

Nonverbal Communication

Beyond words: the power of non-verbal communication

1-The most important thing in communication is hearing what isn't said.

Peter Drucker

2-The body never lies.

Martha Graham

3-The pharmacist may learn more about the illness from the way the patient tells the story than from the story itself.

Background

1-Words are not the only way by which pharmacists communicate. **Interpersonal communication involves both verbal and nonverbal expression.**

2- Nonverbal communication can be defined as a **message or messages that are conveyed without using language.**

3-This lecture describes the various components of nonverbal communication and discusses how it plays an important role in effective patient-centered communication.

Nonverbal versus Verbal Communication

1-The importance of nonverbal communication is underlined by the findings of behavioral scientists, **who have reported that approximately 55% to 95% of all communication can be attributed to nonverbal sources** ⁽¹⁾.

2-Various interpretations may present for the same nonverbal message and come from the different social, cultural, and other background variables of the senders and receivers. **However, within a given society, groups of nonverbal cues or “cue clusters” generally result in interpretations that are usually universally agreed upon.**

3-**When analyzing nonverbal communication, avoid focusing on just one cue.** Look at all the nonverbal cues that you are receiving and use verbal communication to fully understand the meaning of the nonverbal behavior.

4-Nonverbal communications are unique for three reasons.

A-Verbal communication is discrete with clear endpoints – we know when the message has come to an end. In contrast, **non-verbal communication is continuous** – it goes on for as long as the communicators are in each other's presence. **We cannot stop communicating non-verbally– even when people are together in silence, the atmosphere is filled with messages.**

So you are constantly providing “nonverbal messages” to those around you by your dress, facial expression, body movements, and other aspects of your appearance and behavior.

B-Nonverbal communication is difficult, if not impossible, to “fake” during an interpersonal interaction. Verbal communication is mostly under voluntary control whereas non-verbal communication operates beyond our conscious awareness.

C-Your nonverbal communication must be consistent with your verbal communication . This lack of congruence between your verbal and nonverbal messages may result in less than successful interpersonal communication.

Elements of Nonverbal Communication

Non-verbal communication can also be defined as all forms of human communication apart from purely the words used. Using this definition the term non-verbal includes mainly :

1-Paralanguage(how something is said)

2-Body language

3-The physical environment(environmental nonverbal factors)

A-Paralanguage(how something is said)

The paralanguage includes the vocal characteristics as:

1-Tone: *tone in particular can convey more meaning than actual words* e.g.

Changes in the level and range of pitch convey information about the feeling of the person speaking.

"Thank you for asking question" said in a harsh voice contradict the words and indicate that is not meant. The same words in a warm tone show sincerity.

-The human voice communicates much to the receiver. This is especially true when the communication takes place over the telephone.

2-Speed: *the speed of speaking must enable the listener to understand.*

For good communication , **the pharmacist should provide the clear message at a speed which give the patient time to think about what is being said.** This will help the patient to **understand and remember** the message more easily.

3-Volume (how loudly we speak): many people speak with wide variation in volume, depending on the situation.

The volume must be adjusted to the circumstance and emphasize key words .

A-It may be necessary to **speak more loudly to patients with hearing problems.**

B- It may be necessary to speak less **loudly to patients when we speak about an embarrassing subjects .**

B-Body language

The body language in turn, includes:

1-Eye contact:

the maintenance of eye contact during communication may indicate an interest in the subject in western cultures. However, **Orientals tend to decrease eye contact during communication and will often look at the floor when speaking.**

By maintaining eye contact with the patient, **pharmacists are more likely to pick up nonverbal cues regarding whether the patient understands them.** 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.

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 (**it is generally true that direct eye contact may have negative consequences in when we speak about an embarrassing subjects**).

