

Nonverbal Communication: Basic Principles and Practical Applications in Health Care

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Abstract

Nonverbal communication is a pervasive influence in everyday life. Furthermore, in most settings, nonverbal communication has a greater impact on interactions than does verbal communication. In this article, we first describe the basic processes involved in nonverbal communication and then briefly examine the factors affecting patterns of nonverbal communication – biology, culture, gender, and personality. Finally, we discuss the role of nonverbal communication in health care settings. Nonverbal communication is an important part of the social skills needed by physicians, nurses, and staff in caring for patients. Specifically, when health care workers attend carefully to the nonverbal behavior of their patients and manage their own behavior to promote rapport, both patients and health care workers benefit.

Key Words and Phrases: nonverbal communication, health care, social skill, nurses, patients

Introduction

Because humans are social animals, communication is a necessary part of relating to others. Even in the current digital age with the internet, email, and cell phones, face-to-face communication is critical for our social and emotional wellbeing. Although we tend to focus on the verbal side of our interactions with others, research indicates that the nonverbal side of communication is typically more important than the verbal. What is nonverbal communication? Specifically, nonverbal communication involves the sending and receiving of information and influence through the immediate physical environment, appearance, and nonverbal behavior. It is obvious that people's appearance and behavior are basic components in nonverbal communication, but the physical environment also influences how people relate to one another. For example, a particular setting that is open and warm encourages interaction, whereas a setting that is more closed and colder discourages interaction. Nonverbal communication has a pervasive influence in our social worlds.

Pervasiveness of Nonverbal Communication

Sometimes we are acutely aware of the nonverbal signals in our contacts with others. Think of how you feel when you see a loved one with a particularly distressed expression. Or imagine what it's like when you see a group of children playing happily with one another. In these cases, we might even say "you looked so upset" to our distressed family member or "you look like you're having a good time" to the children. Nevertheless, much of what happens in the nonverbal chan-

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nel occurs with little awareness or insight. For example, as you are about to enter a building and another person approaches from the opposite direction, nonverbal signals provide a subtle means to "negotiate" the order of passing the doorway, even if you are not aware of it. Thus, we quickly read the other person's behavior and react appropriately with little or no thought and without any verbal communication. In other words, it is nonverbal communication that constitutes these brief exchanges with others.

Nonverbal communication involves much more than our face-to-face contacts with others, whether these contacts are intimate interactions with loved ones or casual contacts with strangers. For example, the visual images carried by television and Internet are especially powerful means of influence. Commercial advertising clearly emphasizes appearance over content. For the most part, television commercials give us little substantive information about a product. Instead, what we see is happy, beautiful people enjoying life because they drive a Lexus, drink Bud Light, or wear Tommy Hilfiger clothes. Research on persuasion shows that people do not usually weigh the merits of a message carefully and reach a logical conclusion before they decide on a course of action. Rather, most of us are very much affected by how we feel toward a particular product and such feelings are easily manipulated by the images advertisers use. Furthermore, because these images are much easier to process than verbal messages and take a fraction of the time to make their point, they are very cost effective for advertisers. Nonverbal communication is not only pervasive, but it is quite distinct from verbal communication in the way that it works.

Distinctiveness of Nonverbal Communication

To appreciate just how nonverbal communication works, it is useful to consider briefly the nature of verbal communication. In face-to-face contacts with others, verbal communication is an intermittent, rule-driven event. People typically take turns speaking to one another and usually try to avoid talking at the same time. Even in the midst of animated conversations, however, the verbal channel is sometimes closed. That is, there are gaps when no one is talking. Furthermore, in some social activities, like sharing a meal or watching television with your family, there are often extended periods with little or no conversation. Thus, even when we are interacting with others, much of the time little or nothing happens in the verbal channel.

