

ORIGINAL ARTICLE

NON-VERBAL CUES: AN INEVITABLE ASSESSING SKILLS IN DOCTOR-PATIENT RELATIONSHIP

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ABSTRACT

Introduction:

Non-verbal cues are untold words that carry a significant meaning. As a doctor, this remark needs to be perceived correctly. It is an inevitable communication knowledge and skills ought to be mastered in any doctor-patient relationship, particularly when making patient's assessment.

Methodology:

This was a systematic communication assessment of a real observations on doctor-patient relationship in various setting. It was supported by feedbacks from many scholars who were involved in research and teaching and also reviews, papers and studies on the said subject.

Results:

It has been realized that non-verbal communication was equally important and necessary to complement the verbal one. From all non-verbal cues we have recognized and listed, we have identified at least ten to be the most vital areas to be observed while counseling or consulting a patient.

Conclusion:

Non-verbal cues were always present to support doctor in making a final conclusion about his/her patient's state. If doctor was patience enough, he or she could has a complete profile of his/her patient and this would lead to the improvement in a person's life. Having an observant attitude and being able to nose around appropriately were skills that have to be learnt, experienced and applied as these might make an effective doctor-patient communication.

Keywords:

Non-Verbal Cues, Doctor-Patient Relationship, Health Communication.

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INTRODUCTION

Communication, regardless of its type, is an art where the knowledge can be learnt, the skills can be acquired, but the execution will differentiate how good the masterpiece is. Whilst, interpersonal communication involves not only what we say, but also, very importantly, what we do in communicative interactions¹.

In medicine, doctors have a lot to say in words and gestures. What doctors do not say in words may be said in action, and vice versa. Normally words and gestures should compliment each others, and the knowledge and skills to integrate these two important aspects of communication are as important as the message to be conveyed.

The reasons as to why communication between doctor and patient is such a powerful phenomenon can be difficult to be understood, therefore it is important to look at several factors, including the different purposes of medical communication, the analysis of doctor-patient communication, the specific communicative behaviors being displayed during consultations, and the influence of these communicative behaviors on certain patient outcomes².

As doctors, having the knowledge and skills to communicate using non-verbal behaviors or gestures are as important as having the knowledge and skills to convey a message verbally. These are important as one study has shown that patients who are satisfied with their physicians perceive their visits were two minutes longer than they actually were and these patients are better at following the physician's instructions. The researcher also found that patients who felt their physician was not empathetic, perceived their visit to be minutes shorter than it actually was³.

Rotter *et al* have also summarized three interrelated ways how emotions play a part in the process of medical care⁴. It is because both physicians and patients have emotions, both physicians and patients show emotions and both physicians and patients judge each other's emotions.

There are also several other studies that focused on the relationship of physician's non-verbal gestures and patients' satisfaction. These studies have also found out that consistently, physicians who are more

emotionally expressive in their non-verbal behavior are more favored by patients.

Patients' satisfactions were also associated with non-verbal indicators of physician interest including less time reading patient's chart which is more likely to be associated with more eye contact, more physician immediacy for example leaning forward, as a sign of interest, more head nods and gestures, and closer interpersonal distances⁵.

There are many gestures and behaviors that can be explored and learnt. The consultation which takes place in the wards or clinics, although it takes only five to ten minutes, will have a lasting impact on the patient, his or her satisfaction and the compliance to medication which in turn will lead to improving the quality of life of these patients.

This article will focus on ten most common very important non-verbal cues and its important in recognizing and acknowledging the value of these little things that might make life easier, improve overall communications between doctors and patients especially in the early stages of career, and improve patients' compliance to advice and treatment.

Non-Verbal Cues: The Essential Ten

In a clinic setting, several cues can be looked at, observed, analyzed and acted upon. Right from the moment the patient walks into the room, many non-verbal cues can be picked up if the doctor anticipates and eagerly awaiting for these cues to appear.

1. The Very First Impression

As the patient walks in, the overall condition and looks of the patient will be among the first cues. The first impression of the patient will give the first clue as to his or her well-being. a) Is the patient looking sad for certain reasons ? b) Does he or she look happy or eager to be meeting the doctor to let out the physical and emotional pain and suffering or informing the doctor about the improvements he or she has made since previous visit ?, or c) does patient look angry or frustrated for having to wait for hours before being able to see the doctor who will only see him or her for a few minutes only ?

The ability to anticipate and interpret these emotions and the displayed facial expressions will help guide the doctor to analyze and lead the short consultation with questions that will help to alleviate the anxiety or anger of the patient, hence will leave the consultation room in satisfaction. These first clues should be kept in mind during the whole consultation time, as the patient might not air their emotions or problems they have been hiding in the first instances, but will do so after they feel that they can trust the doctor sitting in front of them.

