

Saying A Lot Without Saying A Word

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What is meant by non-verbal communication?

Despite common beliefs among physicians, over 90% of communication with patients and families is non-verbal. Unspoken messages can be projected by both physicians and their patients through a variety of non-verbal communication cues (Table 1). Non-verbal behaviour can complement and reinforce the words that are spoken, or contradict and parody the intended message. Studies suggest that physicians' abilities to express emotions non-verbally are associated with patient satisfaction.

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The case of Mr. Wilson

Mr. Wilson, 65, presents to your office with his wife for a specialist consultation for a lesion found on his femur. The note from his family physician presents a thorough past medical history in which previously treated prostate cancer is most notable. Mr. Wilson appears worried and quiet. His wife asks, "Is it bone cancer?"

It is clear that both Mr. and Mrs. Wilson are emotional and concerned about the cause of hip pain. This consultation is conducted in a private and comfortable environment without distraction. The physician intentionally does not sit behind his desk, but rather, beside Mr. Wilson and his wife. Mr. Wilson is told that the prostate cancer has invaded his bones.

The physician provides a reassuring touch on Mr. Wilson's shoulder and provides Mrs. Wilson with a box of tissues. To convey how important his patient is to him, the physician remains in the room until all of the questions are answered regarding the prognosis and treatment plan.

Table 1

Non-verbal cues

- Head and extremity movement
- Posture
- Facial expressions
- Touch
- Verbal pauses
- Intensity and tone of voice
- Breathing patterns

What are the effective techniques?

Body language

- Body language may be perceived differently among patients from different cultures. Even well-intentioned behaviour can be interpreted negatively.

Environment

- Ensure the environment is suitable to the type of patient interaction (*i.e.*, a quiet, private, and comfortable room).
- Avoid interruptions during the encounter.

First impressions

- First impressions may be formed by interaction with staff.
- Advise staff to be polite, professional, unhurried, and to pay close attention to the emotional needs of patients.

Physical presence

- During the patient consultation, avoid standing—it creates the impression that you are rushing.
- Sitting allows better eye contact and removes an obvious “power” imbalance.
- If patients are emotional, a reassuring touch may relax them; however, some patients may withdraw from physical comforting.
- Avoid looking at a patient’s medical records while he/she is speaking. Patients are more likely to believe you are sincere and confident if you look at them. Eye contact may also provide

Table 2

Tips for non-verbal communication

- Understand your patient (gender and cultural differences)
- Remember, setting is everything (privacy, comfort, quiet, uninterrupted)
- First impressions are key
- Don’t be in a hurry
- Appropriate use of touch can be comforting
- Be expressive and maintain eye contact
- Avoid distracting behaviours (*e.g.*, repetitive hand and foot movements)
- Be alert and respond to patient cues

important cues about the patient’s reaction to your words.

- Crossed arms can be interpreted as boredom, annoyance, or defensiveness. More suitable positions include interlocking fingers of both hands, or keeping palms face down on the lap.
- Crossed legs may give the impression of a relaxed and even nonchalant attitude. Position your feet and knees as close together as feels natural to you (aligning uncrossed knees and feet is the recommended position).

Table 2 summarizes these techniques. 

Surf your way to...

1. Rotter DL: How Effective is Your Non-Verbal Communication?: www.conversationsincare.org
2. Ashbury FD, Iverson DC, Kralj B: Physician Communication Skills: Results of a Survey of GPs in Newfoundland: <http://cogprints.ecs.soton.ac.uk/archive/00002420>

