

Communication Matters

Simply Sitting

Our communication with others always includes what we say, how we say it and what we are thinking. We refer to these as the "Big Three" domains which influence the quality of our daily connections. IHC's work over the past 27 years has been devoted to improving the myriad interactions that occur in healthcare, between providers and patients and within healthcare teams. We know that much of the sharing of information in healthcare happens in the verbal domain, yet it is the nonverbal messages that help or hinder that all-important personal connection.

We invite you to consider some of the research on the profound difference that our posture can make to promote effective communication with patients. While much of the research focuses on the positive impact on the patient, we also wonder about the impact on the clinician. Does the act of sitting provide a moment of stillness for the clinician and perhaps create an atmosphere more conducive to experiencing an authentic connection with the patient? That certainly is our hope and wish.

With gratitude,



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Chief Executive Officer



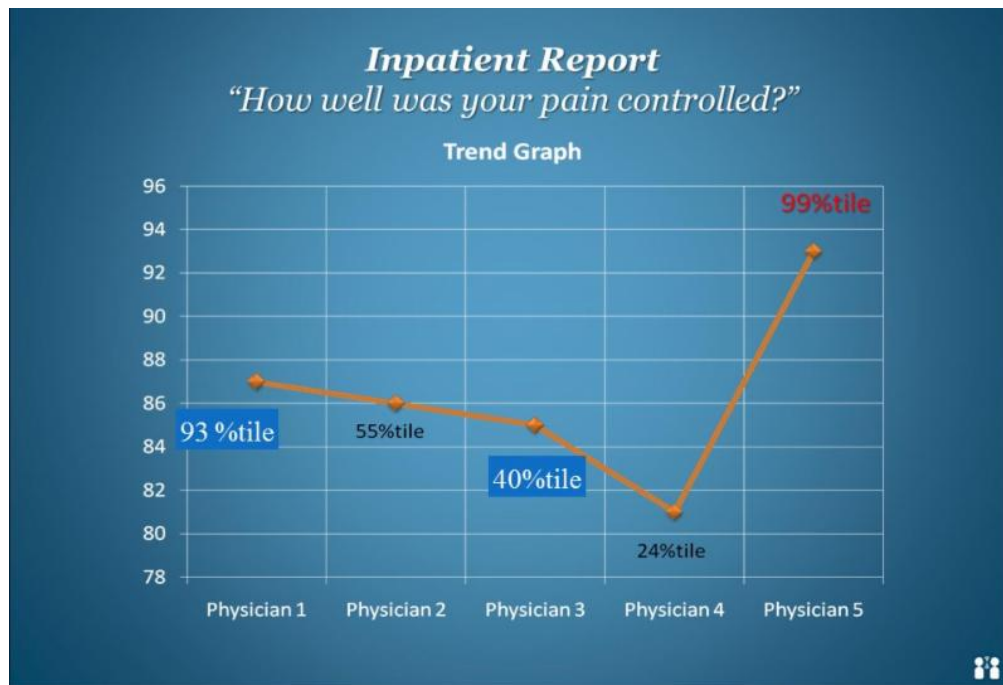
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Sitting, this simple, natural posture we assume every day, can amplify verbal expressions of caring and attention. In the complex interactions of medical care, sitting can convey powerful nonverbal messages that might be verbalized as: "I'm here," "I'm not going anywhere," "You have my full attention," and "Our conversation is important." **Patients care deeply about feeling their concerns are heard, and are more satisfied--and have better outcomes--when communication with their clinicians is strong.**

BETTER PAIN CONTROL

A study of five orthopaedic surgeons in a group practice, using standard postoperative order sets, found a striking difference in patient reports of pain control between physicians who did and did not sit at the patient's bedside. Patients who had undergone total knee replacement rated how well their pain was controlled as part of a standard patient satisfaction telephone survey. Patients of four physicians who stood at the bedside when speaking with patients following surgery rated pain control from the 24th to the 93rd percentile. Patients of the physician who sat at the bedside rated pain control in the 99th percentile.



