

Nonverbal Communication

AVERAGE WORKERS spend 50 percent of each day communicating with those around them. About 75 percent of this communication is nonverbal. One quarter of all workplace accidents are a result of miscommunication. With these statistics, you might understand why nonverbal communication in an emergency setting is vital. As a first responder, you must evaluate every situation to determine a clear message, especially when a patient's words and nonverbal cues don't match.



Objective:



Describe how messages are conveyed nonverbally and how nonverbal communication impacts an emergency scene.

Key Terms:



body language (kinesics)	interpersonal communication	posture
closed posture	nonverbal communication (NVC)	proxemics
don	open posture	verbal communication
gesture		
haptics		

Nonverbal Communication and Its Effects

Interpersonal communication is the exchange of information, feelings, or meaning between two or more people. **Verbal communication** is the use of words to transfer information via speech from the speaker to the listener. **Nonverbal communication (NVC)** is the sending or receiving of a message without the use of spoken language: via gestures, facial expressions, and body positions.

NVC includes visual cues, body language, proxemics (distance), physical appearance, voice, and haptics (touch). Much of the message the receiver interprets is created from body language. As only a small percentage of the brain processes verbal language, children learn to

interpret facial expressions, vocal tones, and other nonverbal elements subconsciously. Culture also plays a role in the interpretation of NVC: many cultures emphasize nonverbal communication differently.

TYPES OF NONVERBAL COMMUNICATION

Body Language

Body language (kinesics) is a type of nonverbal communication that includes eye movement, touch, facial expressions, body posture, hand gestures, and use of space. Verbal and nonverbal language can be used together to emphasize an idea; however, body language can be problematic. The receiver has to make an interpretation based on the body language portrayed. This interpretation, due to conscious or subconscious preconceptions, can often include information not intended.

Eye Contact

One important form of body language is eye contact, or a mutual gaze: looking directly into another's eyes and maintaining that contact. You might use eye contact to convey interest and promote rapport with a patient or other team member. Studies indicate that eye contact signals (such as winking, blinking, and raising the eyebrows) can convey interest, disinterest, deceit, or questions.

Haptics

Haptics is the study or sense of touch. Relating to a patient through a tactile experience, such as a light touch on the hand, can convey concern and compassion. You should avoid touching the torso, chest, or face of a patient unless doing so is a direct part of a physical exam. This approach should be used cautiously and sparingly.



FIGURE 1. The use of a light touch on the patient's shoulder conveys concern and compassion for the patient.

Facial Expressions

Facial expressions are nonverbal cues that convey the emotional state of the individual to the observer. You must be vigilantly aware of the facial expressions that you are portraying. For example, observers may perceive:

- ◆ A negative response when you frown, roll eyes, scowl, appear shocked, or appear bored

- ◆ A positive response and genuine interest when you provide a gentle smile and have wide-open, attentive eyes

Gestures

A **gesture** is a movement of a body part, such as a hand or a head, to convey an idea. Winking, nodding, rolling eyes, giving a thumbs-up, waving, or shaking your head sends pre-conceived signals to the receiver. [NOTE: Culturally, some emblematic gestures may have different meanings.]

- ◆ Crossing your arms while taking a patient history is one gesture that can detract from the intended message. This posture can indicate defensiveness, anxiety or discomfort.
- ◆ When a patient cannot communicate verbally, a gesture can become a nonverbal question. Pointing to a pill bottle during a potential overdose creates a nonverbal question to the patient.

Posture

Posture is the position of the body when sitting or standing. Posture can reflect your receptiveness. Slouching or crossing arms sends one NVC signal to the receiver: sitting up straight with relaxed arms signals something else.

- ◆ An **open posture** is the exposure of vulnerable parts of the body during an interaction. Your arms would be on your sides, leaving your throat, heart, and lower extremities open. An openhanded, face-to-face posture conveys trust, interest, and a readiness to listen. Open posture also allows for quick movement if necessary.
- ◆ A **closed posture** is the obscuring of the most vulnerable body parts during an interaction. Folding your arms over your chest, crossing your legs, and clasping your hands over your lower body all denote a posture of defensiveness. If you stand at an angle with folded arms, this could imply discomfort or disinterest. On the other hand, this posture may be



DIGGING DEEPER...

