



## Professional article

ACTA FAC MED NAISS 2006; 23 (4): 197-201

Natasia Bakic-Miric

Department of Pre-Clinical  
Subjects  
School of Medicine,  
University of Nis

# VERBAL AND NONVERBAL COMMUNICATION WITH PATIENTS KNOW-HOW

## SUMMARY

The most effective counselors are the ones whose nonverbal messages are congruent with their verbal messages. Recent literature suggests that nonverbal immediacy behaviors on the part of pharmacists, physicians and other healthcare providers are very much related to patient satisfaction with care, and hence, outcomes.

*Key words:* nonverbal messages, verbal messages, congruent, pharmacists, physicians, patient

## Physical Distance: Proxemics

Proxemics concerns the physical distance between people when they communicate. Different types of communication require different spacing. For example, a person giving a public speech would be expected to stand farther away from the receivers of the message than would a healthcare provider talking with a patient. During communication, certain distances fall within a normal range of comfort for the parties communicating. While there are cultural differences, most people have a certain distance they are comfortable with in certain communication contexts. If a patient were visiting a physician for an illness and the physician entered the examining room, said hello, then sat down at the furthest point across the room, this distance would probably not be comfortable for most patients. It would communicate indifference or discomfort by the physician. On the other hand, if the physician entered the room, said hello, and then sat in a chair where his or her knees touched the patient's knees, this would not be comfortable either. It would be too intimate, or immediate. The patient's own nonverbal cues (leaning back, closed arms, etc.) would probably indicate

this (1). Therefore, when discussing healthcare matters with a patient, it is important that the physical distance between the pharmacist and patient reflect the appropriate degree of immediacy. The distance should create some privacy (too far apart would cause talking that was audible to others), while at the same time, not creating discomfort. Patients will give nonverbal cues when a pharmacist is standing too close. In North America, people in intimate or private conversations stand between 15,24 cm and 45,72 cm apart. This is what is generally comfortable. However, it should be realized that for some cultures, standing closer or farther away may be insulting. Therefore, physical distance can communicate the degree of caring or intimacy in a conversation. Whether pharmacists sit or stand while talking to the patient communicates information about acceptance and caring. Sitting communicates that the pharmacist is not going to rush things and places him or her in a position that is less intimidating to the patient. This is another reason why pharmacies are lowering their prescription counters to floor level: it promotes better communication. Consultation rooms would be even better (1).

### Example

A patient who is obviously distressed tries to talk to the pharmacist, who is behind the counter. The counter presents a barrier to communication, so the pharmacist comes out from behind the counter and motions the patient to a more private area. This communicates caring, respect, and understanding to the patient.

### Time-Consciousness: Chronemics

Particularly in the United States, where time-consciousness is extremely important, people are not used to waiting more than five minutes. In fact, outside of a few situations (such as nice restaurants, or the doctor's office), Americans resent waiting for long periods of time. Even a fifteen-minute wait, which is fairly common in many pharmacies, is viewed with impatience. Therefore, it is important to convey value in the wait in order to reduce this negative view of waiting. This may be done by either providing services worth waiting for (such as counseling, disease management, etc.) that most others do not provide or provide as well, or this may be done through compassion and empathy (2).

### Example

**Patient:** *Fifteen minutes? Just to throw a few pills in a bottle? You've got to be kidding. I just had to wait almost an hour and a half at the doctor's office.*

**Pharmacist:** *That is a long time. I will get your medicine to you as quickly as I can. I do have two other patients ahead of you and I want to be accurate with everyone's medicine. I do appreciate your patience.*

**Patient:** *I'm just sick of all this waiting. You people must think we have nothing better to do.*

**Pharmacist:** *I know that you have waited a long time today. I'm going to go ahead and get started so that it doesn't take any longer than necessary.*

Notice in this situation, that the pharmacist does not take the patient's frustration personally. Notice also that the pharmacist acknowledges the patient's complaint but does not take responsibility for the problem, nor does the pharmacist attempt to solve it. The pharmacist is caring and compassionate, but also not willing to engage the patient in a debate.