In contrast, a first and basic characteristic of nonverbal communication is that it is ever present. When we are with other people, we cannot help but to communicate nonverbally. As long as there is some opportunity for visual, auditory, tactile, or olfactory information, the nonverbal channel is open. Nevertheless, attention is selective and pragmatic. We are more likely to notice those occurrences that interest us and bear on our welfare. For example, someone who is concerned about making a favorable impression on another person, whether it is a job interview or a first date, is particularly sensitive to the partner's subtle signs of approval or disapproval.

A second characteristic of nonverbal communication follows directly from the first. Not only is the nonverbal system always operating in social settings but, in face-to-face encounters, the sending and receiving of nonverbal signals occur simultaneously. At the same time that you are sending information to others with your appearance and nonverbal behavior, you are also taking in information from the appearance and behavior of those around you. That is, these parallel sending and receiving processes operate well simultaneously, unlike the example of two people simultaneously talking to one another. In fact, the simultaneous sending and receiving of nonverbal signals is at

the very core of the coordination present in social settings.

This difference between the rule-driven, alternating process of verbal communication and the less structured, simultaneous sending and receiving of nonverbal communication is also reflected at the neurophysiological level. A third characteristic is that nonverbal communication is primarily controlled by right hemisphere brain activity, whereas verbal communication is primarily controlled by left hemisphere brain activity. In verbal communication, a location in the brain's left hemisphere, known as Broca's area, is activated when people are speaking. Another location in the left hemisphere, known as Wernicke's area is activated when people are listening to speech (Hickok, Bellugi, & Klima, 2001). In contrast, most, but not all, of the sending and receiving of nonverbal signals is controlled in the right hemisphere of the brain. The practical consequence may be seen in people having different kinds of brain injuries. Individuals with left brain hemisphere injuries typically have difficulty with speaking and/or understanding language, whereas those with right brain hemisphere injuries typically have difficulty with nonverbal communication. In the latter case, this might involve failure to recognize the faces of people they know and failure to recognize specific emotional expressions (Andersen, 1999, pp. 7-12) Thus, localized brain injury can leave one communication system severely impaired and the other unscathed.

A fourth characteristic of nonverbal communication is that much of the sending and receiving of nonverbal messages occurs automatically and outside of awareness. In contrast, verbal communication requires some attention in both the sending and receiving information. Even in the most casual and comfortable conversations, some degree of attention is needed to monitor what you are saying and to listen to your partner. In contrast, with nonverbal communication, the complex behavioral signals are usually sent in a coordinated, relatively effective manner without any conscious monitoring. That is, we do not have to think about each little aspect of our behavior as we interact with others. Of course, we might think about how we should behave in the midst of an important interview or when there is a great deal at stake as we try to deceive someone. But, in most interactions, our behavior "just happens" without any deliberate control. In a similar fashion, on the receiving side of nonverbal communication, we usually form impressions of others from their appearance and behavior without any deliberate intention to do so. In addition, these first impressions are relatively accurate and generally serve us well (Ambady & Rosenthal, 1992; Zebrowitz & Collins, 1997). From a practical standpoint, this makes sense. Why work at managing behavior and making judgments when they do not require effort?

This reflects a fifth characteristic – nonverbal communication is cognitively efficient. A basic tenet of cognitive psychology is that people are cognitive misers. Usually we do not engage in unnecessary thinking to make sense of our world. Instead, we take shortcuts and often jump to judgment without much deliberation. The advantage in being cognitive misers in our routine contacts with others is obvious. Our cognitive resources may be applied to other, more demanding concerns. Although we might make some errors in the process, we are fairly good at understanding our social environments without a great deal of effort.

Thus, the nonverbal system of communication is very different from the verbal system. It is ever present in social settings, highly efficient, and critical in negotiating our contacts with others. But how and why does it work? In the next section, we provide a general perspective for understanding nonverbal communication.