2-Facial expression:

the facial expression of pharmacist should be encouraging and welcoming. As well as **pharmacist should be able to read the meaning of patient's facial expression regarding the level of comprehension and receptiveness.**

The 53 muscles of the face offer an almost infinite range of expression

Facial expression may send a message that you did not intend to transmit. **This is especially damaging when your facial expressions are not consistent with your verbal expressions.** For example, if you say, "Go ahead I am listening, tell me about

it!” but your eyes are distracted by something else in the pharmacy, you may be communicating mixed messages.

In these situations, people would tend to believe your facial expression and other nonverbal messages more than the verbal aspects of your communication.

The right word may be effective, but no word was ever as effective as a rightly timed pause.

Mark Twain

3-Body posture:

In addition to facial expression, body position can be somewhat distracting.

Most patients will judge your willingness to talk to them based on their perception of your body position. For example, a closed stance with folded arms or a body position that is slouched forward or tilted to one side may

be communicating reluctance on your part to talk with them.

leaning towards the person who is talking or sitting in a relaxed fashion, with a full frontal appearance to the other person can encourage good communication.

A closed posture occurs when you have your arms folded in front of your chest, legs crossed at the knees, head facing downward, and eyes looking away from the patient. If you hold this posture during an interaction, the other person may respond in a similar noncommunicative manner or may break off the interaction altogether.

Communication from a closed posture may shorten or halt further productive interactions. **Sometimes it is appropriate to use a closed posture, for example, when you want to limit the interaction with an overly talkative person.**

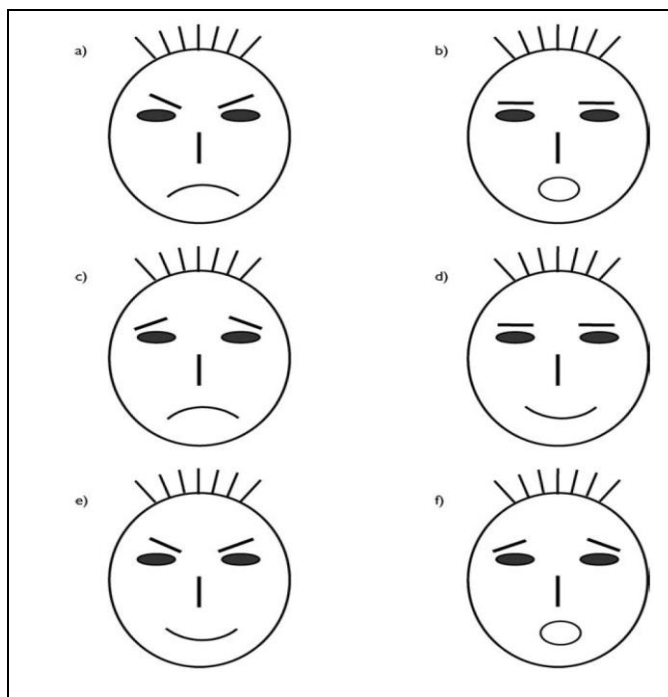
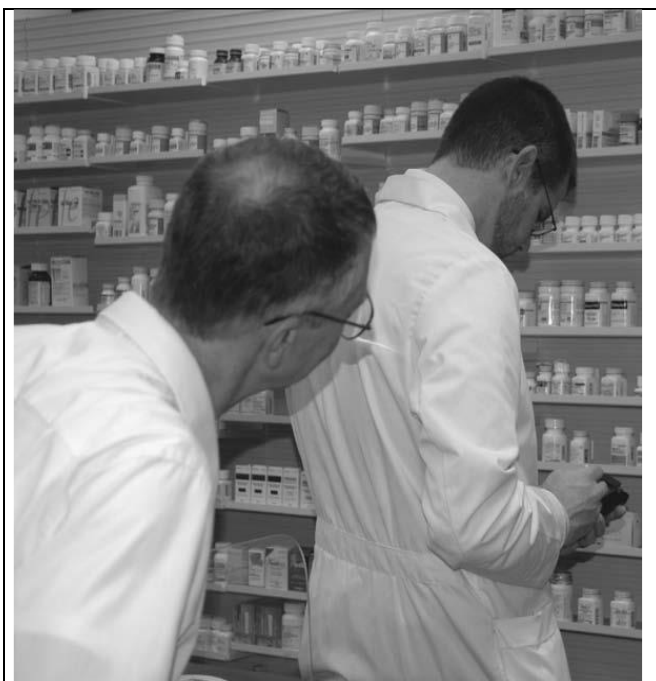