Source: Dwight W. Burney, III, MD, Head, Section on Safety Education Patient Safety Committee, AAOS and Michael Marks, MD, MBA, past president, Connecticut Orthopaedic Society, personal communication.

WON'T SITTING TAKE MORE TIME?

The act of sitting to speak with a patient, face-to-face, presents a surprising and happy paradox: evidence in the literature shows that **while sitting boosts the perception of added time, it does not actually increase the amount of time** of interactions (Merel, 2016).



A MANY-FACETED WONDER

Human communication is rich and nuanced, comprised of what we say, how we say it, what we don't say, and what our faces, gestures and bodies express without words. Eye contact and eye movement play big roles. Other dimensions of nonverbal communication include the distance between speakers, touch, the physical environment and the many paralinguistic elements such as the volume, pitch and tone of the voice (Nordquist, 2015).



Nonverbal communication is the only way non-human animals and infants communicate, and **we are all highly skilled at decoding "nonverbals" and understanding the underlying emotions.** Among many other effects, "[r]ecognizing emotions expressed nonverbally by others is crucial for harmonious interpersonal exchanges" (Joyal, 2014).

As we develop from infancy to childhood to adulthood and acquire increasingly complex verbal skills, we gradually shift our conscious focus away from nonverbals. Those cues don't go away: they are the constant substrate on which much communication is arrayed--we just don't attend to them in the same way as the volume of verbal information expands.

We are not only skilled at "reading" nonverbal cues, we also send them, whether or not we are conscious of doing so. Communication theorists believe that nonverbal communication is "processed by an older part of our brain [which] makes it more instinctual and involuntary than verbal communication" (Creative Commons, 2012).

With our ancient, "limbic brain" in charge, nonverbal messages can be difficult to control completely or over extended periods of time. Fortunately, our neocortex enables us to learn and adapt in countless ways. **We can learn to harness the power of our nonverbal communications, to the benefit of our interactions.** Some nonverbals are relatively easy to control, for example, establishing eye contact versus looking at a screen, or sitting versus standing.

NONVERBALS "WIN"

Where there is a conflict between simultaneous spoken and nonverbal messages, the nonverbal almost always "wins." The limbic brain, where incoming stimuli, both physical and psychological, are processed as possible threats, is the source of emotional responses (Goman, 2013). It doesn't lie and it's hard to fool.

What about when we feel disdain or revulsion for a patient? It isn't reasonable to expect caregivers to appreciate every patient equally; it is, however, entirely feasible for all patients to be treated with a baseline level of respect and kindness. Such fundamental treatment is manifested through words and nonverbal messages. **The challenge for healthcare providers is to tap into their own reservoirs of compassion** as they approach patients, particularly where something about a patient stimulates judgement or unhelpful emotions. Researchers have found that **patients are very capable of perceiving when they are respected by their physicians;** significantly for the quality of care, **physicians who are more respectful toward their patients provide more information--and are happier** (Beach, 2006).

Naturally, sitting by itself does not confer connection and effective communication in the absence of otherwise poor communication skills or indications of disrespect (Bruera E 2007). **Combined with effective spoken communication, however, sitting is a simple, powerful and universally accessible strategy for amplifying caring, connection and respect** (Swayden, 2012). Evidence in the literature supports the finding that sitting at the bedside increases patients' perceptions of the clinician's communication skills, compassion and caring (Gupta, 2016). With the intense and growing scrutiny on patient satisfaction, the imperative to boost interpersonal effectiveness--especially nonverbal sensitivity and expressiveness--is more important than ever (DiMatteo, 1980, Roter, 2006).

Explore how you can enhance your communication skills, with IHC's fast-paced, experiential workshops. Visit us at www.healthcarecomm.org, or contact us at email info@healthcarecomm.org, toll-free telephone (800) 800-5907.

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