Tips for Healthcare Providers: Communication Can Build Partnership

The Language We Use Matters

Healthcare professionals play an important role in shaping how patients experience care, through their clinical expertise, and through the words they use when engaging patients and families. Using clear, respectful, person-centered language in conversations, medical documentation, and communication with colleagues can help build trust, reduce stigma and perceived power imbalances, and support shared decision-making. Small changes in language can foster dignity, strengthen therapeutic relationships, and ensure that medical records accurately reflect a person's experience without assigning blame, judgment or bias.

Sometimes the same concern can be communicated in very different ways.
Here are examples of language that may unintentionally feel dismissive, followed by examples that encourage understanding and collaboration.

Instead of saying things like, "You're being difficult.", try having a more collaborative conversation, which might sound like... "I can see your concerns haven't been fully addressed yet. Let's talk through them together."

Instead of saying things like, "You just need to trust me.", try having a more collaborative conversation, which might sound like... "Let me explain why I'm making this recommendation and answer your questions."

Instead of saying things like, "That's normal.", try having a more collaborative conversation, which might sound like... "Many people experience this, but let's talk about what's happening and what symptoms would concern me."

Instead of saying things like, "Stop worrying.", try having a more collaborative conversation, which might sound like... "I understand why this is concerning. Let's review what we're seeing and what to watch for."

Instead of saying things like, "You're refusing care.", try having a more collaborative conversation, which might sound like... "You've decided not to move forward with this recommendation right now. Let's review your other options and discuss a follow-up plan."

Instead of saying things like, "I'm going to check you.", try having a more collaborative conversation, which might sound like... "I'd like to perform a cervical examination to see if your cervix is changing and to try to determine the babies position. Is that okay? Would you like me to explain what the exam involves first?"

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Instead of saying things like, “I’m going to get your pitocin started.”, try having a more collaborative conversation, which might sound like... We recommend starting Pitocin to help your labor progress. Can we talk about why we're recommending it, the benefits and risks, and your alternatives?

Instead of saying things like, "You're noncompliant.", try having a more collaborative conversation, which might sound like... "Let's talk about what made this plan difficult to follow and whether another approach might work better for you."

Instead of saying things like, "Everything is fine.", try having a more collaborative conversation, which might sound like... "Based on today's evaluation, I don't see signs of an emergency. Here's why, and here's what would make me want you to return."

Instead of saying things like, "That's just anxiety.", try having a more collaborative conversation, which might sound like... "Stress can certainly affect how we feel, but let's make sure we've considered other possible causes of your symptoms too."

Instead of saying things like, "We've already talked about this.", try having a more collaborative conversation, which might sound like... "I'm happy to review it again. This is important, and I want to make sure you understand your options."

Try to Reframe Patient Choice

- People are not “refusing care” when they request to make an informed decision.
- People are not “noncompliant” because the plan you offer does not meet their needs.
- People are not “drug-seeking” for asking for relief from pain or requesting additional pain management. Their pain is real and deserves assessment.
- People are not a “difficult patient” because they have unresolved concerns or additional questions.
- Their induction did not “fail” because their labor didn’t start. Their body just wasn’t ready.
- Consider the words you use in your documentation. You may usually say they “refused care”, but they do have the right to decline” a procedure, medication or other intervention.

More Ideas for Collaborative Conversations...

- Ask what brought them in today. Don't assume you already know the reason for the visit. Ask: “What questions or concerns did you come in with today?”
- Ask whether they brought questions with them. “Did you come with any questions you'd like to make sure we have time to discuss today?” This gives patients permission to raise concerns before the appointment ends.
- Don't allow the support person to feel invisible. If a partner, doula, family member, or friend is present, recognize that they may have important observations or questions. With the patient's permission, invite them into the conversation.
- Ask what the patient has noticed. What changes have you noticed since your last visit?” Patients often notice changes before anyone else does.
- Ask what they understand so far. Before launching into an explanation, try: “What have you been told about this so far?” This prevents repeating information they already understand and helps identify misinformation or unanswered questions.
- Explain the reason behind recommendations. Don't simply say, “We're going to order this test.” Explain what question the test is intended to answer, what the possible results could mean, and what might happen next.
- Give patients time to process important information. A patient may need a moment before responding to a new diagnosis, medication, procedure, or recommendation. Silence isn't necessarily agreement or understanding. Ask: “Would you like a moment to think about that?”
- Before the patient leaves, ask: “What questions do you still have?” or “Is there anything we discussed that you would like me to explain differently?” Don't assume that having no questions means everything is understood.
- Remember that they are experts of their own bodies.

How do these ideas about changing your language make you feel?

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