2. Gait or Mobility Aids

The way the patient came in, either by walking, or in a wheelchair and the gait by which he or she moved can be an important indicator of the patient's well-being without having to ask everything. If the patient walks in with long strides and in confident nature, he or she might be the types of people who are interested in their health, eager to learn more about their diseases, they might have done some researches by themselves, or in a higher economic or social status. These are also important in carrying out the consultation, as there might be more questions to be asked, and being prepared for this situation is as important as having the knowledge to answering the questions.

On the other hand, if the patient comes in using a wheelchair whilst previously he or she was able to walk, this might be an indicator that the health status of the patient is declining for any reason, or the patient has had a stroke, or too weak to walk. If the doctor has never seen the patient previously and there is not enough time to flip through the thick patient's medical records, patients walking with a limping gait might have been involved in an accident, or has had a stroke, or is wearing a prosthetic limb. These can be used as an ice-breaker to get to know the patient more in a short duration of time rather than having to ask about every single past medical history in the patient's life.

3. Articulation Manner

The way the patient greets as soon as he or she enters the room can be an equally important non-verbal cues as to his or her ability to communicate, the articulation whether the voice has changed due to certain upper respiratory tract infection, or a stroke which left the tongue semi-paralyzed, or the poor dentures causing the speech to sound funny.

Apart from that, a doctor can quickly assess the language that is being used, the mother tongue of the patient, the ability of the patient to understand the language the doctor is speaking, and the appropriateness of the greetings being used. The tone of voice can be used as cues as to the emotions of the patient including anger, sadness, frustration, holding back tears, or satisfaction.

4. Dressing Code

The way a patient dresses might or might not be one of the important cues as to the economic and social well-being of the patient. If the patient dresses cleanly and neatly, that suggests that the patient is educated and may have resources or has high economic status.

However, this can be deceiving, as some patients may dress up for special occasions, and for some patients, seeing the doctor can be included as one of the special events that requires them to be nicely dressed.

Overall, dressing code is a symbol of responsibility – to self as well as its social environment. Ignoring this code indicated that the patient's health responsibility is narrow.

1. Scent or Smell

Patient's scent or smell can be one of the important non-verbal cues with regards to his or her well-being, hygiene and self-care. For instance, patients who are catheterized or have problems with urinary incompetence might have urine smell; frail patients with diarrhea might be wearing diapers thus giving out the stench of loose stool. Body odor from patients who have poor hygiene may not be comfortable to ignore, but for the sake of the patient-doctor relationship and to allow consultations to flow smoothly, sometimes things are best left unspoken. Other smells include the characteristic sweet-smelling ketone breaths from diabetic patients or even halitosis from dehydration or poor dental hygiene, are very important cues to assess patient's progress or compliance on the prescribed management.

2. Eye Contact

During consultation process, there is a lot of information that can be gathered through the patient's eyes. What patients say or not sometimes can provide vital information with regards to their disease and the compliance to medication. Eye contact for example, can be

important in certain consultation period especially if the patient is a regular patient of the doctor. The doctor will then recognize at an instance if the patient has something to hide or not telling the truth by having too little eye contact or trying to avoid having eye contact for fear that the guilt in their eyes will glow.

Having too much eye contact or to the extent of staring at the doctor can be an attempt to hide guilt or in some cases to patronize the doctors especially when patients are demanding things like medications or investigations which are not necessary.

3. Gestures

The gimmick and gesture response in conversation can provide a clue as to the consultation being an effective process or vice versa. This includes gestures like nodding, shaking, uttering short syllabuses either in agreement or disagreement with the statement from the doctor.

Facial expression can also be information on its own as it is normally uncontrolled display of emotion. Because certain human beings can be exquisitely sensitive to other people's emotional cues even when they are not aware of them, subliminally presented facial expressions can therefore influence another viewer's emotional state, attitudes and subsequent behavior^{6,7}.

4. Hesitancy

Towards the end of consultation, normally physicians will repeat the conclusion of the consultation, or ask the patient to repeat important information that has been conveyed, and finally ask the patient if there is anything else that the patient would like to enquire or inform. At this point, the doctors should be observant with regards to the facial expressions, gestures or non-syllabus uttering of the patient which show some reluctance to leave the consultation room as these might be suggestive that there are still issues that he or she would like to bring up but due to various reasons, a bit hesitant to say it out loud especially at outpatient or general practices where the patient might be a regular client with similar or even different type of illnesses created just to get to see the doctor with hope to find some courage within him or her to ask the burning question.

