Nonverbal communication-recipe to spice up the doctor-patient interaction.

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Objectives

- Identify the importance of non-verbal communication.
- What non verbal communication means?
- Review the literature about the non-verbal communication.
- Strategies to improve non-verbal communication.

Habit de Medecin 1823

Courtesy of National Library of Medicine
80% of all communication is nonverbal

In the clinical encounter, nonverbal communication has been demonstrated to be crucial


Patient satisfaction with health care, compliance with medication and treatment outcome are related to the physician’s interpersonal skills and, specifically, to his/her sensitivity to nonverbal behavior.

**Effect on quality of care**

- Non verbal aspect of affective behavior (eye contact and shown interest) had a strong predictive power on the quality of psychosocial care of hypertensive patients.

- It is also associated with highest scores for patients satisfaction


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**Barriers in Doctor-patient Communication**

- Verbal-nonverbal mismatch
- Cognitive dissonance
- Unexpected resistance
- Physician discomfort
- Non compliance
- Treatment not working

Expressive characteristics of anxiety in depressed patients

- Anxiety was significantly associated with agitation, distressed facial expression, bodily discomfort and poor social interaction.
- Women showed motor retardation.
- Men showed hostility.


233 patients.
Average age: 46.4 years (SD=16.3);
75.1% women, 78.1% married
81.5% socioeconomic levels IV to VI

10 physicians, five men and five women;
average age: 35.9 years (SD=4.0),
average number of years of clinical experience was 9.0 (SD=4.0).

The mean duration of the exploratory part of the interview was **3 minutes**.

The accuracy of diagnosis of emotional disorders in primary care was not associated with:

- Social, academic, attitudinal, or professional characteristics of the physicians,
- Length of time the clinician spent exploring emotional symptoms,
- Or the severity of the patients’ medical or emotional symptoms.


The interview skills predictive of accurate diagnosis were:

- Active listening (eye contact and face-to-face posture)
- Absence of verbal interruptions

Patients do give quite strong messages about what they want, without necessarily expressing them verbally.

General categories of nonverbal communication

- **Kinesics** - facial expressions, body tension, gestures, touch, body position and angulations.
- **Proxemics** - spatial relationships and barriers. Spatial relationships include the horizontal and vertical distances between people, and their angles of facing each other, e.g., face-to-face, shoulder-to-shoulder, and angles in between. Barriers can be anatomic, e.g., crossed arms or legs, and structural, e.g., furniture, computers, piles of charts and books.
- **Paralanguage** - voice tone, rhythm, volume, emphasis, pitch, and rate of speech.
- **Autonomic output and its fluctuations** - e.g., flushing, blanching, tearing, sweating, respiratory rate, sighs, pupilary size, dry mouth, diarrhea.

Eye contact

- Gaze direction of the doctor plays a crucial part in an utterance by the patient. (1)
- Such withdrawals may convey disinterest in the patient’s narrative and they may not give key pieces of narrative crucial to medical encounter. (2)

Interrupting opening statement

- Physicians interrupt the patient’s opening statement after an average of 18 seconds, with only 23% of patients completing their statements. (1)
- Patients usually take 60 seconds to complete the opening statement, if physician would allow them to do so. (2)


Non-verbal behavior may accurately reflect pain intensity.

- Argyle M. Bodily communication. Methuen, London 1975
Physicians can determine the location of pain more accurately when relying on nonverbal pain expressions alone than on verbal information alone. (1)

Nonverbal expressions of pain influence the provider’s rating of patients pain and distress, as well as their own concern and sympathy. (2)


Facial changes

Facial changes more reliable than verbal report in the assessment and evaluation of pain.

1. The experience of pain may be difficult to articulate.
2. Nonverbal pain expression may be less susceptible to voluntary control than verbal reports in unfamiliar settings.
3. Pain being described may be embarrassing and therefore not accurately verbalized.

Physician’s Dress

- 65% wanted their physicians to wear white coats during consultations, while 7% objected, 27% believed that sneakers were inappropriate, and the majority believed that physicians should not wear blue jeans.


- Traditional items of dressing such as name tag, white coat, dress pants, dress shoes, shirt and tie, skirt and nylon-hose were preferred over casual attire (blue jeans, athletic shoes, scrub suits, and clogs).

- Negative responses to female physicians were associated with prominent ruffles and dangling earrings. Long hair & earrings elicited a similar response to male physicians.

- Gjerdingen DK, Simpson DE, Titus SL. Patients' and physicians' attitudes regarding the physician's professional appearance. Arch Intern Med 1987; 147: 1209-12
**Tips for Making Nonverbal Communications Most Effective**

- Self awareness and openness
- The power of first impressions
- Assessing patient’s mood
- Observation
- Respect
- Patience
- Curiosity
- Appearance & dress
- Active listening
- Tone of voice

**Tips for Making Your Nonverbal Communications Most Effective**

- Body posture and eye contact
- Not interrupting
- Smile
- Mismatched verbal and nonverbal signals.
- Verbal and nonverbal response towards patients' remarks and behaviors.
- Touch and physical examination
- Breast/Rectal and genital examination
- Complimenting patients
- Emotions/Empathy
Cultural differences

- **Eye contact**, generally appreciated as a sign of engagement and attentiveness in Western European cultures, while it is viewed as rude and disrespectful in Asian cultures of Chinese derivation.

- The same is true for **proximity and touch**, extra caution is needed because these often are more emotionally loaded.

Summary

“Nonverbal expressions of safety are universal, appearing in body tension, autonomic response, and facial expressions of emotion”.

Involuntary nonverbal communication more accurately reflects the feeling state of a person than does his/her verbal communication. If there are mixed messages (inconsistency) the nonverbal is the truer message.

- Rapport is built (or ruptured) most effectively and efficiently, nonverbally
- Paying attention to the nonverbal communication allows the provider to track the process of how the interaction is going as well as the content and the quality of the rapport in the encounter.
• The overwhelming majority of communication is non-verbal

• Physicians can take advantage of this effective way of communication to improve outcomes, reduce litigation & better care of their patients.