

Nonverbal Communication May Speak Louder Than Words

Mannerisms and gestures matter.

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Body language—or, more technically, the study of body language—also is known as kinesics, which is derived from the Greek word kinesis, meaning “motion.” Body language also is referred to as nonverbal communication, and, less commonly, nonvocal communications. Many body language experts and sources seem to agree that that between 50% and 80% of all human communications are nonverbal.¹

In this age of telemedicine and online video communication with our patients, we must be ever-vigilant of the message we are transmitting to our patients. Your body language reveals your feelings and meanings to others. Certainly, it is much easier when we are eyeball-to-eyeball with our patients. However, now we are going to be challenged to make healthcare decisions with our patients when they are at a great distance from our offices and ourselves. Our bodies have a language of their own, and their message is not always in the best interest of effective communication with your patients. The doctors who have the best communication, the best patient satisfaction scores, and the best patient compliance and outcomes, are the ones who understand the power of unspoken signals in communication and carefully mon-

itor themselves and their nonverbal communications, such as:

1) Turning your back on the patient to look at the computer is one of the most frequent faux pas committed by physicians who are transitioning from paper charts to an electronic medical record (EMR). The message you are sending to your patients is that the computer is more important than the patient. My advice is to configure your exam rooms so that the

patient is important and that you are present in the moment and are listening. Maintaining good posture commands respect and promotes engagement between you and your patient.

4) Exaggerated gestures can imply that you’re stretching the truth. Aim for small, controlled gestures to inspire confidence and reflect complete command of the situation. Open gestures—like spreading your arms apart (but no wider than your body) or

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computer can be accessed without looking away from the patient. This is also easily solved using an iPad or other handheld device rather than a desktop computer.

2) You shouldn’t be looking at your cell phone or take a call while you are in the exam room with the patient.

3) Slouching is a sign of disrespect. It communicates that you’re bored and not paying attention. You want to convey to a patient that he or she is important and has your undivided attention. The solution is to stand up straight with your shoulders back. This gives a strong impression that the

showing the palms of your hands to your patient—communicate that you have nothing to hide. They are another signal of transparency, which often is lacking in the healthcare profession.

5) Looking at your watch while talking to someone is a clear sign of boredom, disrespect, impatience, and an inflated ego. It sends the message that you have better things to do than talk to the patient, and that you’re anxious to leave them. If you must know the time, then peek at the time at the top of your EMR screen.

6) Leaning away from your patient, or not leaning into your conversation,

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portrays that you are unengaged, uninterested, uncomfortable, and perhaps even bored and ready to terminate the patient encounter. I suggest leaning toward the patient and tilt your head slightly as you listen to them speak. This shows the patient that they have your undivided attention.

7) Crossed arms are a classic defensive position and act as a physical barrier that suggests you're not open to what the patient is saying. Be certain to avoid crossed arms and even crossed legs—appearing defensive will interfere with communication between you and your patients.

8) Exaggerated nodding may be perceived as an attempt to show you agree with or understand something that you actually don't.

9) Fidgeting with or fixing your hair signals that you're anxious, over-energized, self-conscious, and

matter what the patient says or how outlandish or preposterous the remark may be, don't transmit your disbelief by rolling your eyes. For example, if a patient says something disparaging about a fellow physician or colleague,

15) Playing with anything in your hands during the patient encounter, like spinning a pen, can be very distracting to patients and indicates you are not giving the patient your undivided time. Rapidly tapping fingers or

Avoiding eye contact makes it look like you have something to hide, and that arouses suspicion.

don't register your disbelief with a negative comment or rolling your eyes. Just listen and don't respond.

12) Scowling or having a generally unhappy expression sends the message that you're upset by those around you, even if they have nothing to do with your mood. Scowls turn patients off. Smiling, however, suggests that you're open, trustworthy, confident, and friendly. The human brain responds favorably to a person who's smiling,

fidgeting can be a sign that you are bored, impatient, or frustrated.

16) Getting too close will interfere with patient communication. Standing too close to someone (nearer than one and a half feet) signals that you have no respect for or understanding of personal space. This will make people very uncomfortable when they're around you. There are certain cultural exceptions to the 1.5-foot rule. However, for most U.S. patients, this will be a safe distance.

17) A hand on the doorknob indicates eagerness to terminate the encounter with the patient. Be certain to ask the patient if all of his or her questions have been answered before you touch the doorknob. Better yet, when patients check in, offer them a card that allows them to write down the questions they would like to have answered during their visit. Then you can look at the card and make sure you have answered all the questions that are important to the patient.

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distracted. Patients will perceive you as overly concerned with your physical appearance and not concerned enough with them and the encounter.

10) Avoiding eye contact makes it look like you have something to hide, and that arouses suspicion. On average, Americans hold eye contact for 7 to 10 seconds, longer when we're listening than when we're talking. Lack of eye contact also can indicate a lack of confidence and interest, which you never want to communicate in a doctor-patient relationship. Looking down as you talk to a patient makes it seem like you lack confidence or are self-conscious, causing your words to lose their effect. It's especially important to keep your eyes at the same level as the patient if you're discussing a new or difficult diagnosis, an intended surgery or procedure, or a complication.

11) Rolling your eyes conveys a sense of lack of respect and not believing what the patient is saying. No

and this leaves a lasting positive impression. It may be difficult if you are distracted by something happening in your personal life, a sick or dying patient, or a problem within the office, but it is necessary to mentally shift gears and put this in the back of your mind and give your full attention to the patient and turn the scowl to a smile.

13) Offering a weak or wet fish-like handshake signals that you lack confidence and may be intimidated by your patient. Your best strategy is to enter the room, use hand sanitizer before touching the patient to demonstrate you are practicing good hygiene, and then offer the patient a firm handshake and also smile and make eye contact.

14) Clenched fists, much like crossed arms and legs, can signal that you're not open to other people's points of view. It can also make you look argumentative and defensive, which will make people nervous about interacting with you.

Bottom Line: Avoiding these body language blunders will help you form stronger relationships, both professionally and personally, with your patients. **PM**

Reference

¹ Pease A, Pease B. *The Definitive Book of Body Language*. Orion Publishing Group; 2017.



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