More often than not, the matter might be so trivial that the patient feels that it is not

worth spending the physician's time to deal with it, or the patient is ashamed of asking the questions, but with the correct use of language and the show of concern by the doctor, the patient might decide to bring out the issue and settle it once and for all. Therefore the observation skills and the understanding of the physician might help in fishing out the problems or issues that somehow causing difficulty or becoming an issue in the patient's life.

5. The Collateral

Apart from what the patient displays either by gait, smell, expressions, gestures, body language and speech, it is equally important for physicians to apply their observational skills and investigative and inquisitive nature into the patient's surroundings as well, especially during consultation in the wards or at home.

The way the patient sits, lying down or moving freely can be important cues as to how mobile the patient is at his or her own environment. This is important especially in order to assess how dependent patients are in their own homes, and whether they can provide and have access to basic needs for example going to the toilet, getting themselves some food or drink, or even to the extent of preparing meals especially for those patients who are sickly or elderly or also those who have some disabilities which might hinder them from accessing or providing themselves with basic needs.

A drink left over in a cup on the bedside cabinet since yesterday's ward round might be an indication that the patient has not been drinking, especially when the patient is the quiet type or have limited access to the pantry, or drinking water source. It may also be an indication that no one has helped to clear the room and changed the drinking water jug from yesterday, or the patient has no desire or refuse to drink but not admitting to the fact. There are a lot of inferences that can be drawn up with a half-filled cup, but finding the right conclusion is a skill to be mastered once the doctor has mastered the observation skills of noticing the cup in the first place.

6. The Surrounding

The patient's surroundings are also as important as the patient's own condition, whether or not the bed is made, underneath the bed is cleaned, the room is tidy or vice versa, the windowsills are not filled with dust, the fan on the ceiling is clean or otherwise and many more clues that can help in adding more information with regards to the patient's social support and basic needs fulfillment. These can be important especially when making decisions to discharge an elderly patient to his or her own home with no one to take care of them, or for discharging a disabled child who might be subjected to potential abuse due to the poor social support from the parents.

Non-Verbal Cues: The Functions

As a matter of fact, the above list is not exhaustive, and there will be more cues to be learnt as one moves forward in his or her career as a doctor. The important things are to be able to elicit and differentiate different non-verbal cues and interpret the meanings of those cues for assessment functions. It is equally important to associate and relate the non-verbal cues with verbal cues to be able to make accurate and informed judgment with regards to patient's condition and diagnosis therefore enable doctors to outline appropriate management be it medical, social or psychological.

As a doctor, non-verbal cues should be recognized as very important message that need to be translated into more meaningful thing. It needs patience and prolonged exposure to be able to reach to the stage of competency. Because non-verbal cues are always there to guide doctor to understand the real problem suffered by his/her patient.

CONCLUSION

Communication is an art where the knowledge can be learnt, the skills can be acquired, but the execution will differentiate how good the masterpiece is. Things that may be small in a

person's eyes can be huge in another's. These little things sometimes may make a huge difference in a person's life. There are many non-verbal cues lying around when a patient meets or with a doctor, and these cues might be the barrier or trigger leading to the improvement in a person's life. Having an observant attitude and being able to nose around appropriately are skills that have to be learnt, experienced and applied as these may make effective doctor-patient communication, thus reaching to understanding, compliance and co-operation between the two parties. This, in turn will produce better outcomes not only for the doctor, but especially to the patients.

REFERENCE

1. Hull RH. Your competitive edge: The art of communication in professional practice. *The Hearing Journal* 2007;60:3.
2. Ong LML, De Haes CJM, Hoos AM, Lammes FB. Doctor-patient communication: A review of the literature. *Soc. Sci. Med*, 1995;40(7):903-918
3. Levinson W, Gorawara-Bhat R, Lamb J. A study of patient clues and physician responses in primary care and surgical settings. *JAMA*, 2000;284(8):1021-7.
4. Roter DL, Frankel RM, Hall JA, Sluyter D. The expression of emotion through nonverbal behavior in medical visits. *J Gen Intern Med*, 2006;21:28-34.
5. Hall, JA, Harrigan JA, Rosenthal R. Nonverbal behavior in clinician-patient interaction. *Appl Prev Psychol*, 1995;4:21-37.
6. Ambady N, Gray HM. On being sad and mistaken: Mood effects on the accuracy of thin-slice judgments. *Journal of Personality and Social Psychology*, 2002;83:947-961.
7. Roter DL, Hall JA. Doctors talking with patients, patients talking with doctors. Westport, CT. Auburn House; 1992.