UNCOVERING ADDITIONAL FACTS: NVC Mining Scenarios

When responding to mine injuries, nonverbal communication may be essential because of the use of full-face respirators. With the face covered, verbal communication is almost impossible. The Centers for Disease Control and Prevention (CDC) offers a training program to teach miners and emergency responders hand signals for these situations. In these emergencies it is vital for first responders to be able to identify “who,” “what,” “when,” and “where.” Visit the CDC webpage “Mining Product: NVC for Mine Injuries” at <https://www.cdc.gov/niosh/mining/works/coversheet461.html>. Follow installation instructions to download the nonverbal communication guide.

beneficial when trying to buffer a patient from bystanders at an emergency scene. Although unintentional, a closed posture will likely lead a patient to believe that you are cold and uncaring.

Observation

To gauge the success of verbal and nonverbal communication, EMS personnel should carefully observe the patient's response to all interactions. NVC meanings are not universal to all cultures. Some cultures perceive direct eye contact as offensive or taboo, while others see direct eye contact as a sign of respect. Reading the patient's nonverbal cues allows the care provider to adjust any behaviors that result in unwanted responses.

EMS EMERGENCY SCENE NONVERBAL ACTIONS

Entering and Exiting an Emergency Scene

EMS actions during an emergency are as important as the medical attention provided. The verbal and nonverbal communications you provide are critical to efficient and accurate patient care. Unknown scene variables can directly impact communication with patients and team members. You must be aware of nonverbal communication with the patient and family: dress, gestures, touching, body language, face, eye behavior, and silence. In an emergency, voice cadence, in concert with nonverbal signals, can help convey confidence. To decrease patient anxiety, it is recommended that you verbally communicate every action during any treatment or transport.



FIGURE 2. Your good personal health, hygiene, and professional appearance are necessary in the EMS work environment to establish credibility and confidence with patients and their families. The foundation of good personal care includes brushing teeth, combing hair, and proudly wearing a clean company uniform.

- ◆ *Safety Assessment upon Entering the Scene:* Survey the patient's surroundings for any safety concerns. You must avoid tunnel vision when entering a patient residence or an accident scene. In the case of a shooting, you must be cleared by the police before entering the scene.
- ◆ *NVC Cues:* Look for any nonverbal cues that might provide a hint of what occurred prior to arriving on the scene.
- ◆ *PPE:* To **don** is to wear or to put on. An EMS team should don any necessary personal protective equipment (PPE) before arrival. [NOTE: Donning PPE in the presence of a patient may cause the patient's anxiety level to rise.]

- ◆ **Calmness**: Approach patients with a calm demeanor. People tend to react to anger with anger. You should stay calm and make every attempt to diffuse a potentially hostile situation. Provide your name, position, and any plan of action, while avoiding any look of shock.
- ◆ **Patient Observation**: Carefully observe the patient's responses, especially in a suspected case of mental illness. Sunglasses should be removed to avoid unwanted NVC. A good care provider finds clues in NVC and responds accordingly.
- ◆ **Exiting the Emergency Scene**: Upon completion of the call, the EMS team must exit the situation safely. You should avoid making any gestures that could create tension for the patient, family, or bystanders. (A bystander sees you give a thumbs-up when leaving a shooting scene. You are only gesturing to let the driver know the patient is secure, but a bystander thinks that you are happy someone was shot. If many bystanders band together, a riot could ensue.)

Proxemics

Proxemics is the study of the distance or space between people that is naturally maintained and of how that distance relates socially and culturally. Every person needs a certain amount of distance from another person to feel comfortable. Americans generally prefer 18 inches of personal space, whereas Middle Eastern cultures need only 8 to 12 inches. Proxemics will be a communication factor, and may include posture, body angle, eye contact, smell, vocal volume, and body heat.

Personal Space

In anthropologist Edward T. Hall's book *The Silent Language*, four levels of distances for conversational space are listed. The variations in space may be influenced by age, gender, social status, topic of discussion, environmental noise, and size of location.