Figure six basic emotional expressions
Note: a = anger, b = fear, c = sadness, d = happiness, e = surprise, f = disgust



What nonverbal messages is the pharmacist sending? The patient?

4-Physical contact (touch):

Of all non-verbal behavior, touch is among the most powerful and the most problematic: powerful, because any intended physical contact between two human beings can have a considerable emotional impact; problematic, because it can be misinterpreted or experienced as a culturally offensive act [**physical contact is governed by social and religious rules, which vary between cultures**]. In some

cultures, physical contact between adults in public is rare, even taboo.

In cultures where it is permitted, touch can be a compassionate and healing act which gives comfort and strength to those in pain or distress; touch can make contact between two people at a level beyond words.

The guiding hand on an elbow, the comforting touch on a shoulder, the reassuring holding of hands, picking up and hugging a distressed child – all so obvious, natural and humane.

[A sympathetic touch on an arm can say far more than any number of words].

5-Personal space (distance):

1-The distance between two interacting persons plays an important role in nonverbal communication. The structure and use of space, is a powerful nonverbal tool ⁽¹⁾.

2-Behavioral scientists have found that the quality of interactions can vary depending upon the distances between the communicators .

3- **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.** Our patients will give us nonverbal cues when we are standing too close.

[Patients usually indicate nonverbally whether they feel comfortable with the distance by either stepping backward or leaning forward].

4-In many cultures, **0.5-1 m is usually sufficiently close to allow friendly and meaningful communication.** Preserve the most protected space (less than 0.5 m from their bodies) for others with whom they have close, intimate relationships. When someone else enters into this space (intimate zone) during a conversation, people may experience anxiety and perhaps anger.

5-A crowded elevator is the best illustration of the need to maintain intimate space.

1-A light, tender, sensitive touch is worth a ton of brawn.

Peter Thomson

2- Touch seems to be as essential as sunlight.

Diane Ackerman

3- Too often we underestimate the power of a touch, a smile, or a kind word all of which have the potential to turn a life around.

Leo Buscaglia.

People in a crowded elevator will do almost anything (to the point of standing like statues) to avoid touching one another. If by chance two people in this situation do have bodily contact, they usually apologize, even though neither person had an opportunity to avoid the trespass of space .

6-The type of instructions that you need to give to the patient will also affect the distance. For sensitive issues, such as explaining the use of a rectal or vaginal medication, you may need to enter the patient's private zone, especially if others are around .

6-Gesture:

Hand gestures in particular are useful when emphasizing a point or to help to describe something and can greatly enhance communication and improve understanding.

مثال ذلك تحريك اليد صعودا ونزولا عند قولنا للمريض رج الزجاجة قبل الاستعمال وهكذا الحال مع الكثير من التعليمات حيث يمكن تعزيز فهم وتذكر المريض للتعليمات بتعزيز الكلام بحركات اليد المنسجمة مع محتوى الكلام...

7-Clothing:

The clothing we choose to wear 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 indicating this is a pharmacist?

وأن من ابرز الأشياء التي تعطي (مظهر المهني ونقصد به الصيدلي) هو ارتداء الصدرية في الصيدلية وهو جانب عنصر مهم من عناصر المظهر المهني ولكن ومع الأسف الشديد قلة من الزملاء الصيادلة من يلتزم به رغم التعليمات النقابية بهذا الخصوص...حتى إن صحفيا كتب مقالة في الصحيفة وعنوانها (أين الصيدلي) اشتكى فيها من صعوبة تعرفه على الصيدلي في الصيدليات خصوصا إذا كان فيها أكثر من شخص والسبب واضح.