Determinants of Nonverbal Communication

Like the verbal side of communication, the nonverbal side serves individual and societal goals. That is, nonverbal communication is adaptive and practical in our social worlds. Over the course of evolution, natural selection shaped basic tendencies in both the sending (behavioral) and receiving (judgment) tracks of nonverbal communication. Individuals who were more effective in sending adaptive signals to others and in reading the signals of others were more likely to survive and reproduce, passing down those hardwired tendencies. Particularly important here is sending and receiving critical information about safety, threat, cooperation, mate selection, and nurturance of our young. Culture further shapes the specific ways in which nonverbal communication operates. For example, we recently found that Japanese pedestrians were much less likely to smile, nod, or greet a stranger passing on the sidewalk than American pedestrians were (Patterson, Iizuka, Tubbs, Ansel, & Anson, 2006). Apparently, the Japanese are more restrained and self-conscious in these brief contacts with strangers than Americans are. In many ways, the Japanese and other eastern cultures are more indirect in their communication and are more sensitive to the subtleties of nonverbal behavior than westerners who are more direct and focused on the verbal side of communication.

A third determinant, gender differences, is the combined product of biological hardwiring and cultural norms. For example, women are typically more accurate than men in judging the nonverbal reactions of others. There is probably some biological basis for the greater accuracy of females, but most cultures also reinforce females' sensitivity and caring. Finally, individual differences in personality also shape patterns of nonverbal communication. For example, extraverted and non-anxious individuals prefer closer interactions, more gaze, and greater expressive than introverted, anxious individuals.

The combination of all of these factors - biology, culture, gender, and personality - constitute the "baggage" that each of us brings to different settings. In turn, these factors set limits on our nonverbal styles and shape the way that our interactions unfold. The practical importance of nonverbal communication ultimately lies in its utility in social settings. That is, how does nonverbal communication work and what ends or goals are served by nonverbal communication? This question reflects the functional perspective, an approach that I have emphasized for more than two decades (Patterson, 1982, 1983). The next section extends the functional perspective to the health care setting and discusses the utility of nonverbal communication in relating to patients.

Nonverbal Communication in Health Care Settings

A nurse who rustles is the horror of a patient, though perhaps he does not know why. The fidget of silk and of crinoline, the rattling of keys, the creaking of stays and of shoes, will do a patient more harm than all the medicines in the world do him good. - Nightingale, F., 1860

Although the healthcare setting is a special kind of environment, it does share some communalities with other work environments. Whether it is a hospital setting, sales, teaching, or police work, the performance demands of individuals typically involve both task and social skills. The task demands relate to the specific quality of performance in completing the required duties. The task requirements typically get careful scrutiny and become the primary basis on which

individuals are trained and evaluated. In the hospital setting, for physicians this might involve skill in diagnosing and treating patients. In particular specialty areas, this could relate to performance in surgery, orthopedics, radiology, or psychiatry. Although specialists have to demonstrate a particular level of competence to practice, it is also evident that there are skill differences among physicians. The situation is similar with nurses and other health care workers. That is, some basic level of task competence is required, but not everyone is equally skilled.

Even though the health care workers necessarily operate in an interpersonal context, the social skills side often receives less attention than the task side. Many studies show that communications between nurse and patient are short, patterned and task-oriented ones (Abraham & Shanley, 1992). In fact, high quality care and treatment of patients requires skilled communication and sensitivity from physicians and nurses. In health care settings, a first requirement is simply providing basic verbal information to patients about their condition, the procedures and medications employed, specific instructions, and any changes that might be expected. Sometimes, caregivers do not do a very good job even in the simple transmission of information. This is not surprising given the typical time demands on caregivers. Taking the extra few minutes to explain something to a patient can put a doctor or nurse even further behind in a tightly scheduled day. Furthermore, caregivers should be open to patients' questions even though they might feel challenged by them. In most circumstances, when patients have more information, they feel a greater sense of control over their situation. This can make some caregivers uncomfortable because they feel that their judgments are being questioned, but patients typically appreciate such accessibility. Taking the extra time to explain issues and to answer questions from patients, not only facilitates patients' understanding, but also signals the professional's concern for the patient as an individual.