- ◆ **Intimate**: 0 to 10 inches, touching or whispering, close friends and family
- ◆ **Personal**: 1½ to 4 feet, "personal space" best for interpersonal communication, friends and some informal conversation
- ◆ **Social**: 4 to 12 feet, less interpersonal communication, formal conversation and business transactions
- ◆ **Public**: 12 to 25 feet, no interpersonal communication, public speaking events or meetings

Cultural Delineation

Cultural delineation is another factor of proxemics. Hall describes two basic cultural delineations: contact cultures and noncontact cultures.

- ◆ **Contact cultures**: Physical touching between acquaintances is permitted, and often necessary, to establish interpersonal relationships. Such cultures include Arabic, Italian, French, Latin American, and Turkish.

- ◆ **Noncontact cultures:** Physical touching is reserved for close friends, family, and acquaintances. Such cultures include North American, Northern European, Scandinavian, Japanese, and most Southeast Asian, including Chinese.

Vertical Distance

Vertical distance also falls under the purview of proxemics. The reduction of height, or lowering to someone's level, can reduce anxiety or create a sense of trust. A crouched position to care for a small child reduces the size difference and decreases intimidation. You should be at or below eye level when speaking directly to a patient. This position reduces the patient's anxiety during an emergency situation.

Other Factors That Impact the Emergency Scene

External Factors

External factors that affect an EMS scene can include noise, lighting, distracting equipment, the EMS team, and other interruptions. These factors can make communication with the patient more difficult. EMS members need to find ways to help patients focus on care during emergency situations.

- ◆ When possible, all distractions should be eliminated.
- ◆ Encourage the patient to focus solely on the questions being asked.

First Impression

Your good personal hygiene and professional appearance are necessary tools in the EMS work environment. This behavior establishes credibility, confidence with patients and their families, and creates a good image for your employer. A first impression can either create or resolve tensions when entering a patient's home. A first impression occurs within the first seven seconds of a meeting.

- ◆ Your uniform should be consistent with your company's standards. The uniform should be clean, pressed, and well fitting and should allow for movement.
- ◆ Your daily routine should include the practice of good personal hygiene: brushing teeth, combing hair, taking a shower, and wearing deodorant.



FIGURE 3. Your uniform should be clean, pressed, and well fitting and should allow for movement.

Summary:



Nonverbal communication is important in an emergency setting. Body language, proxemics, and first impressions all affect patient relations. Verbal and nonverbal language can be used together to emphasize an idea; however, body language can be problematic. Winking, nodding, rolling eyes, giving a thumbs-up, waving, or shaking your head sends preconceived signals to your patient. In addition, every person needs a certain amount of space from another person to feel comfortable. Being fully aware of patient responses, the image you present, and cultural delineations may all assist in decreasing nonverbal miscommunication and building rapport with your patient and team members.

Checking Your Knowledge:



1. Describe nonverbal communication.
2. List three types of body language that may affect your patient's responses.
3. What is proxemics, and how does it impact NVC?
4. What can cultural delineation tell you regarding haptics?
5. What scene cues do you need to pay attention to when arriving at a call?
6. Describe how an EMS team appropriately exits an emergency scene.

Expanding Your Knowledge:



Interview local paramedics about any situation they've encountered in which verbal communication was limited. What did they learn from the situation? How did they use the experience to improve their assessment techniques?

Consider learning sign language from a class at a community college, online, or from an ASL (American Sign Language) book at the library. Developing skills in sign language is always useful in emergency situations, and, as a bonus, you're learning a new language!

Learn more about body language by observing those around you. Ask someone to covertly write down observations of your facial expressions. Does your "serious face" appear angry to others? Do you smile at inappropriate times? Spend time to share these observations with your instructor and the rest of the class.

Web Links:



Communication Disorders Among Children

<https://www.cdc.gov/nchs/products/databriefs/db205.htm>

Communication for Deaf and Hard-of-Hearing Children

https://www.cdc.gov/ncbddd/hearingloss/freematerials/communication_brochure.pdf

Hygiene-Related Diseases

<https://www.cdc.gov/healthywater/hygiene/disease/index.html>

Violence: Occupational Hazards

<https://www.cdc.gov/niosh/docs/2002-101/default.html>