

## Overcoming Patient Objections

### "THE ART OF GOOD COMMUNICATION"

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Do you "go through" patient objections or do you "grow through" patient objections? Successful doctors of chiropractic welcome objections and grow through them. They learn to convert objections into satisfied patients!

Every objection can be managed, even though not all of them can be overcome. Not until you understand and identify a specific objection, however, do you have a realistic chance of overcoming it and developing a satisfied patient.

In training chiropractors to handle objections, we have adopted what is called the Q.U.I.E.T. technique -- for understanding and qualifying the objection. It can be used without any harsh words or arguing with the patient. The acronym stands for the first letters of the five-step technique: Question, Understand, Identify, Empathize and Test. Let's see how they are used.

Once a patient raises an objection, the doctor asks questions in order to identify the objection (Q.U.I.). The patient might say, "I've tried chiropractic adjustments before but I didn't like them." The doctor then asks questions like, "What didn't you like about them?" "Why do you feel that way?" "What do you think would have to be done to make an adjustment comfortable for you?" From the answers given, the doctor can determine what the objection is and how the benefits of the chiropractic care he or she delivers can overcome the objection.

Whatever the objection is, the doctor must empathize (E.) with the patient's concern -- "I appreciate your concern for the professional costs, Miss Rennie." It is important to understand that you can empathize with the patient without necessarily agreeing to the validity of the objection. Be sure you're concerned with what the patient needs and respect his or her opinions. Then you'd proceed to neutralize the objection by showing additional benefits or clearing up misunderstandings.

For example, the patient says, "I just can't make that many visits. I'm too busy." If you agree that he or she can't come in, there is no use continuing. However, if you don't agree, you can still empathize with him or her by saying, "I understand how you might feel with a schedule such as yours, but let me ask you a question." By probing with more questions you might find there was a misunderstanding about how often or that there is a flexibility in scheduling of the appointment times or that a friend that lives near the patient might be able to help transport them or that it is actually a transportation challenge as opposed to a time factor.

Testing the objection (T) is needed to determine if it is true objection or just a ploy to avoid a decision. The test is used to determine how important the objection is in the mind of the patient. Is it sufficiently important to lose the patient if not answered? The test question might be, "Suppose this situation didn't exist. Would you then be able to come in under care?" If the patient says "yes," the objection is a true one. If the patient says "no," it is either false or there are other objections to mind, assuming that the doctor feels that he can answer the first objection satisfactorily. Either way, the doctor now has a better understanding of the situation than before.

Another test of an objection goes like this. "Is this the only concern that you have about care?" The patient answers, "Yes."

"Then if I can answer that concern to your satisfaction, would we have you as a patient?"

True objections fall into one of two categories. They are either a misunderstanding or they are a disadvantage. If the objection results from a misunderstanding, you must clarify what the patient understands and clear it up by giving accurate facts and benefits. You have to assume the responsibility of clearing up the misunderstanding. The patient objects to the challenge of multiple visits. Your presentation may be more difficult than the condition is. Your job is to clarify the misunderstanding by going back over the report of findings and perhaps involving the patient.

Where the true objection is a disadvantage, such as your fees or a patient is unable to pay your professional fees, your job is to minimize the disadvantages by emphasizing the benefits that outweigh it by looking at the total picture. For example, the patient objects to x-rays of the spine. The doctor cannot eliminate an important clinical test such as x-rays but can emphasize the feature like the necessity of seeing or ruling out fracture, tumor, cancer, or serious disc disease.

After the objection is understood, identified, tested and answered, test again that the patient agrees with your answer. "Does that answer your question?" Do not refer to it again as an objection.

Patient objections are challenging. When you use the Q.U.I.E.T. technique you can manage the objection so you are in control. You can step up to the challenge and grow through the challenge to more achievement and more satisfied patients.

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