

MORE

Than Words Can Say

What your nonverbal signals say to patients

By Art Bell

Husband returning from doctor visit reporting to concerned wife:
Wife: So what did the doctor say about your smoking?

Husband: The usual, but he looked really serious this time. I guess I'd better quit.

As a general rule, we trust our words too much to carry our messages to others. We think about what we want to say, then assume that the pronouncing of those words will convey our thoughts to the listener. Rarely do we think about the more subtle messages being sent by our eyes, face, hands, posture, and other key aspects of nonverbal communication.

That's our mistake. In fact, more than 60 percent of the total communication passed from one person to another comes from nonverbal signals

rather than words themselves. You can test this assertion in an easy way: Form an "O" by joining your thumb to your pointer finger. Ask someone else to do likewise. Then instruct them as follows: "Please put this 'O' on your chin." But as you say these words, put your own "O" on your cheek, not your chin. Where will the other person tend to put the "O"? You guessed it: on the cheek (as they saw you do) rather than on the chin (as they heard you say). As many as 80 percent of people in group trials of this experiment put the "O" on the cheek.

Put another way, many of your patients may be walking out of their appointments with your nonverbal message more in mind than the specific words you said. Before blaming them for misunderstanding you, consider your last attempt to return clothing or another item to a store. Was it the clerk's words, ("OK, we'll exchange it") or the clerk's sigh, glare, or look of annoyance that left the stronger impression with you?

NONVERBAL COMMUNICATION AT WORK



James C. Gardner, MD, of Greenbrae, California takes nonverbal behavior seriously. Left, he establishes a comfortable social distance with a patient.



Above right, Gardner stands shoulder to shoulder with a patient to review test results. Left, he avoids turning his back entirely to a patient.



Left, eye contact is important in a patient conference. Below, a handshake closes a new patient's visit.



Above, Gardner sits at the patient's level to create a comfortable environment for an interview.



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Nonverbal messages in your practice

Physicians' offices are an ideal laboratory in which to observe (and perfect) the art of nonverbal communication.

Doctors spend most of their day "communicating" (by which many mean saying words) to patients, vendors, staff, and colleagues. But the message received is often not the message intended.

"I think there was a time early in my career, when I focused almost exclusively on saying the right words to patients, sometimes as quickly as I could," says James C. Gardner, MD, of Greenbrae, California. "I was a living encyclopedia of medical knowledge, and I impressed myself with my cogent summaries of medical information for my patients. But when many came back at their next appointment with exactly the same questions, I began to realize that I was pitching, but they weren't catching. That's when I started taking nonverbal behavior seriously. I slowed down to make sure I had eye contact with the patient. I watched for signs of confusion or objection. I checked often for patient comprehension, using phrases such as "So tell me how you will follow this treatment plan when you go home" and "What personal obstacles do you see in following this therapy?"

In his large practice, Gardner's patients give him extraordinarily high marks for "really caring," "understanding me," "not talking down to me," and "helping me grasp my situation." Although patients are usually not conscious of the impact of Gardner's nonverbal skill, they nevertheless are affected by them.

For other physicians such as Robert Lehman, MD, a popular pediatrician in Norfolk, Virginia, the art of nonverbal communication involves literally getting down to the patient's level. "When

I talk to a child in my office, I do everything I can to get our heads at the same level. With a four-year-old sitting in a chair, this might mean that I squat down or kneel so that we can talk eye to eye. Or if the child is sitting on an examining table, I'll sit rather than stand so that I'm not talking down to

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the kid. The important thing is that I signal by my position, posture, and facial expressions that the child has my full attention, that I am not judging him or her, and that I am ready to listen empathetically. That can't happen if I am towering over the child or standing across the room with my arms folded. I also try not to smile at the wrong time. A kid with a skinned knee doesn't need an adult grinning at him. There's definitely a place for humor and smiles, of course, but I think too many doctors try to clown with kids who need to be taken seriously."

True communication

Socrates' famous dictum, "Know the wise man by the way he lives," was in part a warning not to trust words alone in interpreting messages from others. "Words are cheap," as the saying goes, while actions (including nonverbal cues of all kinds) tend to be much more revealing about our true intent and attitude.

Why is it that "the eyes are windows to the soul" rather than our words alone? It might be because nonverbal cues are more difficult to manipulate than language. We often rehearse and package our words to achieve our ends with the listener. By contrast, we don't plan, practice, or run over our nonverbal signals in our minds. These tend to be spontaneous, natural, and sincere—as opposed to words, which can often seem canned and manipulative.

Here's a case in point. This election year recalls disingenuous debate over "the meaning of 'is'" (untrustworthy words), while on the nonverbal side media coaches are doing all they can to help Vice President Gore appear less stiff and deaconish. "What he says is admirable," one commentator said recently, "but I can't stand watching him say it." Similar effort has been spent by speech coaches to help Governor George W. Bush eliminate the appearance of a sneer or inappropriate smile when he speaks. Both candidates understand that their nonverbal signals, especially as magnified by the television camera, are major players in their appeal to the voting public.

Watch the experts

To observe masterful use of nonverbal cues, keep an eye out for the way successful vendor reps relate to your front office staff (and eventually gain access to you). These inventive men and women know that they cannot look down at the carpet or up at the ceiling when speaking to you, your nurse, or your receptionist. A good rep knows that his or her face has one brief opportunity at the outset of any conversation to communicate friendliness and cheerfulness. By the way they sit (rather than slouch) while waiting for an appointment with you, they convey their professionalism and attitude.

"After more than twenty years in the business, I don't think consciously about my nonverbal signals," says

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Could This Be You?

