand”** This phrasing points a verbal finger at the listener. It’s like saying, “What’s the matter, you a bit slow? You didn’t get it?” This places responsibility on the shoulders of the listener to grasp the message, instead of the speaker being responsible to communicate clearly and completely. Here’s another instance when an overheard negative statement from one team member to another can turn off a patient.

INSTEAD: Use positive phrasing to ensure comprehension. When you feel that your message is not being understood, try rephrasing it to open another door to the listener’s mind, “Let me put it another way ...” Use different words than you did earlier to explain your message.

6. **“I don’t know.”** The phrase is not negative if followed, by problem-solving words like, “...however, I’ll find out.” It’s when the “I don’t know” is the end-all and it’s up to the patient to figure out what to do. For the listener, it is often perceived as rude and uncaring when “I don’t know” is offered as the only response by the speaker. Alternatively, “I don’t know” may be perceived as honest and straightforward when offered with the appropriate follow up.

INSTEAD: Saying, “I don’t know, let me find out for you” or just “Let me find out for you” is far more positive. It is forthright and helpful and

points to a practice with good customer service.

7. **“Hold please” [click]** Obviously this is expressed on the phone to a caller. At times you must put callers on hold, but it is the way this is done that can turn off a caller. Offering these 2 words followed by an immediate *click* is tantamount to getting a splash of cold water on the face.

INSTEAD: “May I ask you to hold, please?” Then wait for a response! It’s the abrupt coldness that can so quickly turn off patients and prospective patients. And remember that the patient can’t see your face so your vocal tone must be appropriate to help convey your message.

8. **“It’s crazy around here today”** You may be doubtful that this is a common communication gaffe. This is verbalized far more frequently than team members realize. I’ve heard it myself on the phone and in the office. I believe that the reason this phrase is used so easily with patients is that it is used so easily among the team members in discussion. What becomes a natural form of communication among the team can slide into conversation with patients. Though perhaps only a figure of speech, this phrase infers that chaos reigns in the office. Regardless, it’s not comforting for a patient to hear this about the office of the caregiver!

INSTEAD: If things are hectic in the office, it serves no purpose to convey this message at all to patients! On the contrary it can either make the patient “feel like a number” because you’re so busy, or it can lead the patient to question how the practice is being run! Ensure that you speak in positive terms about activities or functions of the practice, and banish the phrases that can work against you. This is just as important among team members as with patients!



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