C-The physical environment(environmental nonverbal factors)

1-Never go to a doctor whose office plants have died.

Erma Bombeck

2-I was going to have cosmetic surgery when I noticed that the doctor's office was full of portraits by Picasso.

Rita Rudner

There are many things in the environment which will have a some potentially very powerful impact. These are part of the broad category of non-verbal communication [communication beyond words].

Relationships with patients will be eased and enhanced, confidence and trust will be stimulated in an **environment that is welcoming, comfortable and attractive.**

Dirt, clutter, and general untidiness carry negative nonverbal messages. These messages influence patient perceptions about your professional role and your level of interest in serving your patients.

In the pharmacy, a host of physical, non-verbal elements send strong positive or negative messages (communicate) to patients, visitors and colleagues:

- **Layout and arrangement of rooms or physical space.**
- **Tidiness and cleanliness.**
- **Comfort of seating.**
- **Temperature, humidity and freshness of atmosphere.**
- **Lighting levels, color schemes, decorative elements (such as plants and pictures).**
- **The visibility of library references books will enhance the professional image.**
- **Privacy: an area where the patient and pharmacist cannot be overheard** is very important to ensure confidential communication and this **may be only a corner in the pharmacy away from the customers' cue.** Privacy allows the pharmacist to give accurate and complete information and allow the patient to ask even potentially embarrassing or stupid questions.

[In some pharmacies (even in Iraq) there is a private consulting area. This may indicate to your patients that you are interested in counseling them in a private manner].

Many pharmacies sell many items that are not health-related. These may include, 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? Pharmacists may need to reconsider the items they sell and the effects of those items on the image conveyed.

D-Time-Consciousness:

Many patients are extremely time-conscious. 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) that most others don't provide or provide as well, or this may be done through compassion and empathy.**

Case Study 1

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

Pharmacist: **I know that you have waited a long time today.** 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.**

Notice in this situation 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.**

Mirroring

1-**When two (or more) people are in some kind of harmony, their non-verbal behavior is often mirrored:** they may be sitting in similar poses(may be one ankle resting on the knee, or an arm loose on the arm of a chair); they may move or make the same gesture at the same time.

2-Knowledge of this is also professionally important. **If a patient is imitating your body posture, then you may assume that they are on at least a similar wavelength to you and amenable to some degree of open conversation.** In order to demonstrate the same degree of openness to what a patient is saying, you can mirror their behavior.

3-**A tense patient may be influenced unconsciously to relax and imitate you, by your adopting a relaxed body posture,** but if their tension is mirrored in your posture, and you don't recognize the imitation, then progress may not be easy.

Distracting Nonverbal Communication

1-**One of the most distracting nonverbal elements is lack of eye contact.** It is frustrating to talk to somebody who is not looking at you. Unfortunately, many pharmacists unconsciously do not look at patients when talking to them. Their tendency is to look at the prescription, the prescription container, the computer screen, or other objects while talking.

This behavior may indicate to patients that you are not totally confident about what you are saying or that you really do not care about speaking with them. Not looking at the patient also limits your ability to assess whether the patient understands the information. In other words, lack of eye contact limits your ability to receive feedback from the patient about the messages that you are giving.

Good eye contact is also essential for effective listening. If you do not look at patients while they are talking, they may get the impression that you are not interested in what they are saying. Using good eye contact does not mean that you

continually stare at patients, because that may make them feel uncomfortable as well. **The key is that you spend most of the time looking at them.**

2-Another potentially distracting nonverbal element is **facial expression**. This is especially damaging when your facial expressions are not consistent with your verbal expressions. For example, if you say, “Go ahead I am listening, tell me about it!” but your eyes are distracted by something else in the pharmacy, you may be communicating mixed messages. The patient hears you say that you are interested, but your nonverbal behavior communicates otherwise. **In these situations, people would tend to believe your facial expression and other nonverbal messages more than the verbal aspects of your communication.**

3-In addition to facial expression, **body position can be somewhat distracting**. For example, a closed stance with folded arms or a body position that is slouched forward or tilted to one side may be communicating reluctance on your part to talk with patients.

