Body Language for Nurses

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EVERYONE talks to family members, to friends to strangers and to patients. When we think about communicating, think first of all of talking and perhaps of listening which is known as non-verbal communication. We often ignore the fact that our actions are also observed. We as Nurses often forget our actions that we do or do not do, tell patients more about what we think and feel than what we say. These actions, manner of movement, facial expressions, muscular rigidity or activity and gestures are now called 'Body Language' and they greatly influence human relationships.

As Nurses we observe and interpret our patients' behaviour. But we forget that our patients also watch us and they try to discover the real meaning not only in what we say but also in what we do. They want to find out how we feel toward them and what we are doing for them. So 'Body Language' is one of the most important avenues of communicating with our patients but we are often unaware of what we are telling our patients.

The Nurses' actions or facial expressions are frequently misinterpreted by the patients. We have to become more aware of our actions, how they affect our patients and how to help them get the correct message. Due to body language, discrepancies can occur between what we say and what we do and a patient will probably accept his interpretation of our actions rather than accept what we tell him verbally. Experience has taught that people speak the truth more often with their bodies than with their lips.

Let us think about what we may be telling our patients by our body language. I will discuss some of the common gestures we use when approaching patients.

Lack of Self Confidence

In our Nursing experience so many times we have all heard the patients ask: "Is this the first time you have bathed a patient or given an injection?" Why did the patient ask? Because of something we did or something about the way we did or something about the way we looked, when we approached him told him we were unsure of ourselves or even afraid. Perhaps our hands, our voice or the corner of our lips trembled.

When a patient asks questions about a diagnosis of a fatal disease or an unsatisfactory result of some blood test, we telegraph our anxiety either by ignoring the question or by looking away from him when we tell him not to worry. Such actions also inform him when we are telling the truth or at least not the whole truth.

Lack of Interest

When we look at a person while he is talking, we indicate we are interested in him as a person and want to understand what he is saying. Turning away or looking at something else shows a lack of interest. Interest cannot be pretended. There is no substitute for kindness, consideration, promptness in response, alertness, skill in making the patient comfortable, inspiring confidence, hope and cooperation and giving attention to small details that mean so much to the patient's well being. Listening is half talking. Listening is an active part of communication. When a Nurse is supposed to attend the patient in a Coronary Care Unit, she must look at her patients first and then cardiac monitors and not *vice-versa*. This action by the Nurse comforts her patient and tells how much the Nurse cares for him.

The distance we keep between ourselves and the patient may indicate our interest or lack of interest in him. Suppose a Nurse enters the room of a patient who has soiled the bedsheet with foul-smelling drainage from a colostomy. If she wrinkles her nose and throws back her head, if she stands away from the bed and changes the sheet gingerly, she is telling the patient, "I do not like to do this, but I have to because it is part of my job". When we enter the patient's cubicle and stand by the side of the patient and talk to him, this communicates our concern with the patient. We tell the patient we care even more when

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we sit down at his bedside while we talk with him.

Approval of Actions

The manner in which we look at people shows our approval or disapproval of their actions or of what they are saying. As Nurses we must observe our patients, but often our look is impersonal, almost to the point of saying, "I am merely looking at you in order to observe symptoms. I do not see you as a person".

A prolonged look or store can make the patient uncomfortable. He will begin to wonder what is wrong with him. While listening to a patient, if we frown and shake our head, it indicates we disapprove of him. When that frown and head shake is combined with squinting the eyes and compressing the lips, strong disapproval and perhaps anger is perceived by the patient.

Respect the Rights

Every patient needs respect. But when a patient is admitted in the hospital, he starts losing his personal identity. The moment he is provided a bed or a room and hospital clothes, he is named by bed number or room number. It is our responsibility to preserve privacy and individuality for patients through proper draping and putting the screen or drawing of curtains during examinations. By doing this, we tell them we respect them and their feelings. We must respect the rights of a patient as a person. Courtesy demands that we should knock at the door before entering a patient's room.

A patient admitted in ICU, as a case of LGB expressed her feelings after recovery. I quote: "Patients are persons. Doctors and Nurses posted in ICU believed I was unconscious but I was having only tubes for easy respiration. Whenever the doctors came to take my blood sample they never talked to me or informed me about the prick. Nurses came to clean me up, they removed my gown and sheets for cleaning but I was left naked while they bathed and changed my side. I tried to scream. I was not treated as a person but just a body".

Thus Nurses must respect the feelings of the patients as persons.

Conclusion

Body language occurs when we are thinking of other things and talk to the patients and thus are unaware of our actions. Perhaps we have written too long and in too much detail on the negative or harmful aspects of non-verbal communication but if we make a conscious effort to convey genuine understanding, acceptance and respect of the individual, our care for patients, as well as our care of patients will improve greatly. It is agreed that an inadequate Nurse-Patient ratio is responsible for our unwanted expressions but then too we should try our level best to pay our attention towards our body language.

References

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CALENDAR OF EVENTS

Hospice Care in Asia, International Conference at Singapore is to be held from February 29 to March 3, 1996. It is being organised by Singapore Hospice Council and sponsored by WHO and Ministry of Health, Singapore, for all workers and supporters of hospice work, health care professionals and volunteers. For details write to: Dr. Cynthia Goh, Chairman, Organising Committee, International Hospice Conference, C/o 257, Selegie Road, # 03-275, Selegie Complex, Singapore-0178, Tel: (65) 359-7819, Fax: (65) 253-5312.

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The 11th Biennial Congress of the World Council of Enterostomal Therapists will take place in Jerusalem, Israel on June 23-28, 1996. For details regarding submission of papers contact: Aliza Yaffe, R.N., M.A., ET. Secretariat: P.O. Box 50006, Tel Aviv 61500, Israel. Tel: 972-3-5140014. Fax:: 972-3-5175674/660325.

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Announcement and Call for papers for **2nd International Health and Ecology Conference** during September 25-28, 1996, University of Wollongong, New South Wales, Australia. Hosted by Nursing The Environment, Australian Nursing Federation National Special Interest Group. For further information write to The Conference Secretariat, 108 Church Street, Hawthorn, Victoria, Australia 3122. Tel: (61-3) 981 93700, Fax: (61-3) 981 95978.