Here are selected results of an informal survey of 100 patients willing to talk about their physicians' nonverbal communication:

- "My doctor always looks at the chart instead of at me when walking into the examining room. It's very impersonal."**
- "When I try to tell my doctor something, he frowns as if he is confused or disapproves. Maybe he is just concentrating, but it certainly has a chilling effect on me."**
- "My physician regularly accepts non-emergency calls in the examining room during my appointment. I sit there while he works out the details on sports tickets or stock purchases."**
- "It's probably a small matter, but my new doctor never shakes my hand at the beginning of an appointment."**
- "The strangest part of my physician's behavior is that he just walks out of the examining room when he's finished. A nurse comes by to tell me the appointment is over and that I can get dressed."**
- "My doctor seems to be in such a hurry that she begins writing down a prescription before I'm done discussing my symptoms. It gives me the feeling she's jumping to conclusions."**
- "The examining rooms in my doctor's offices aren't very big, but he manages to stand or sit as far away from me as possible during an appointment. It's hard to talk about personal issues when your doctor is physically as far as away as he can get."**
- "My doctor started 'casual Fridays' last year, and now his dress is casual to the extreme every day. It doesn't matter to me because I know him so well, but it makes it hard for me to send my friends to his practice. They wouldn't understand seeing a doctor in jeans and a t-shirt."**
- "My doctor cleans things obsessively while she is in the room supposedly paying attention to me—her glasses, her stethoscope, the faucets at the sink, even the doorknob. I guess it's just a bad habit, but I wish she would settle down and look at me when I'm trying to tell her something important."**
- "My physician is obviously very successful and he demonstrates how busy he is by his nonverbal behaviors when he walks into the examining room. Everything is jerky and tense. He never sits still for a moment. I guess he's thorough, but my three or four minute appointments always feel like a whirlwind."**
- "My doctor is very friendly with his office staff—he laughs, jokes, and generally treats them like very good friends. It's always awkward when that behavior stops abruptly at the examining room door. I don't think I'm being overly sensitive when I say that he treats me like an unwelcome guest to the office."**

Hinda Smith, a former district manager for Johnson & Johnson Medical Sales, and now an independent industry consultant. "It just comes as second nature now to look and act the part of a winning representative for my company—someone who sincerely wants to serve the interests of the physician and respect his or her limited time availability. In my own case, I have learned that being personable, upbeat, and direct with the people I meet on sales calls works much better than appearing aloof or unnecessarily formal. My relaxed manner doesn't stem from a lack of respect for my clients—just the opposite. I know that if I show relaxed comfort in conversation, they will respond in kind."

Nonverbal know-how

It would be folly to suggest (as some have) that certain physical behaviors automatically translate into specific communications. For example, crossed arms do not always signal that you are "closed," uptight, or hostile. We have all observed that same gesture in people who are listening intently to us and are deeply concerned about our welfare. Similarly, a pointed finger does not always signal accusation and a clenched fist is not always a threatening display. That same fist can be a sign of exultation or victory—"Great, you lowered your cholesterol by 40 points!"

All nonverbal signals and gestures take their meaning from the total context of the situation—a context they help to create. The following list of nonverbal gestures are favorites of many physicians and other medical professionals. But each item in the list should be considered simply an option that may or may not fit your personal style of communication with patients and others. To discover what fits and what fails in your bed- or table-side manner, you may want to try each of these techniques (as naturally as possible) in the course of up-

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coming conversations in your office.

1. Hands flat, palms down, on your desk or examining table—may suggest “here’s the bottom-line, please take me very seriously.”
2. Hands in front of you, with fingertips touching but not palms—may suggest “I’m listening carefully, I’m thinking, let’s consider all our options, let’s not rush to judgment.”
3. Palms up, as if ready to receive a package—may suggest “tell me what’s going on, I’m very interested.”
4. Hand briefly on the patient’s shoulder or pat on the back—may suggest “you’re not in this alone, I’m here for you, you’re going to do fine.”
5. Hands parallel, about six inches apart, fingers pointed up or toward the patient—may suggest “listen extremely carefully to what I’m saying, this is crucial for you to understand.”
6. Eyebrows raised (but not to the point of shock or surprise)—may suggest “I’m alert and attentive to what you’re telling me.”
7. Eye-brows furled (but not to the point of a frown or disapproval)—may suggest “I’m not sure I understand, please go into more detail.”
8. Hands clasped behind head, in a broad gesture of relaxation or stretching—may suggest “I’m relaxed about this and I want you to relax as well. Talk to me without inhibition.”
9. Leaning back in chair—may suggest “let’s talk more generally or more casually.”
10. Leaning forward in chair, closing distance between you and the patient—may suggest “let’s talk as specifically as possible, let’s make sure we understand one another exactly.”

Again, each of these gestures must be in sync with your words and the situation to support and enrich the total communication you intend. Many miscommunications

emerge, in fact, when a physician’s face says one thing (perhaps a frown) and his or her words say another (perhaps “Looks OK to me,” when reviewing a lab report with the patient.) The patient in this case leaves with mixed signals. “Well, the doc said the lab reports were OK, but he sure didn’t look happy with them. I don’t think he’s telling me the whole truth.”

The solution to such miscommunication lies in remembering that doctor-patient communication is not a ballet (non-verbal gestures alone) nor a radio program (words alone), but is instead an opera where words and gestures, including dress, combine to create the richest and most moving communication possible.

The dividends for such complete communication are paid all around: patients understand and act on the physician’s advice, doctors save time by communicating powerfully and memorably, thereby avoiding repeated sermons to the same patient, and the practice thrives as word spreads about a doctor “who really cares and listens.” As a spinoff benefit, the doctor recognizes the nonverbal ploys being used by those tricky vendor reps to charm the receptionist and get a sales appointment. ■

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This is his first article for UO.*