4-Another potential distraction to communication may be **your tone of voice**. An inappropriate tone of voice may create an entirely different meaning from the one intended.

Detecting Nonverbal Cues in Others

1-Up to this point, this lecture has focused on your own nonverbal communication. The following section examines nonverbal messages provided by others and describes how to better detect these messages.

2-**Assessing the meaning behind the nonverbal messages of others is difficult, because we tend to interpret nonverbal cues based on our own personal backgrounds and experiences.** We “filter” these messages based on our personal orientation and experiences. The meaning of the nonverbal messages that we receive **may or may not be the meanings intended by the sender.**

Case Study 2

During his first experience in a community pharmacy, a pharmacy student (John) was assigned the task of receiving new prescriptions from patients. One day, Mr. Stevens approached the prescription counter to have his prescription for levodopa refilled. John, who did not realize that Mr. Stevens had Parkinson’s disease, **noticed that his hands were shaking** and commented, “**I see you are a bit nervous today. What’s the matter?**”

John observed a nonverbal message (rapid hand movement) from Mr. Stevens and assigned a wrong meaning to it. **John should not have jumped to the conclusion based on just one nonverbal cue** but should have noticed that Mr. Stevens’ head

was also moving and that he walked with a shuffled gait characteristic of Parkinson's disease.

3-Another example occurs when **elderly patients move closer to you or may put a hand to their ears**. What message might these nonverbal cues indicate? Possibly, **they may indicate that they are having difficulty in hearing**. You may also observe hearing aids, glasses, and other devices that may indicate possible communication difficulties.

Dealing with Sensitive Issues

1- It is interesting to note that a study found that **embarrassment was the most common reason why consumers did not approach their health care provider** .

2- A wide variety of embarrassing issues could exist within practice, including **incontinence, sexual dysfunction, depression, menopause, hemorrhoids, contraception, and breast or prostate cancer**.

3-As a pharmacist, you should be prepared to recognize situations that may be sensitive areas for patients. **You should be comfortable discussing such matters in a nonthreatening way and in a nonverbal environment that conveys confidentiality and privacy**.

Overcoming distracting nonverbal factors

1-As mentioned earlier, **the first step in improving interpersonal communication is recognizing how you communicate with others**. In the nonverbal area, this self-awareness **involves being constantly aware of your nonverbal behavior**.

2-Once you have discovered what aspects you need to change to become more effective, the next step is a difficult one: **finding strategies to overcome these distracting elements**. Several suggestions have been already made about how specific nonverbal elements can be improved.

One thing that should be mentioned here is that **potentially distracting behaviors can be overcome by using nonverbal elements that project different messages**.

For example, you may find that you naturally cross your arms while talking to others. You can overcome this nonverbal element by using other nonverbal elements, such as smiling, using a friendly tone of voice, or moving closer to the patient . **The total message received by the patient is the combination of all these nonverbal cues, both positive and negative, and not just one isolated component**.

Another example is that if you have a soft voice and you sense that the patient cannot hear you, then you should lean toward the patient, or move the patient into a quieter section of the pharmacy.

[The key to this process is to first recognize distracting nonverbal elements and then try to overcome them] .

Summary

Because nonverbal communication contributes significantly to the meanings of messages between pharmacists and others, it is important for you to keep the following in mind:

1-Certain nonverbal behaviors are **universal**; however, many are **culturally specific**.

2- **Nonverbal behavior is more powerful than verbal**. If the spoken word contradicts nonverbal behaviors, the observer will believe the nonverbal messages .

3-The practice **environment have important effects on communication** with patients.

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