### Eye Contact: Oculistics

Eye contact is very important in conveying understanding and caring. Direct eye contact communicates interest and attention. It helps us to gauge the truthfulness, intelligence, attitudes and feelings

of others. Our culture values direct eye contact (as long as it is not staring). In fact, we believe that people who won't look us directly in the eye are up to no good. There is a great deal of research that shows that speakers who refuse to establish eye contact are perceived as ill-at-ease, insincere or dishonest. Thus, it is important to be aware of your own eye contact with patients when communicating with them. Do you make a habit of doing other tasks when talking to patients? When talking to patients, do you find yourself looking more at a computer screen or medicine vials than the patients? Not establishing eye contact while talking to a patient is likely to be distracting and communicates disinterest. Pharmacists should make it a point to establish good eye contact with their patients when talking to them. They should also keep in mind the patient's response to their eye contact. For example, by maintaining eye contact with the patient, pharmacists are more likely to pick up nonverbal cues regarding whether the patient understands them (3). Many patients will say they understand something when they actually do not. Patients' facial expressions, such as a crinkled eyebrow, often reveal confusion, misunderstanding or uncertainty. These important cues are often missed by pharmacists when they do not take the time to maintain eye contact. While it is generally true that direct eye contact may have negative consequences in negative or threatening situations, and lack of eye contact often communicates indifference or inattention, the amount of eye contact used should be in response to the patient. If the patient reacts uncomfortably to your direct eye contact, looking away occasionally may be a good idea.

### Touch: Haptics

Touch can be extremely important in communicating caring to a patient. Touch has generally been found to reduce tension, improve rapport, and enhance the therapeutic capabilities of the health professional. The use of touch is very much dependent on the emotional context, the relationship between the patient and pharmacist, and how comfortable the pharmacist and patient are with it. Touch may be interpreted very differently among these groups. And while there is a tendency to use touch more often with different groups, more than any other nonverbal behavior, there are few cultural standards for touch. Therefore, touch needs to be used with caution. Certain studies have demonstrated that the use of touch by a healthcare professional can be interpreted as superficial or demeaning if used too often during a conversation or an encounter. This occurs when touch is used as a substitute for verbally expressing true caring and understanding or when touch is used to diminish the importance of a problem with-

out expressing the appropriate words. For example, if a patient is discussing the amount of pain he is experiencing from his arthritis and the physician pats him on the back, this type of touch may be interpreted as placating but not caring. The same touch with the words, *Let's see if we can't get you some medicine that will help with this pain*, would be interpreted quite differently. In addition, when touch is used with a new patient, this is often misinterpreted or viewed with caution. Moreover, touch should not be used if the patient or healthcare provider is uncomfortable with it. The healthcare provider should be especially sensitive to the verbal and nonverbal cues of the patient. Posture that pulls away, or a startled look, is a good indication that this is not comfortable for the patient (4). Finally, if the pharmacist is not comfortable being touched or touching others, it is best not to force a touch. Sincere words will do just as well. Touching is viewed as a rather intimate gesture in our culture and as such should be used carefully and cautiously.

### **Body Movement: Kinesics**

Kinesics is concerned with body movement in communication. This includes movement of the head, arms, legs, eyes, and so on. Body movement can have a profound impact on the way a message is communicated and interpreted. If a person looks at someone and says *way to go*, but his head is shaking *no*, no is the message the receiver will likely believe. The message will be interpreted as sarcasm. It is vitally important that both the nonverbal body movements and the tone of voice match the verbal message. Congruence is essential. Especially in counseling situations, highly empathic messages are undermined by inconsistent or incongruent nonverbal messages. This includes body movements (looking away, being distracted), voice tone (flat affect, indifference), or body position (standing, keeping one's back to the person, etc.). It should be noted that kinesics is very much tied to cultural norms. The gesture of pointing to someone to indicate that his or her prescription is ready is perfectly normal in our culture (5). That same gesture is indicated only for calling dogs in some African countries. Extending one's hand to introduce yourself to a patient is perfectly normal in our culture. This same action carried out with the *wrong* hand, may be considered an insult in some Middle Eastern cultures (the *wrong* hand is used only for wiping oneself after defecating). Therefore, while many gestures are the same across many cultures, many different cultures give very different meanings to the same gestures. Being aware of your own gestures and body movements is very important. It can help you to congruently communicate the intended meaning of your verbal statements.

### **Use of Objects: Objectics**

Objectics refers to both the use and choice of objects in communication. One very important object is the clothing we choose to wear. It can communicate a great deal about us. Are the clothes in style? Are they ironed or wrinkled? Do the colors go together? How does the pharmacist distinguish him or herself from the rest of the staff in the pharmacy? Does the pharmacist wear a professional coat that is a different color and has an identifying name badge or symbol indicating this is a pharmacist? It is important for patients to understand whom they are talking to so they don't waste time and effort and feel embarrassed because they told ancillary personnel information that was intended only for a health professional. Clothes certainly can communicate expertise to the patient by way of specific identifiers. In addition to clothing, other objects communicate different messages. Is there a waiting area in the pharmacy where patients can sit and wait? This communicates sensitivity to the clients of the pharmacy. Are the chairs comfortable? Is the waiting area clean? Are there reading materials available in the waiting area? If so, are they health-related, or is there a variety of both health-related and non-health related materials? Are there popular magazines to read? Are they out of date? All of these things communicate different things to patients. Are the objects surrounding your pharmacy conveying the message you want to communicate? Many pharmacies sell many items that are not health-related (6). These may include cigarettes, cosmetics, greeting cards, household items (e.g., paper towels, toilet paper, glass cleaners, etc.), candy, etc. Does selling these items confuse the patient about what the pharmacist's primary intent is as a healthcare provider? Is the selling of these items consistent with the health image the pharmacist is trying to convey? For instance, selling items like cigarettes or tobacco, which are clearly deleterious to one's health, is a prime example of how important objectics can be in communicating image. In moving toward pharmaceutical care, pharmacies may need to reconsider the items they sell and the effects of those items on the image conveyed.

