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None declared.

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Influence and Professional Relationships

As professionals, we exert conscious and unconscious influence on our patients. It's much more than the words we use and their meaning. Influence includes the way we present ourselves, our gestures, manners, the clothes and cologne we wear and more. This is not startling. We've all known these things since childhood. However, as professionals we sometimes forget the many avenues of influence we impact in our professional relationships. Specifically, our conscious and unconscious presentation of ourselves to patients impacts their perception of us as professionals. Indeed, if we're aware of and better manage influential factors, we can create more successful relationships. That is, we can create relationships which are more satisfying and beneficial for both parties.

Psychologist Robert Cialdini, PhD, has authored and co-authored a fascinating series of books on influence.^{1,2,3} In this article, I'll review his six primary principles with respect to influencing positive professional relationships. The beauty of Cialdini's books is he organises these basic principles into easy-to-understand and easy-to-apply fundamentals with vast applicability.

Cialdini states there are six core principles which influence most (perhaps all) personal and professional relationships. They are: reciprocation, scarcity, authority, consistency, liking and consensus.

1. Reciprocation:

Humans like to reciprocate. That is, we tend to 'give back' to others. Specifically, people like to return favours, salutations and kindness. When we meet people we extend our right hand and they do the same. We might say 'Good Day' and in turn, it's very likely they'll say 'Good Morning'. If I buy you a cup of tea this afternoon, it's likely you'll do the same sometime soon. This is again, not startling. People like to, and tend to, reciprocate.

With regard to audiology and amplification (and depending on your situation, practice setting and marketplace)... If I offer to let a patient take home a set of advanced hearing aids with wireless connectivity to use with their own TV and telephones, they are very likely to accept. That is, they are likely to give it a try at home in response to my offer to let them try. This (reciprocity) is fundamentally different from the government 'providing' hearing aids and is fundamentally different from me 'selling' the

products. The difference is reciprocity is based on a relationship between me (as the professional) and the individual (patient). It's not about NHS, the government, sales, transactions, customers or money. A reciprocal relationship is most influential when it's between two people.

2. Scarcity:

The core of the 'scarcity' principle is people want more of things which are scarce or rare. That is, things which are scarce acquire a greater value than things readily available. For example, original vinyl recordings of Elvis Presley, The Beatles, unusual stamps or coins are indeed, rare. The fact which increases their greater value is their scarcity. Applying this principle to audiology and amplification is a bit tricky if one were to consider the hardware itself. However, our colleagues in optometry and dentistry combine fashion-based spectacles and invisible bi-focal contact lenses, and invisible braces and whiter teeth (respectively) with their advanced knowledge and professionalism. In other words, they combine a readily available product with advanced professional skills to achieve a less common (that is, more scarce) package. In our case, advanced hearing products combined with advanced training (that is, attending a seminar to learn to fit a new product) helps offer a package which is scarce.

3. Authority:

Authority is clear cut. People like to know the professional they're consulting is indeed an authority within their profession or area of expertise. Virtually all professionals display their licenses, degrees and certificates as well as accolades, news articles and publications in obvious locations so as to ensure the patient will see them. The purpose of these displays is to acknowledge the professional as an authority in the patient's mind. This is not simply an ego stroke for the professional. The point is to establish that the professional is highly skilled and knowledgeable and is recognised and respected by his / her peers, and is indeed an authority.

4. Consistency:

The consistency principle states people want to be consistent in their words and actions. This principle is evident in Motivational Interviewing theory and practice, too.⁴ When professionals elicit positive and productive statements from patients with regard to their situation (that is,

hearing loss) and their desire to achieve positive outcomes (that is, improved hearing) it's easier for the patient to accomplish his / her goals. If a patient expresses disdain for amplification they may attempt to prove how terrible amplification is – to be consistent with their original expression. When patients express their need to hear better, it's easier for them to accept amplification – as amplification is consistent with their expression. Therefore, to apply the principle of consistency, it is extremely useful to have the patient acknowledge his / her hearing loss and reasonable expectations with regard to amplification.

5. Liking:

Liking is the simplest and most intuitive of all the principles of influence. People like to work with people they like and they don't like to work with people they don't like. When you genuinely and authentically like the person / people you're working with, it is more pleasant and enjoyable for you. When patients really enjoy their time spent with you, it is a more rewarding experience for them, too. It's hard not to like someone who smiles as they look you in the eye, shakes your hand, offers to hang up your coat, offers you a cup of tea or coffee and smiles and asks how your day is going. Conversely, it's easy to dislike someone who is late, rushes you in and out and is rude.

6. Consensus:

The consensus principle states that in times of trouble or heightened awareness of a problem (that is, hearing loss) people look around to see what others have done and how things turned out. The patient who learns he / she has a high frequency sensorineural hearing loss may speak to family and friends (or may go online) to see what happened to other people 'just like me' who pursued particular solutions. The potential influence from consensus can be very positive or very negative. To address consensus, professionals might place a nicely adorned scrap book (or 'brag book') of testimonials and cosmetically pleasing photographs of amplification solutions in the waiting area. These success stories are very important and can be very motivating for new hearing aid candidates to help transmit a positive image and outcome.

Discussion

Cialdini's principles of influence are straightforward and intuitive. I believe the reason his books are so popular across the world is that his six principles represent 'universal truths' and are applicable in personal, professional and other arenas. Of course, each patient is unique and each must be addressed according to his / her own needs, abilities and desires. Although we cannot (and perhaps should not) necessarily engage all six principles in every encounter, we can be aware of them and note that judicious use will likely increase the opportunity for personal and professional success. ■

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