Providing information to patients is, however, only one side of effective communication. How caregivers relate to patients, the nonverbal side of communication, can be just as important as the verbal side. Patients not only distinguish between the technical and interpersonal sides of their care, but they also weigh the interpersonal side more heavily in the evaluating the quality of care (Robinson, 2006). Furthermore, the skillful management of the interpersonal side of care can also facilitate desirable medical outcomes. Robinson (2006) cites research indicating that when physicians show increased interpersonal sensitivity, there are fewer requests for post-operative narcotics and patients' physical functioning improves. The key to managing the interpersonal side of patient care is sensitive nonverbal communication. An important step in promoting sensitive nonverbal communication is understanding the physical and social context.

Physical and Social Environment

Face-to-face communication always occurs in a specific setting. In turn, the characteristics of the setting affect the course of interaction. Consequently, it is important to consider how the physical and social environment of health care settings influence communication. Whether it is a hospital, nursing home, clinic, or physician's office, these encounters take place on the health care workers' own territory. Because individuals are typically more comfortable in their own territories and take the initiative in interactions, health care workers have greater control than patients in communication. This starts even in the way that rooms are designed and furniture and equipment are arranged. Particular arrangements may make sense to the medical practitioner, but feel uncomfortable to the patient. Of course, the setting is rarely modified to accommodate the patient; rather, the patient has to adapt to the setting. In addition, patients have to accommodate to the schedule imposed in the health care setting.

Second, health care workers have the advantage of expert power, giving them greater control in interactions. That is, because they are trained in medical care, their knowledge provides increased power in dealing with patients. One consequence of this relative power is greater flexibility in dealing with patients. For example, research indicates that the more powerful person is likely to look at the partner more while speaking and less while listening. In contrast, in most interactions listeners look more at speakers than speakers do at listeners (Iizuka, 2005). The higher level of gaze while speaking allows the more powerful person to monitor the partner's reactions to what is said. In contrast, the lower level of gaze while listening reflects the more powerful person's prerogative of attending less to the partner. In other words, what the more powerful person has to say is more important and reactions to it need to be monitored, whereas what the less powerful person says is less important and merits less attention. Of course, sometimes patient-directed gaze is also reduced because the health care worker simultaneously has to initiate a procedure, monitor equipment, or take notes. Nevertheless, the implication of this pattern of divided attention while talking to a patient is that the task or technical side of care is more important than the social side of care. In fact, that may be true, but patients are often looking for more on the social side of care.

A third factor in the setting is that patients are often stressed and feel uncertain about what is going to happen. As a result, they are anxious to learn more about their circumstances and are especially sensitive to feedback from physicians and staff. But high levels of stress are not conducive to processing and remembering detailed information. This is another reason why the nonverbal side of communication is so important in these exchanges. Sensitive nonverbal communication can help to support and relax patients so that the specific content information may be understood and retained.

Implementing Sensitive Nonverbal Communication

It is clear that nonverbal communication is important in health care settings. The momentary reactions of health care workers and patients are often signaled in their nonverbal behavior and these nonverbal reactions frequently have a greater impact than what is actually verbalized. Furthermore, physicians and nurses have greater control over their interactions with patients because they have more power and they are dealing with patients in their own territories. In this context, there are two specific strategies that might be implemented to facilitate effective communication.