### **Voice Patterns: Vocalics**

Vocalics involves the use of the human voice in communication—both tone and pitch. Think about the sentence, *I really like it when you come in on time for your medicine*. That same sentence can be said very differently, depending on pitch, tone and emphasis. Said blandly, the statement may not have much impact. Said with enthusiasm and emphasis on certain words, the meaning changes, *I really like it when you come in on time for you medicine*. This is

encouraging. However, this same sentence can be said sarcastically to a patient who is seven days late in getting his medicine and the whole meaning changes again: *I REALLY like it when you come in on time*. This said with a look of disapproval would be belittling to the patient. The human voice communicates much to the receiver (3). This is especially true when the communication takes place over the telephone. Research indicates that a person's personality is inferred through the sound of the voice. Often this interpretation is inaccurate because of preconceived ideas we have about different types of voices. We may think of someone with a deep voice as being wise or large, etc. This should tell us that we need to be sure

that the meaning we intend is communicated clearly, especially when we are speaking over the telephone.

### Conclusion

Nonverbal communication is an important factor in conveying meaning in a message. Verbal and nonverbal messages need to be congruent, since the nonverbal message is the one that is generally believed. It is not enough to accurately perceive a patient's feelings and communicate that understanding verbally, unless physical distance, posture, objects in the environment, voice tone, and gestures are congruent with their verbal messages.

### PULLING IT TOGETHER

**Scenario:** Mrs. Monroe is obviously distressed. She has just learned that she has skin cancer.

**Proxemics:** The pharmacist steps from behind the counter and motions Mrs. Monroe to a more private area. Mrs. Monroe indicates that the doctor was confusing when she talked about the possible side effects of the medication.

**Oculesics:** The pharmacist goes over the possible side effects and explains what she should do if they occur. The pharmacist observes that Mrs. Monroe looks confused. So, he stops and asks her if she understands. She says she does. Even though she replies that she understands, he provides a more thorough, detailed explanation. After this explanation, Mrs. Monroe's facial expressions reveal that she understands.

**Haptics:** At one point during the conversation, the pharmacist placed his hand on Mrs. Monroe's hand, looked into her eyes and said in a definitive tone,  
*I want to help you through this.*

**Kinesics:** The pharmacist makes sure that his body movements and facial expressions are congruent with his words. That is, when he says he is concerned he looks concerned.

**Vocalics:** During the conversation, the pharmacist varies his tone, rate and volume. For example, the pharmacist noticed that Mrs. Monroe tended to whisper the word cancer. Therefore, he also lowered his voice whenever he used the word. The pharmacist used a soft, calm and even tone throughout the conversation as a means of comfort.

## REFERENCES

1. Heath C C, Body movement and speech in medical interaction, Cambridge University Press, 1986
2. Austin G, Chironomia or a treatise on rhetorical delivery, Southern Illinois University Press, 1966
3. Hibbitts Bernard, J, Coming to our senses: Communication and legal expression in performance cultures, Emory Law Journal, 1992, Issue 41: 873-960
4. Efron D, Gesture, race and culture, Mouton and Co., The Hague, 1972
5. Bremmer J and Roodenburg H (eds), A cultural history of gesture, Cornell University Press, 1991
6. Goodwin C, Conversational organization: Interaction between speakers and hearers, Academic Press, New York, 1981

## UMEĆE VERBALNE I NEVERBALNE KOMUNIKACIJE SA BOLESNICIMA

Nataša Bakić Mirić

Medicinski fakultet Niš

### SAŽETAK

**Najefikasniji savetnici su oni čije su neverbalne poruke uskladjene sa verbalnim porukama. Najnovija literatura sugeriše da je neposredno neverbalno ponašanje od strane farmaceuta, lekara i drugog medicinskog osoblja u velikoj meri povezano sa zadovoljstvom bolesnika, a samim tim i sa ishodom lečenja.**

***Ključne reči:* neverbalne poruke, verbalne poruke, uskladjeno, farmaceuti, lekari, bolesnici**