Careful Attention to Patients' Nonverbal Behavior

An important aspect of caring for patients is being able to read or decode subtle indicators of particular feeling states. Changes in facial expressions, body tension, tone of voice, or even pauses in replying to questions may provide important information about patients' feelings. Often these nonverbal signals are more accurate reflections of patients' current state than their verbal descriptions. Sometimes this is the result of patients not having good insight into what is bothering them and sometimes patients are inclined to report that they feel better than they really do. In any case, when there is an inconsistency between what patients claim and what they show in their nonverbal behavior, closer attention is warranted. Additional questions might be asked and more careful observation of their nonverbal behavior initiated. Of course, sometimes patients may also deliberately exaggerate their nonverbal reactions to gain greater attention and sympathy from health care workers. For example, a patient might be smiling and laughing with a visiting family member when the

nurse comes into the room and asks how he is feeling. If the patient's expression suddenly turns to one of agony, the nurse might be skeptical about such a self-report. In such a case, without directly confronting the patient, the nurse might ask the family member what she thinks about how the patient is doing. A basic requirement in reading these various nonverbal signals is direct visual attention to the patient. If the nurse or physician is visually focused on the patient's chart, checking the equipment, or distracted by comments from other staff members, then vital behavioral information on the patient's current state is lost. Furthermore, decreased visual attention reduces the opportunity for developing therapeutic rapport with the patient.

Developing Rapport

A critical element in effective communication is the development of rapport. The behavioral manifestations of rapport may be seen in three dimensions: mutual attentiveness, positivity, and interpersonal coordination (Tickle-Degnen & Rosenthal, 1990). Mutual attentiveness is reflected in both individuals focusing on one another or on some common object in the environment. Typically, this would involve the caregiver and patient looking at one another during a conversation. It might, however, also involve shared attention toward a visitor or toward a card and flowers sent by a family member. Thus, mutual attentiveness signals the sharing of an experience. Paying particular attention in the initial encounters with patients can also help to minimize mistakes in dealing with patients.

The second component, positivity, is reflected in positive, rather than negative, reactions to one another. Although this is manifested primarily in facial expressions and tone of voice, positivity can also be seen in a gentle touch, increased gaze, or in moving closer to the patient. Nevertheless, more is not always better when it comes to increased nonverbal intimacy with patients. Sometimes patients' cultural background or personality makes them uncomfortable with close approaches, touch, or higher levels of gaze. For example, in the United States, nurses were rated as more supportive and competent as they initiated more touch with their patients (Lewis, Derlega, Nichols, Shankar, Drury, & Hawkins, 1995), while in Japan, nurses were not rated as more supportive and competent when they initiated more touch with their patients (Iizuka, Takanashi, & Mishima, 1999). In the latter case, the Japanese nurses' high level of touch may seem inappropriate. In general, however, positivity is important because it signals concern and respect for the other person (Tickel-Degnen, 2006).

The third component, interpersonal coordination, involves behavioral matching and synchrony. Behavioral matching is reflected in individuals sharing similar postures and expressions in interactions. Of course, the postures and movements of patients are often limited by their condition, but behavioral matching may still be present in facial expressions and head movements. Synchrony refers to the similar timing and pacing of verbal and nonverbal behaviors. In long term relationships, partners may be so well synchronized that they can anticipate what the partner will say or do and adjust their own behavior accordingly. Even in short term relationships of patients and caregivers, synchrony may develop as individuals have greater contact with one another. When behavioral coordination is present in interactions, people not only like one another more, but they are also more open to influence from their partners. Thus, by developing interpersonal coordination, physicians and nurses may increase compliance from patients.

Conclusion

Nonverbal communication is basic to all kinds of relationships. In health care settings, nonverbal communication is an important part of the social skills needed by physicians, nurses, and staff in caring for patients. When health care workers attend carefully to the nonverbal behavior of their patients and manage their own behavior to promote rapport, both patients and health care workers benefit. In general when the social side of health care is more sensitive, patients report greater satisfaction with their care and may even show improvement in their physical functioning. With effective nonverbal communication, health care workers are better able to “read” patients’ candid reactions and make adjustments in their care. In addition, when physicians and nurses are more sensitive in managing their own behavior, their influence over their patients increases and, ultimately, leads to better outcomes.

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